Study on the situation of women with disabilities in light of the UN Convention for the Rights of People with Disabilities (VC/2007/317)

Annex Four of the Final Report for the DG Employment, Social Affairs and Equal Opportunities of the European

Study supported by the European Community Programme for Employment and Social Solidarity (2007-2013)

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Annex Four: National Fiches

Country fiche: Austria

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- Article 7 of the **Austrian Federal Constitution** includes an Anti-Discrimination clause as well as a state target provision for persons with disabilities. The following sentences have been added (BGBl. I Nr.87/1997): 'All Federal nationals are equal before the law. Privileges based upon birth, sex, estate, class or religion are excluded. No one shall be discriminated against because of his disability. The Republic (Federation, Federal Provinces (Länder) and Municipalities) commits itself to ensuring the equal treatment of disabled and nondisabled persons in all spheres of every-day life.'
- The Austrian Sign Language has been recognised as self standing language in 2005[1].
- The so called **Disability Equality Package** (*Behindertengleichstellungspaket*) came into force on January 1, 2006. This package of laws entails a ban on discrimination due to disability in various areas of life and specifically includes:
    - the new **Federal Disability Equality Act** (*Bundes-Behindertengleichstellungsgesetz*)[2] (It is the aim of this Act to abolish and prevent discrimination of persons with disabilities and thereby ensure equal participation of persons with disabilities in social life and to enable them to live independently.)
    - an amendment of the **Federal Act on the Employment of People with Disabilities** (*Behinderteneinstellungsgesetz; BEinstG*)[3] (This Act primarily aims at the inclusion of persons with disabilities into the primary labour market and to ensure their workplaces as well as the reasonable accommodation of workplaces for persons with disabilities.)
    - an amendment of the **Federal Disability Act** (*Bundesbehindertengesetz; BBG*)[4] (This Act basically contains regulations on the co-ordination of rehabilitation services; concerning advice, (medical) care and special assistance for persons with disabilities or persons in danger of becoming disabled.)
- The **Federal Equal Treatment Act** (*Bundesgleichbehandlungsgesetz; BGlBG*)[5] whose subject-matter has been the equal treatment of men and women in the working life has been existing in Austria since 1979. In 2004 the Equal Treatment Act was amended and the Austrian legal situation was adapted to the non-discrimination guidelines of the

[1] BGBl. I Nr. 1/1930 as amended by Federal Law Gazette Nr. 81/2005
[2] BGBl. I Nr. 82/2005, Federal Law Gazette I Nr. 82/2005
[3] BGBl. I Nr. 22/1970, as amended by Federal Law Gazette I Nr. 82/2005
[4] BGBl. I Nr. 283/1990, as amended by Federal Law Gazette I Nr. 82/2005
[5] BGBl. I Nr. 108/1979 and BGBl. I Nr. 66/2004

European Union (2000/43/EG; 2000/78/EG and 2002/73/EG).

- The Austrian legislation on disability issues is a cross sectional area; more than 90 federal and regional (at the level of the federal provinces) laws include legal standards that affect persons with disabilities and impairments[6].

- Mainly in the areas of social insurance, labour legislation and health services, legislation and law enforcement are in the competency of the Federation. The Federal Provinces are competent in many areas in legislation as well as in enforcement of the assistance to persons with disabilities (Social Assistance Acts and Assistance to Persons with Disabilities Acts of the Federal Provinces).

- Important bodies enforcing legislation on persons with disabilities are[7]:
  - at national level:
    the Federal Chancellery (*Bundeskanzleramt*) (constitutional protection of persons with disabilities);
    the Federal Ministry for Social Affairs and Consumer Protection and its Federal Social Welfare Authority (with offices in each of the 9 Federal Provinces) and its Ombud for Disabled Persons;
    the Federal Ministry of Economics and Labour and its Public Employment Services (with offices in each of the 9 Federal Provinces) (also in charge of the norms (ÖNORM) on barrier free construction);
    the Federal Ministry for Health (and the Social Insurance Organisations, also concerning work accidents)
    the Federal Ministry for Education, the Arts and Culture (integration / inclusion in compulsory school);
    the Federal Ministry of Justice (legal protection of psychologically and mentally disabled persons);
    the Federal Ministry of Transport, Innovation and Technology (public transports);
    the Federal Ministry for Women (located at the Federal Chancellery)
  - at regional/local level:
    the Federal Provinces and the Municipalities
    numerous NGOs providing services for persons with disabilities (as contractors of the national or regional/local authorities) and advising legislative bodies at national, regional of local level.

[6] Steingruber, 2000 in Buchinger, Birgit / Gschwandtner, Ulrike (2008), *Frauen mit Behinderungen und Beeinträchtigungen am Salzburger Arbeitsmarkt. Eine qualitative Studie (Women with Disabilities and Impairments in the Salzburg Labour Market. A Qualitative Study)*, Salzburg, Solution Sozialforschung & Entwicklung.

[7] Federal Ministry for Social Affairs, Generations and Consumer Protection (2005), *Überblick – Hilfen für Menschen mit Behinderungen im österreichischen Sozialsystem (Overview – Assistance to Persons with Disabilities within the Austrian Social System)*, Vienna, Federal Ministry for Social Affairs, Generations and Consumer Protection (now Federal Ministry for Social Affairs and Consumer Protection); and Federal Ministry for Social Affairs and Consumer Protection (2006), *Tätigkeitsbericht (Activity Report)*, Vienna, Federal Ministry for Social Affairs and Consumer Protection.

[8] BGBl Nr. 283/1990, as amended by Federal Law Gazette I Nr. 109/2008

[9] The currently available *Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich (Report of the Federal Government on the Situation of Persons with Disabilities in Austria)* has been issued in 2003. Although raw data for the next report already exist, they are not available before publishing, which is scheduled for end of 2008.

- At national level, the **Federal Ministry for Social Affairs and Consumer Protection** (*Bundesministerium für Soziales und Konsumentenschutz; BMSK*) is concerned with persons with disabilities, also under the aspect of co-ordinating policy. The Federal Advisory Council on Persons with Disabilities (*Bundesbehindertenbeirat*) plays a central role as advisor to the Federal Minister in all fundamental questions of disability policy.
- Article 33 of the UN Convention formulates the requirements for national implementation and monitoring. The Austrian Federal Disability Act has been amended in July 2008 accordingly; the monitoring of the compliance with the UN Convention in areas, that are of federal responsibility concerning legislation and implementation, is be effected by an independent monitoring committee (*Monitoringausschuss*)[8]. To ensure its independence, the members entitled to vote of this monitoring committee exclusively are NGOs that are active in the areas of persons with disabilities, human rights and development co-operation. This members are nominated by the Federal Minister for Social Affairs and Consumer Protection upon proposal of the Austrian National Council of Disabled Persons (*Österreichische Arbeitsgemeinschaft für Rehabilitation; ÖAR*).
- These measures ensure that the civil society and especially persons with disabilities and the organisations representing them are included into the monitoring process. Besides administrating the monitoring committee, the BMSK also serves as contact and advisory point for specific cases of persons with disabilities via the Federal Social Welfare Authority (*Bundessozialamt*), a body authorised by sub-delegation and represented in each of the 9 federal provinces.
- Concerning article 6 of the UN Convention on women with disabilities, the Austrian legal system recognises that women with disabilities are often subject to multiple discrimination and accounts for that in the framework of Anti-Discrimination legislation (e.g. §11 and §9 (4) of the Federal Disability Equality Act). While §11 regulates the jurisdiction, §9(4) states that multiple discrimination has to be considered when estimating the immaterial damage due to discrimination.
- At the moment, data on women with disabilities in connection with the UN Convention are only available to a very limited extent; nevertheless, there is a range of measures that in working life promote equal treatment and equal chances in the context of gender mainstreaming and that try to counteract gender specific discrimination.
- The **Federal Ministry for Social Affairs and Consumer Protection** regularly publishes a 'Report on the Social Situation' (*Bericht über die soziale Lage*) as well as a 'Report on the Situation of Persons with Disabilities in Austria' (*Bericht über die Lage der Menschen mit Behinderungen in Österreich*)[9] These reports will in future be complemented by the reports and recommendations of the monitoring committee to form the basis for future strategies in the framework of the responsibilities of the Federal Ministry.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

National definitions of disability

Two definitions have been drawn up in the course of the elaboration of the **Austrian Federal Government's Disability Concept** (1992)[10] to which the Federal Government and the Provincial Authorities have been asked to adhere in their disability policy:

1) 'Disabled persons are persons of all ages who have a permanent and substantial physical, mental or emotional impairment in an area of social relationships important to their everyday lives. Persons who are threatened with such an impairment in the foreseeable future are also regarded as disabled.

Areas of social relationships regarded as vital are childrearing, education, employment, other occupations, communication, living and leisure activities.'

2) 'Disabled persons are those persons who are not able to

- sustain regular social relationships,
- acquire and perform gainful employment and
- achieve a reasonable and adequate income without assistance.'

These definitions are applied at the BMSK.

Generally, defining disability is a matter of statutory law rather than of case law, several fields in law include lengthy definitions of this term. [11]

The most important statutory definitions are:

- **Federal Act on the Employment of People with Disabilities**: 'Disability is the result of a deficiency of functions that is not just temporary and based on a physiological, mental, or psychological condition or an impairment of sensual functions which constitutes a possible complication for the participation in the labour market. Such a condition is not deemed temporary if it will is likely to last for more than 6 months.' According to §3 'eligible disabled' (*begünstigte Behinderte*) are persons with a disability degree of at least 50%.

- **Disability Equality Act** (§3): 'For the purposes of this Act, disability is the result of a deficiency of functions that is not just temporary and based on an physiological, mental, or psychological condition or an impairment of sensual functions which constitutes a possible complication for the participation in society. Such a condition is not deemed temporary if it is likely to last for more than 6 months.'

- **State law on public assistance**: The term 'disabled people' (*Behinderte*) applies to 'people who are, because of an impairment, permanently and severely restricted in their ability to live an independent life, especially with regard to adequate education, vocational training, and suitable employment" or to "people who, as a result of physiological, mental, psychological, or multiple

[10] Federal Ministry for Labour and Social Affairs in co-operation with the Austrian National Council of Disabled Persons (ÖAR) (1992) *The Austrian Federal Government's Disability Concept*, Vienna, Federal Ministry for Labour and Social Affairs (now: Federal Ministry for Social Affairs and Consumer Protection)

[11] Schindlauer, Dieter (2007), *Report on Measures to combat Discrimination – Directives 2000/43/EC and 2000/78/EC – Country Report Austria*, Vienna.

impairments not specifically related to age, and because of the loss of essential functions, are permanently and severely restricted in their vital social relations, especially with regard to education, vocational training, development of personality, employment, and integration into society; the term also applies if these restrictions will, according to medical science, occur in the foreseeable future, in particular in the case of young children'.

- **Austrian Pension Law** (traditionally, a part of Social Security Law): 'Persons insured under the ASVG[12] 1955 are deemed disabled if – without rehabilitation – they would, because of an impairment, now or in the foreseeable future be likely to qualify for an invalidity pension; impairments primarily related to age are not deemed impairments under this paragraph.'

- **Public Employment Service (PES)** (*Arbeitsmarktservice, AMS*): To facilitate the integration of persons with disabilities, the PES lists job seekers who suffer form impediments (but are not 'eligible disabled' according to the Federal Act on the Employment of Persons with Disabilities) as persons with disabilities upon a doctors attest. Job Placement for disabled persons according to the criteria of the PES is easier, as the restrictions for employers according to the Federal Act on the Employment of Persons with Disabilities to not apply (e.g. concerning dismissal) but nevertheless, some benefits can be arranged.

Quantitative data

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Size of population	668,400	3.448,400	594,000
% of population living in private households	8.4%	43.1%	7.4%
% of female population	16.2%	83.8%	n/a
Disaggregate by age:			
<15 year olds	24,000	n/a	22,200
15-29 year olds	36,100	n/a	46,100
30-44 year olds	77,400	n/a	103,900
45-59 year olds	136,100	n/a	165,800
60-74 year olds	189,300	n/a	158,400
75+ year olds	205,500	n/a	97,600
Disaggregate by ethnicity:	no information available (according to Statistics Austria)		
Disaggregate by type/severity of disability: *(most severe) long lasting health problem; % of persons indicating long lasting health problems*			
Problems with legs, feet	21.9%	n/a	18.1%
Problems with back, neck	18.3%	n/a	19.7%
Problems with heart, blood pressure, circulation	13.9%	n/a	14.9%

[12] General Social Insurance Act (*Allgemeines Sozialversicherungsgesetz; ASVG*), BGBl. Nr. 189/1955

Respiration problems (incl. asthma, bronchitis, allergies)	5.7%	n/a	7.8%
Problems with arms, hands	6.3%	n/a	6.1%
Other long lasting health problems	5.6%	n/a	5.3%
Problems with the vision (despite glasses or contact lenses)	5.6%	n/a	4.3%
Diabetes	4.5%	n/a	5.1%
other proceeding illnesses (incl. cancer, MS, Parkinson)	5.5%	n/a	3.8%
Nervous conditions or psychological problems (incl. learning disability)	3.7%	n/a	4.3%
Problems with stomach, liver, kidney, digestion	3.1%	n/a	4.0%
Problems with hearing	2.5%	n/a	3.7%
Skin disease (incl. allergies)	2.4%	n/a	1.8%
Epilepsy	0.7%	n/a	0.5%
Problems with speaking	(0.3%)[1]	n/a	0.6%
Is there information on the size of the household where they live?	private homes; no further information available (according to Statistics Austria)		
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[13]	**Women 16-24 years** Considerably restricted: 0.5% [arms/legs/back = 39.1% see/hear/speech/skin = 13.8% chest/heart/stomach/diabetes = 0% epilepsy/mental = 21.4% other = 25.8%] To some extent restricted: 1.4% [arms/legs/back = 47.2% see/hear/speech/skin = 8.8% chest/heart/stomach/diabetes = 19.4% epilepsy/mental = 11.4% other = 13.2%] Not restricted: 98.1% **Women 25-54 years** Considerably restricted: 1.8% [arms/legs/back = 44.8% see/hear/speech/skin = 5.8% chest/heart/stomach/diabetes = 17.5% epilepsy/mental = 12.7% other = 19.2%]		

[13] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	To some extent restricted: 3.7% [arms/legs/back = 58.4% see/hear/speech/skin = 5.6% chest/heart/stomach/diabetes = 18.9% epilepsy/mental = 8.4% other =8.8%] Not restricted: 94.5% **Women 55-64 years** Considerably restricted: 6.5% [arms/legs/back = 52.3% see/hear/speech/skin = 7.8% chest/heart/stomach/diabetes = 22.3% epilepsy/mental = 6.9% other =10.7%] To some extent restricted: 10.6% [arms/legs/back = 58.5% see/hear/speech/skin = 4.5% chest/heart/stomach/diabetes = 24.9% epilepsy/mental = 3.2% other = 8.9%] Not restricted: 82.9% **Men 16-24 years** Considerably restricted: 1% [arms/legs/back = 39% see/hear/speech/skin = 14.2% chest/heart/stomach/diabetes = 0% epilepsy/mental = 32.4% other = 14.4%] To some extent restricted: 1.5% [arms/legs/back = 24% see/hear/speech/skin = 41.4% chest/heart/stomach/diabetes = 24.6% epilepsy/mental = 0% other = 10.1%] Not restricted: 97.6% **Men 25-54 years** Considerably restricted: 2.5% [arms/legs/back = 41.5% see/hear/speech/skin =7.4% chest/heart/stomach/diabetes = 15.4% epilepsy/mental = 18.1% other = 17.6%] To some extent restricted: 4.3% [arms/legs/back = 59.3% see/hear/speech/skin = 9.4% chest/heart/stomach/diabetes = 18.4% epilepsy/mental = 5.7%

	other = 7.2%] Not restricted: 93.2% **Men 55-64 years** Considerably restricted: 7.2% [arms/legs/back = 43.6% see/hear/speech/skin = 8.4% chest/heart/stomach/diabetes = 28.4% epilepsy/mental = 3.5% other = 16.1%] To some extent restricted: 11.1% [arms/legs/back = 51.3% see/hear/speech/skin = 3.9% chest/heart/stomach/diabetes = 34.3% epilepsy/mental = 2.1% other = 8.5%] Not restricted: 81.7%
Ref: Statistics Austria; based on the microcensus June 2002[2].	
Remarks: The sample size was 7.900 persons (this corresponds to 1% of the Austrian households); the data have been extrapolated to allow statements for the Austrian population. Definition of Disability: Persons who indicate to suffer from 'long term health problems or disabilities' (long term = at least 6 months). [1] = extrapolation of less than 3,000 persons [2] = This is the most recent data available at the moment. An update of the data is currently under preparation at Statistics Austria, but will not be published before the end of 2008.	

3. Economic situation and employment

What is the economic / employment situation of women with disabilities? **What legislation and policies are in place to recognise the right of women with disabilities to work?** **Please provide the source of the data**			
Quantitative data			
	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates	50.8% for all women in Austria (aged 15 years and more) in 2007; 64.4% for all women in Austria (aged 15 to 64) in 2007		
Ref: Statistics Austria (2008), *Arbeitsmarktstatistik Jahr 2007 – Mikrozensus Arbeitskräfteerhebung (Labour Market Statistics Year 2007 – Microcensus Labour Force Survey)*, Vienna, Statistics Austria; data according to labour force concept			
• There are no specific data on disabled women in employment in Austria. Only concerning women with physical disabilities it can be stated that 26.5% are employed (45.5% of the men with physical disabilities are in employment) and 48% receive pensions (42% of the men with physical disabilities receive pensions).[14] • According to EU SILC 2006, the employment rate of people with disabilities in a narrower sense[15] is 34% (men 37% and women 31%). Persons with disabilities in a wider sense[16] register a 55% labour market integration (men: 62%; women: 49%).[17]			
Unemployment rates	11,944 women with disabilities were registered jobless with the Public Employment Service (PES) on average in 2007.	85,958 non-disabled women were registered jobless with the PES on average in 2007.	19,448 men with disabilities were registered jobless with the PES on average in 2007.
In 2007, on average, 222,248 persons (44.1% thereof women) were registered as unemployed with the			

[14] Web page of the *Wiener Programm für Frauengesundheit (Viennese Programme for Women's Health – disability specific page)*, http://www.diesie.at/frauengesundheit/behinderung.html, August 5, 2008; and BMSG (2003), *Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich (Report of the Federal Government on the Situation of Persons with Disabilities in Austria)*, Vienna, BMSG (now BMSK)

[15] "People with disabilities in a narrower sense" refers to people who stated in the SILC Survey to suffer from a self-perceived strong impairment in performing every-day tasks, which had lasted for at least 6 months.

[16] "People with disabilities in a wider sense" refers to people who stated in the SILC Survey to be chronically ill.

[17] Austrian Report on Strategies on Social Protection and Social Inclusion 2008-2010 (2008), Vienna. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/austria_en.pdf

PES. Of these 222,248 persons, 31,392 were persons with disabilities (38.0% thereof women) and 190,856 persons without disabilities (45.0% thereof women); i. e. 14.1% of the unemployed persons (15.6% of the unemployed men and 12.2% of the unemployed women) in 2007 had disabilities. *Remark: As there is no information available on the total population of women with disabilities (applying a comparable concept of disability) only absolute figures and no rates can be given.* Based on SILC 2006, the unemployment rate of persons with disabilities in a narrower sense is 13% (women 10%, men 16%). The increase in the budget for employment measures targeting people with disabilities has led to a reduction of unemployment of this group since mid-2007.[18]			
Long-term unemployment rates (181 - 365 days)	1,778 women with disabilities were registered jobless with the Public Employment Service (PES) on average in 2007.	8,048 non-disabled women were registered jobless with the Public Employment Service (PES) on average in 2007.	3,086 men with disabilities were registered jobless with the Public Employment Service (PES) on average in 2007.
Long-term unemployment rates (more than 365 days)	835 women with disabilities were registered jobless with the Public Employment Service (PES) on average in 2007	1,421 non-disabled women were registered jobless with the Public Employment Service (PES) on average in 2007.	1,569 men with disabilities were registered jobless with the Public Employment Service (PES) on average in 2007.
Ref: Public Employment Service (PES) (*Arbeitsmarktservice; AMS*), http://iambweb.ams.or.at; data on yearly averages. Definitions of disability: 'Eligible disabled' according to the Federal Act on the Employment of People with Disabilities and / or the Victim Protection Act (*Opferfürsorgegesetz; OFG*)[19] plus disabled according to Federal Provincial Laws plus disabled according to the criteria of the PES (i.e. doctors attest)).			
Inactivity rates	On December 1, 2007, 94,426 persons have been		

[18] Austrian Report on Strategies on Social Protection and Social Inclusion 2008-2010 (2008), Vienna. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/austria_en.pdf

[19] BGBl. I Nr. 183/1947

	registered as 'eligible disabled' according to the Federal Act on the Employment of People with Disabilities. Out of these, 31,177 were reported inactive (including those looking for work and those not available for the labour market). **Ref:** BMSK, 2008 More detailed data considering gender is not available according to the Federal Ministry of Social Affairs and Consumer Protection.
Part-time work rates	According to the Main Association of Austrian Social Security Institutions (*Hauptverband der Sozialversicherungsträger; HVSV*), no data on employment considering disability are available. The Federal Ministry of Social Affairs and Consumer Protection data do not differentiate between part-time and full-time work.
Self-employment rates	On December 1, 2007, 94,426 persons have been registered as 'eligible disabled' according to the BEinstG. Out of these, 3,858 were self-employed. **Ref:** BMSK, 2008 More detailed data considering gender is not available according to the Federal Ministry of Social Affairs and Consumer Protection.
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	According to Statistics Austria, poverty rates are only available for • households including persons with disabilities (see below) and • women in general and disaggregated by age groups.

- Risk-of-poverty before and after social transfers and pensions (households with disabled persons):
  - For households with disabled persons, pensions (38% of the income) and social transfers (20% of the income) are important sources of income and therefore more than half of the income stems form public transfers. Financing, such as long-term care benefit (*Pflegegeld*), that are referred to as part of the income shall compensate for the additional cost that are arising due to illness and disability.
  - **Social transfers** are specifically important **for households with disabled**; considering these, **16%** of the households with disabled are still at **risk of poverty**. Without social transfers, approx. two third of this households would be at risk of poverty.[20]

Definition of disability:

[20] Statistics Austria (2008), *EU-SILC 2006 – Armutsgefährdung und Deprivation (EU-SILC 2006 – Risk of Poverty and Deprivation)*, p. 40, Vienna, Statistics Austria.

Households with one person with a disability (= impairment in performing everyday tasks for at least six months according to self definition) of working age.

[1] Definition of poverty:
Persons are at risk of poverty when their equivalised household income lies below the risk of poverty level. For 2006, the median of the equivalent income lies at EUR 17,852 p.a. (for a one-person household).

Qualitative data

legislation and policies to address discrimination:

- In the area of employment, the most important legislation is the Federal Act on the Employment of People with Disabilities (funded on 3 principles: duty to employ (quota), financial incentives and special protection). This Act also includes the obligation to employ 'eligible disabled' persons and implements sanction mechanisms (payment of an equalisation tax). Moreover, promotion measures, the establishment of integrative enterprises, the implementation and functioning of the Equalisation Tax Fund and procedural norms, such as the implementation of disabled committees, the regulation on extended dismissal protection for persons with disabilities are specified with this Act. The Act implements the framework directive 2000/78/EG for persons with disabilities within federal competency.
- To avoid discrimination of persons with disabilities due to barriers at the workplace, the Federal Act on the Employment of People with Disabilities includes an obligation to provide for reasonable accommodation at the workplace, as long as this does not represent an disproportionate financial burden (despite available public funding) to the entrepreneur.

[21] BGBl I Nr. 82/2005, as amended by Federal Law Gazette I 67/2008.
[22] Web page of the Federal Ministry of Social Affairs and Consumer Protection (BMSK), www.bmsk.gv.at, August 4, 2008.
[23] Republic of Austria (2007), *Supplementary Report on Strategies for Social Protection and Social Inclusion – Austria*, Vienna, BMSK.
[24] Federal Ministry of Social Affairs and Consumer Protection (BMSK((2008), Bundesweites arbeitsmarktpolitisches Behindertenprogramm BABE 2008 und 2009, Vienna, BMSK.
[25] Austrian Report on Strategies on Social Protection and Social Inclusion 2008-2010 (2008), Vienna. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/austria_en.pdf
[26] Austrian Report on Strategies on Social Protection and Social Inclusion 2008-2010 (2008), Vienna. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/austria_en.pdf
[27] Federal Ministry of Social Security, Generations and Consumer Protection (BMSG) (2003), *Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich (Report of the Federal Government on the Situation of Persons with Disabilities in Austria)*, Vienna, BMSG (now BMSK); and web page of the Federal Social Welfare Authority, http://www.basb.gv.at/basb/Finanzielle_Unterstuetzung, August 11, 2008; and Federal Social Welfare Authority (BASB) (2008), *Geschäftsbericht 2007 (Annual Report 2007)*, Vienna, BASB.
[28] Web page of the Wiener Assistenzgenossenschaft (Viennese Assistance Cooperative), www.wag.or.at, July 28, 2008.
[29] Federal Social Welfare Authority (BASB) (2008), *Geschäftsbericht 2007 (Annual Report 2007)*, Vienna, BASB.
[30] Federal Ministry of Social Affairs and Consumer Protection (BMSK) (2007), *Sozialschutz in Österreich*, Vienna, BMSK; and Federal Ministry of Social Security, Generations and Consumer Protection (BMSG) (2003), *Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich (Report of the Federal Government on the Situation of Persons with Disabilities in Austria)*, Vienna, BMSG (now BMSK).

- The Federal Act on the Employment of People with Disabilities also bans discrimination in working life due to disability. The protection comprises persons with disabilities, their close relatives as well as witnesses.
- When a person is discriminated because of disability and gender, arbitration at the Federal Social Welfare Authority has to take place, according to an amendment of the Federal Disability Equality Act.[21]

Activation programmes[22]:

- With effect from January 1, 2001, the Austrian government launched an **Additional Programme on Employment of People with Disabilities** (*Beschäftigungsoffensive der Bundesregierung – 'Behindertenmilliarde'*), worth ATS 1 billion (EUR 72.7 million) financed mainly by the Federation. The programme has been endowed with EUR 78 million in the year 2007 and EUR 80 million in 2008[23]. The programme concentrates on the employment of young people with disabilities, disabled people aged 50 or more, and disabled people whose employment proves especially difficult. The programme arranges for a wide variety of measures, such as wage subsidies, job coaching, vocational counselling in the framework of supported employment, training, creation of jobs, or incentives to self-employment. The programme is also used to co-finance EU-programmes (e. g. EQUAL, etc.) in this area.
- Within the framework of the **Work Place Offensive 'Action 500'** (*Arbeitsplatzoffensive 'Aktion 500'*), enterprises that between November 1, 2007 and December 31, 2008 newly employ a person with disabilities for 6 months receive a subsidy of EUR 600,- per month. Persons with disabilities that become self-employed in this period are also eligible for this subsidy. The establishment of a vocational training place in this period is subsidised with EUR 200,- per month in the first vocational training year.
- The **Federal Labour Market Policy Programme for Disabled** (*Bundesweites arbeitsmarktpolitisches Behindertenprogramm*; BABE 2008-2009) is a major instrument for the planning and coordination of the integration of persons with disabilities into the labour market and serves to inform on targets, focal points, activities and measures of occupational integration.
  - Gender mainstreaming: the support target for the occupational integration of women with disabilities is a quota of 50%. This target shall be reached through special programmes ensuring the sustainable integration of women with disabilities (through qualification measures, through measures raising the level of employment, ameliorating employment conditions and supporting organisations offering private care in new promising occupations) in the framework of the European Social Fund as well as in the framework of the Additional Programme on Employment of People with Disabilities of the Federal Government.
  - To implement gender mainstreaming, the following is previewed:
    - For providers of measures, support structures are being implemented that enable the responsible persons to develop gender mainstreaming as a stand-alone operation scheme in the implementation of measures.
    - Gender expertise: With external help, a specifically tailored questionnaire concerning the support instruments is being elaborated, as well as a catalogue of measures for the implementation steps.

- Mentoring and coaching for women with disabilities is being supported
- Specific support measures for blind women respectively for women with severely impaired vision shall be elaborated.[24]

- The women's share in all measures subsidised under the employment campaign is currently about 40%, while the future target for promoting the occupational integration of women with disabilities is 50%. It is to be achieved with the following measures:
  - implementing gender budgeting (fair distribution of project resources between the genders);
  - development of models enabling women with disabilities to give up "dead-end jobs" and to choose non-traditional vocational and training options;
  - mentoring and coaching of women;
  - consulting and sensitising companies;
  - developing special support programmes for blind women, women with severe visual impairments and deaf women.[25]

- Numerous measures promoting the integration into the primary labour market are also implemented at Länder level. These measures partly address young people, in particular girls. Besides job coaching and integration assistance programmes, successful projects supporting apprentices and enhancing qualifications, workplace assistance and subsidised jobs, the personal assistance supplement to the long-term care benefit was introduced. This supplement is a cash benefit paid directly to people with severe disabilities for financing personal assistance in various areas (e.g. household tasks, body care, health care, mobility, communication and leisure activities).[26]

<u>provision of (financial) support to workplace adjustments[27]:</u>

- support for entrepreneurs employing persons with disabilities:
  - integration subsidy;
  - subsidy for wage and training costs;
  - subsidy for multiplier training (training of a disabled confidential counsellor (*Behindertenvertrauensperson*) or a specialised shop steward)

- support for employees with disabilities:
  - training subsidies;
  - assumption of costs for an assistant or a sign language interpreter for occupational trainings;
  - assumption of costs for a sign language interpreter to facilitate communication at the workplace;
  - assumption of disability related costs for the way to/from work or for the execution of tasks at work;
  - subsidies to trainings that ensure the job;
  - personal assistance at work and in occupational training ('individual workplace support')[28]

- financial support that can be applied for by both parties:
  - financial support for the reasonable adaption of the workplace (e.g. constructive, technological, ergonomic adaption);
  - work assistance

- others:
  - enhancement of personal and occupational abilities, offered by social enterprises (for a max. of 3 years)
  - subsidy for becoming self-employed
- In the year 2007, 52.009 measures of occupational integration for persons with disabilities have been financially supported by the Federal Social Welfare Authority; 39% of these measures affected women[29].
- The key bodies responsible for the enforcement of labour market integration of persons with disabilities in Austria are[30]:
  - the Public Employment Service (PES) (*Arbeitsmarktservice; AMS*) (acting on behalf of national and regional governments and ensuring that persons with disabilities can access support measures);
  - the Federal Social Welfare Authority (elaborates – in co-operation with the respective federal province, the social insurance organisation, the school authority, the social partners as well as organisations of persons with disabilities – labour market policy measures that are necessary because of disability and ensures financing of these services);
  - the Federal Provinces (finances support measures according to regional legislation);
  - the Social Insurance Organisations.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data

	Women and girls with special educational needs	Women and girls without special educational needs	Men and boys with special educational needs
Participation in general education (school year 2006/07, absolute figures):			
Primary schools	2,127	165,872	3,465
Lower secondary schools	3,134	119,085	5,015
Special schools and special (SEN) classes	4,748		8,410
Pre-vocational schools	210	7,601	379
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels:			
Primary schools – Pre-primary level	15		31
Primary schools – Grade 1	271		572
Primary schools – Grade 2	416		689

Primary schools – Grade 3	629		1,060
Primary schools – Grade 4	795		1,111
Primary schools – Grade 5	n/a		1
Primary schools – Grade 6	n/a		n/a
Primary schools – Grade 7	1		1
Primary schools – Grade 8	n/a		n/a
Lower secondary schools – Grade 5	775		1,131
Lower secondary schools – Grade 6	783		1,323
Lower secondary schools – Grade 7	818		1,349
Lower secondary schools – Grade 8	758		1,212
Special schools and special (SEN) classes – Pre-primary level	12		44
Special schools and special (SEN) classes – Grade 1	241		421
Special schools and special (SEN) classes – Grade 2	322		580
Special schools and special (SEN) classes – Grade 3	402		700
Special schools and special (SEN) classes – Grade 4	473		924
Special schools and special (SEN) classes – Grade 5	556		991
Special schools and special (SEN) classes – Grade 6	607		1,169
Special schools and special (SEN) classes – Grade 7	616		1,119
Special schools and special (SEN) classes – Grade 8	801		1,436
Special schools and special (SEN) classes – Grade 9	718		1,026
Pre-vocational schools – Grade 7	-		1
Pre-vocational schools – Grade 8	-		-
Pre-vocational schools – Grade 9	210		378
Number and type of specialist schools (i.e. level, for which target groups)		In the school year 2006/07 there existed 330 special schools and 1,734 special (SEN) classes throughout Austria.	
Ref: Federal Ministry for Education, the Arts and Culture (BMUKK) (2008) *Statistical Guide 2007 – Key facts and figures about schools and adult education in Austria*, Vienna, BMUKK; and Statistics Austria (2008), *Education documentation (Bildungsdokumentation)*, Vienna, BMUKK Definition 'special educational needs' (SEN): To decide whether or not a pupil has SEN (i.e. is unable to follow the curricula without assistance because			

of physical or psychological disabilities or impairments) the district school board relies on different expert opinions (by the Special Education Centre or a specialist class teacher).

- There are 10 types of special schools (for pupils in compulsory school age) in Austria with a focus on different types of disabilities (e.g. special school for children with learning disabilities, visual or physical disabilities, etc.).[31] Special schools can be attended for the whole period of compulsory school. Apart from the special school for most severely disabled children, these schools are divided into primary level I (grade 1-3), primary level II (grade IV and V) and lower secondary level (grade 6-8); when needed, grade 9 for job orientation (pre-vocational year) can be implemented.

Qualitative data[32]

- Early Intervention: The Austrian system for early intervention is based upon the 9 different Provincial Disability Acts. Hence, there is no uniform federal legal approach. In most Austrian provinces, those children receive early intervention who have been classified to 'present or to be in danger of developing' disabilities. In some provinces (e.g. Styria), early intervention can also be sought through the Youth Welfare Act, in case the family environment can harm the development of the child (e.g. drug abuse, violence, negligence). Early intervention is, apart from some exceptions, organised by regional institutions of early intervention (NGOs).
- Kindergarten: The kindergarten system is within the provinces' jurisdiction (except for the training of kindergarten teachers). Thus, each province decides whether children with extra educational needs receive support of inclusive education in mainstream kindergartens or in remedial kindergartens. Lack of clarity in the definitions of disability and the allocation of competences concerning the inclusion of children with disabilities and the whole kindergarten system in the individual provinces have resulted in very different rules for implementing inclusion in kindergarten. Apart from the public kindergartens, there are also several private institutions, for example, denominations, or associations, who provide kindergarten spaces. Since in Austria there is no legal right to a kindergarten space, there is no guarantee that children with disabilities are accepted in kindergarten either.
- The Kindergarten Acts of the provinces (i.a. the Day Care Act and the Children's Day Care Centre Act) distinguish between mainstream kindergartens, inclusive kindergartens (inclusive groups) and special kindergartens. These types coincide in their definition of kindergarten and the definition of the tasks of kindergarten. In some provinces, they also refer to inclusion. There are differences in the provinces' legal regulations for kindergartens as to the maximum number of children in a group (which is, in most provinces, approximately 25 children per group). There are also differences in the minimum number of children in a group, the number of pedagogically trained staff and assistants per group, the hourly quota devoted to further training, preparation etc. - in case these items are referred to at all in the individual provincial legislation.

  Models for inclusion:
  - inclusive groups in mainstream kindergarten
  - individual inclusion in mainstream kindergartens
  - inclusive groups in remedial kindergartens
- Compulsory education: In Austria there are 9 years of compulsory education (from the age of 6

[31] Web page of the European Agency for Development in Special Needs Education, http://www.european-agency.org, August 12, 2008.

[32] Web page of the European Agency for Development in Special Needs Education, http://www.european-agency.org, August 12, 2008; according to the Federal Ministry for Education, the Arts and Culture (Mrs. Lucie Bauer), there are no special programmes for girls with disabilities in compulsory school.

to 15) for all children. Only when due to medical reasons and in an adequate monitoring period no developmental advancement can be registered, or attending school poses an unacceptable burden, a relief from compulsory education can be issued due to school inability.[33]

- A concise overview of the Austrian educational system and its development is also provided in English by the Ministry of Education, the Arts and Culture at http://www.bmukk.gv.at/enfr/school/index.xml.
- In the past 15 years there has been a shift towards inclusion of pupils with special needs into regular classes and into the general school system, when possible. Austrian public schools commonly educate both genders, pupils of different ethnical background as well as disabled and non-disabled.
- Since 1993 children with special educational needs have been legally entitled to attend primary school. Through the 1996 amendment of the School Organisation Act (*Schulorganisationsgesetz*)[34], this option was also extended to lower secondary education (10 to 14-year-olds). The legal encompassment of the inclusion of children and adolescents with special educational needs (SEN) has modified the Austrian school system decisively. Mainstream schools have been obliged since then to take organisational and didactical measures to meet the special needs of these children at school. Parents have the free choice of sending their children to a special school or to a mainstream school. Based on special needs opinions, the District School Board (District School Inspector) decides whether special educational needs are allocated to a child.
- Special needs support at compulsory school:
  - Special Needs Support in Schools of General Education / Inclusion
    Inclusive education for pupils with special educational needs is currently legally regulated in primary, lower secondary school, and the lower grades of schools of general secondary education.
    Three models of joint education are applied there:
    - inclusive classes: pupils with and without special educational needs are instructed in all lessons by a team of teachers;
    - classes with support teachers: mainstream classes where one or two SEN pupils receive extra support by a special school teacher for a few hours per week (depending on their disability);
    - co-operation classes: primary, lower secondary, and pre-vocational school classes are generally separated from special school classes in terms of organisation. The teachers involved agree upon a plan according to which pupils are instructed together, either some of the time, or all the time.
  - The co-ordinative tasks of Special Education Centres
    Special Education Centres have the task of providing and co-ordinating all measures of

[33] Federal Ministry of Social Security, Generations and Consumer Protection (BMSG) (2003), *Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich (Report of the Federal Government on the Situation of Persons with Disabilities in Austria)*, Vienna, BMSG (now BMSK).
[34] BGBl. I Nr. 242/1962
[35] Federal Ministry of Social Security, Generations and Consumer Protection (BMSG) (2006), *Evaluierung Clearing*, Vienna, BMSG (now BMSK)
[36] BGBl. I Nr. 142/1969
[37] Republic of Austria (2006), *National Report on Strategies for Social Protection and Social Inclusion – Austria*, Vienna, BMSK
[38] Press Release of the Federal Ministry of Economics and Labour, December 12, 2007 and Heckl, Eva / Dörflinger, Céline / Dorr, Andrea / Klimmer, Susanne (2008), *Evaluierung der integrativen Berufsausbildung (IBA). Endbericht* (*Evaluation of the integrative vocational training. Final Report*), Vienna, KMU Forschung Austria.

special needs education to ensure through inclusive education that children with special educational needs can be educated at mainstream schools in the best possible way. These tasks include:

- the issuing of expert opinions to identify special educational needs (special needs opinion);
- co-operation with regional schools of compulsory education, other Special Education Centres, school authorities, the district school inspector, the special school inspector, regional non-school institutions etc;
- support of inclusive education through educational and organisational counselling, assistance for the setup of teacher teams;
- information for parents, public relations, exchange of experience and further training;
- administration.

- Co-operation with other institutions
  The Special Education Centres are responsible for co-operation with other institutions to support children and their parents in the best possible way. For example, if other institutions require additional assistance, therapy, training programmes, diagnoses, or the like, the Special Education Centre establishes contact with the competent bodies and procures the respective provisions.

- Special needs support at special school:
  Special schools have the task of fostering children with physical or psychological disabilities according to their type of disability, and to give them – as far as possible – a degree of education which corresponds to primary school, lower secondary school or pre-vocational school, and – in the case of the job preparation year - to make them ready for integration in the labour market. Specially trained teachers instruct their pupils in smaller classes; the curriculum, and the methods and materials are adapted to the abilities of the children. In these schools, pupils are either educated according to the curriculum of primary or lower secondary school, or to a curriculum of the respective special school type. Special schools that are conducted according to the curriculum of primary or lower secondary school have to enable children – depending on their interests, orientations, talents and abilities – to carry on in schools of higher secondary education.

  Education at special schools comprises compulsory schooling (9 years of school attendance). However, if necessary, it is also possible to prolong attendance at special school to max. 12 years. The maximum number of pupils per class is between 8 (for example, in a special school for children with hearing disabilities) and 15 (general special school).

- Job orientation: Job orientation and preparation is an essential component of working with adolescents with learning disabilities or severe disabilities at the end of their compulsory schooling. For about 10 years, special schools have been providing ever more programmes for job preparation which have proved very successful. Due to this success, the subject 'job orientation' has been incorporated in the curricula of special school, and the separate curriculum 'job preparation year', which can be adapted individually to the needs of the adolescents, has been developed for the ninth grade.

- Clearing – a link between school and the labour market for adolescents with SEN: Thanks to a national support programme provided by the Federal Social Welfare Authority in co-operation with the Provincial School Boards and the School Board of Vienna, a national Clearing concept has been developed that is implemented in the provinces by private organisations. Specially trained experts closely collaborate with parents, teachers, and pupils to find the best possible career for adolescents with an impairment or disability. The 'Clearing' process starts with the preparation of a profile of the adolescent's strengths and weaknesses, describes his or her interests, wishes and needs for further training and aims at a close co-operation between school and the regional labour market.

  - Clearing measures have been stepped up since 2001 and the number of support cases

has continually risen. In 2005, 3,400 participants successfully completed the clearing process; the ratio of girls is approx. 40%. Two third of the participants are 13 to 15 years old; they mostly enter the clearing programme via their schools (two third 66% of the participants).[35]

- Vocational integration of young people with disabilities, individual workplace support and integration-type vocational training are among the priorities of the employment campaign for people with a disability. 'Integration-type vocational training' introduced with an amendment to the Vocational Training Act (BAG)[36] in 2003 targets individuals with social, learning or physical disabilities. Under this new training programme it is possible to either extend apprenticeships by up to two years or, if apprenticeships cannot be fully completed, to train selected skills enabling such young people to enter the labour market. Private-sector companies offering integration apprenticeships and training to young people receive subsidies from the Federal Social Welfare Authority to training support schemes.[37]
  - At the end of 2007, more than 3,000 persons were attending integration-type vocational training in Austria, approx. 70% thereof in private sector enterprises.[38]

Financing:

- Whether a child presents special educational needs (SEN) that justify the allocation of additional resources (extra care and/or support lessons) is decided differently and by different institutions in the Austrian provinces. In public kindergartens in Salzburg, for example, the social inclusion of children with disabilities has become legally binding since an amendment to the Kindergarten Act in 1996. Since the kindergarten year 2000/2001 about 2 percent of all kindergarten children have received additional staff resources in Salzburg.
- The federal government provides the provinces with funding for additional staff resources for special needs education (for 2.7% of all pupils aged between 6 and 15). The municipalities are responsible for additional equipment required for children and adolescents with special educational needs. Special measures, such as therapeutical support and devices, are funded by the provinces on the basis of the Provincial Disability Acts.
- Families with children with disabilities are supported through the following allowances, benefits and tax reliefs:
- The increased family allowance and the nursing allowance depend on the child's age and disability. Furthermore, a tax reduction is possible when there are extraordinary expenses (hospital costs, therapeutic care etc.). In addition, families with children with disabilities are granted an income tax allowance.
- Financial aid for families also covers additional costs such as technical aids, therapy, early intervention, travel expenses, and additional costs for day care institutions. These costs are borne by the health authorities, disabled relief associations and insurance companies. Further financial support is provided, for example, in the form of fare reductions in public transport, or benefits for extraordinary expenses (rents, insurance, heating costs, etc.). Since January 1, 2007 persons older than 18 have received a monthly social benefit pension in case they have no income of their own. The amount of this pension does not depend on their parents' income.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data[39]

- Independent living is translates into 'selbstbestimmt Leben' in Austria and the German speaking countries by the organisations of persons with disabilities.

  The notion of 'selbstbestimmt leben' follows the American approach and stipulates that, according to personal abilities, an individual can decide as much as possible upon his / her life and way of living (e.g. arrange for personal assistance herself / himself, according to personal needs).

  The organisations of persons with disabilities in Germany, Austria and Switzerland now feel that the principle ‚nothing about us without us' has been broken when the term 'living independently' has been translated into 'unabhängige Lebensführung' in the German version of the UN Convention.[40]

- In Austria, the long-term care benefit was introduced in 1993. The Long-Term Care Benefit still is the most important tool to allow for independent living (financing of personal assistance). Long-term care is provided at seven different levels according to the need. Depending on the kind of entitlement, the financial responsibility lies either with the Federal Government - Federal Long-Term Care Benefits Act (*Bundespflegegeld*) – or the nine Federal Provinces.

  - While personal assistance at the work place is financed from national level, the cost of personal assistance in other areas of living are (partly) borne by the federal provinces. The regulations vary from province to province and the financing usually is provided for a limited period of time (one year). Then the person with disabilities has to hand in another application. Persons with disabilities and especially disabled women who are not working suffer from the uncertainty if they receive financing and the rather low financial assistance available compared to the cost of personal assistance. Moreover, at the moment, there is no legal title on (receiving financing for) personal assistance.[41]
    Discussions on an amelioration of the long-term care benefits system are held at the moment, according to the Federal Minister of Economics and Labour.[42]

  - The **Austrian Women's Health Report 2005/2006**[43], also defines the following requirements for women with disabilities:
    - legal anchorage and financing of personal assistance (especially assuring that women with disabilities may have female assistants) as prerequisite. Personal assistance allows for independent living (*selbstbestimmt leben*) and (full) participation in working and social life.

- 24-hour care at home: The model is geared to fulfilling the central criteria of affordability, quality

[39] According to Maria Grundner/ÖAR there are no specific measures to support independent living among women with disabilities specifically.
[40] Web page of BIZEPS, (one of the Austrian Independent Living Groups), http://www.bizeps.or.at/news.php?nr=8733&suchhigh=selbstbestimmt, August 12, 2008.
[41] Buchinger Birgit / Gschwandtner Ulrike (2008), *Frauen mit Behinderungen und Beeinträchtigungen am Salzburger Arbeitsmarkt . Eine qualitative Studie (Women with Disabilities and Impairments in the Salzburg Labour Market. A Qualitative Study)*, Salzburg, Federal Province of Salzburg and
Lugstein, Theresa (telephone interview).
[42] Press Release of the Federal Ministry of Economics and Labour, July 16, 2008.
[43] Federal Ministry for Health, Family and Youth (BMGFJ) (2006), *Österreichischer Frauengesundheitsbericht 2005/2006 (Austrian Women's Health Report 2005/2006)*, Vienna, BMGFJ.

assurance and legality. The Act on Home Care (*Hausbetreuungsgesetz; HBeG*)[44] June 2007 and an amendment to the Industrial Code (*Gewerbeordnung*), which both entered into effect on July 1, 2007, form the basis for the lawful provision of care in private households for up to 24 hours a day under labour law and the industrial code. Care personnel may work on the basis of an employment contract or be self-employed, working under a contract for works and services.

The amendment to the Federal Long-Term Care Benefits Act (*Bundespflegegeldgesetz*)[45], entered into force on July 1, 2007. The funding model extending the care allowance to recipients of the long-term care allowance categories 3 and 4 who require care around the clock was adopted by the plenary session of the Austrian National Council on 4 July 2007 and became effective retroactively as per 1 July 2007 under.[46]

- Austria's Federal Provinces offer a number of policy measures to enable (severely) disabled persons to participate in social life: subsidised employment in the primary and secondary labour markets and in sheltered workshops; occupational therapy sessions; housing with full or partial attendant care; 'train independent living' programmes designed to help the severely disabled enter independent living arrangements; mobile services including living-related support, individual support, family relief care schemes and leisure assistance services.

  Most Austrian Federal Provinces have identified gaps in assistance delivery, and there are plans to extend such delivery. Quality of service delivery, too, is to be changed to enable people with severe mental, psychological or physical disabilities (some with multiple disabilities) to lead a largely independent life.

- Although severely disabled persons cannot realistically expect a job in the primary labour market or independent living arrangements the programmes offered to them are increasingly being geared to empowerment. In this context the individual support tool plays a key role and its use is to be stepped up in most Federal Provinces. This will also provide relief to family members.

- In terms of housing, some Federal Provinces have launched housing campaigns for people with severe disabilities. They focus on small community-integrated forms of living with partial or full attendant care to enable them to stay within their accustomed social environment and foster their independence.[47]

- NGOs: There are 'Independent Living' Groups (*'Selbstbestimmt Leben'-Gruppen*), that follow the American approach, throughout Austria.

Quantitative data

- In 2008, approx. 400,000 persons needing care are receiving long-term care benefits.[48] Approx. two third of the beneficiaries in 1999 were women (for persons below the age of 60, the shares according to gender are relatively equal, for the age group of persons aged 80 years and more, the share of women is 80%).[49]
- Aprox. 70.000 persons are cared for stationary and approx. further 70.000 persons are cared

[44] BGBl. I No. 33/2007

[45] BGBl. I No. 34/2007 and BGBl. I No. 51/2007

[46] Republic of Austria (2007), *Supplementary Report on Strategies for Social Protection and Social Inclusion – Austria*, Vienna, BMSK

[47] Republic of Austria (2006), *National Report on Strategies for Social Protection and Social Inclusion – Austria*, Vienna, BMSK

[48] Press Release of the Federal Ministry of Economics and Labour, July 16, 2008.

[49] Federal Ministry of Social Security, Generations and Consumer Protection (BMSG) (2003), *Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich (Report of the Federal Government on the Situation of Persons with Disabilities in Austria)*, Vienna, BMSG (now BMSK); more recent data are not available.

for partly stationary. Approx. 85% of all persons in need of care are cared for at home by their relatives.[50] Most of these caring relatives are women. *According to the Federal Ministry of Social Affairs and Consumer Protection data differentiating on women and men are not available.*

- 27.2% of the women with physical disabilities are living alone whereas only 11.6% of the men with physical disabilities are living alone.[51]

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data[52]

- The **Austrian Women's Health Report 2005/2006** defines the following requirements for women with disabilities:
  - to pursue an **integrative approach**, i.e. to integrate projects for women with disabilities into the existing framework of offers, e.g. women information centres (*Frauenberatungsstellen*) or women's health centres (*Frauengesundheitszentren*);
  - **empowerment** of women with disabilities via the education and employment of women with disabilities as consultants in health services;
  - to **focus on girls** with disabilities in consulting and research
  - to **adapt doctor's surgeries** and other health services for persons with disabilities (including a gender perspective), by e.g. removing constructional barriers, providing information in braille / via sign language interpreters, sending information folders to disabled women
  - **training of the medical personnel** in hospitals / surgeries by women with disabilities
  - **research on the health situation of women with disabilities** (raising gender sensitive health and social data in the area of disability)
  - **contiuning the discussion on the** eugnic indication (see below)
- New contracts with the Social Insurance Organisation are only given to doctors having a barrier free office. Doctors shall receive training on how to deal with women with disabilities (by (organisations of) persons with disabilities).
- Historically, women with disabilities have been just been seen as disabled persons. There are two laws in the area of reproductive health of disabled persons that are still important and that are the reason why disabled and non-disabled women are treated differently:
  - the sterilisation law (*Sterilisationsgesetz*)[53] and the
  - eugenic indication on abortion[54].

[50] Press Release of the Federal Ministry of Economics and Labour, July 16, 2008.

[51] Federal Ministry of Social Security, Generations and Consumer Protection (BMSG) (2003), *Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich (Report of the Federal Government on the Situation of Persons with Disabilities in Austria)*, Vienna, BMSG (now BMSK).

[52] Federal Ministry for Health, Family and Youth (BMGFJ) (2006), *Österreichischer Frauengesundheitsbericht 2005/2006 (Austrian Women's Health Report 2005/2006)*, Vienna, BMGFJ.

[53] see also ABGB §146d, §282 (3), StGB §90 (2)

- In 2001, after a wide public discussion, in 2001 narrow and strict restrictions have been applied to heteronomous sterilisation, e.g. adolescents may no longer be sterilised. The agreement to sterilisation now is a personal right; a solicitor may only agree to sterilisation of the client when life is in danger and with an authorisation from court.
- The eugenic indication allows the abortion of (supposed) disabled children until the ninth pregnancy month, practical use of this law is unknown. In fact women with disabilities still have to argue when they want children and that they are therefore restricted in their life planning. There still is the myth, that a disabled women will give birth to a disabled child – and this myth becomes obvious when pregnant women with disabilities are advised by gynaecologists.
- Throughout Austria there are 7 Women's Health Centres (*Frauengesundheitszentren*) that, in general, also have a special focus on women with disabilities. The intention is to realise the role of women with disabilities as women, as mothers and to broach the issues of female role clichés, sexuality, experiences with violence and labour market situation.

  The Women's Health Centre in the city of Graz[55] is accessible barrier free and e.g. offers:
  - a monthly discussion/information group for women with disabilities
  - courses, information sessions, workshops to support women with disabilities to find their own constitutional way (integrated vision of health)
  - accompaniment to doctors / legal information

  The Centres are organised as NGOs and funded by means of the municipality, the Federal Province, the Federation and the European Union as well as from their own means.

Quantitative data

According to the Federal Ministry of Social Affairs and Consumer Protection, data is not available, as in the Austrian health system doctors / hospitals, etc. do not register if they treat disabled or non-disabled clients. Moreover, there are different definitions of disability in the legal system.

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data

- As in most other fields covered by this research project, legislation, policies and benefits in this field also do not distinguish between the gender of persons with disabilities.
- The main disability allowances are:
  - (Long-term) care benefit (*Pflegegeld*):
    The care benefit was introduced from July 1993 for people requiring personal care. People are eligible from birth if they normally reside and require care in Austria because of a physical or mental disability expected to last at least 6 months. The benefit is paid monthly and is dependent on the level of care required and the time involved in providing the care,

[54] see also StGB § 97

[55] Web page of the Women's Health Centre Graz (Frauengesundheitszentrum), www.fgz.co.at, August 05, 2008.

benefit amounts vary in 7 steps. The benefit is adjusted annually on the same basis as pensions and is based on need (i.e. it does not raise personal income). Additional benefits in kind may also be provided. The intention is to allow for a certain independency of persons in need for care and a prolonged stay at home.

- Invalidity pension (*Invaliditätspension*):
  In the case of a permanent reduction in earning capacity or of complete incapacity for work, social protection schemes provide entitlements to cash benefits, benefits in kind and support for the re-integration into working life, and for certain groups special protection under labour law is also available.

  For eligibility to an invalidity pension, a certain insurance period must be documented; this lies – and is age dependant – between 6 months and 15 years. Invalidity is – besides the impairment to health – also determined according to the occupation predominantly undertaken (during the previous 15 years).

- Family allowance (*Familienbeihilfe*):
  In general, there is a legal title for family allowance for all children of minor age. For children still in education / vocational training this allowance can be granted until their 27th birthday, at maximum. For children who are severely disabled and unable to work there is no age limit. The amount of the family allowance is raised by EUR 138.30 (figure for 2008) per month for a severely disabled child. The family allowance is tax free.

  - The raised family allowance for severe disability has been paid for approx. 66.000 children in 2006.[56]

- A person caring for her / his disabled child is entitled to self-insurance within the pension system without paying contributions (these are paid from the means of the family burden equalisation fund (*Familienlastenausgleichsfonds; FLAF*) within the federal budget). Persons caring for a close relative are entitled to favourable fees within the pension system. From care benefit level 4, health insurance is provided free of charge for the caring person.

- As disabled women are a heterogeneous group, they have differing perspectives, depending on support possibilities, personal / social environment, own resources, education, income, etc. Nevertheless, for all disabled women it can be stated that they meet with structural conditions that complicate or make impossible independent conduct of life. To overcome these difficulties, individual solutions and a high personal, financial and organisational effort is necessary.[57]

[56] Federal Ministry of Social Affairs and Consumer Protection (BMSK) (2007), *Sozialschutz in Österreich*, Vienna, BMSK.
[57] Federal Ministry for Health, Family and Youth (BMGFJ) (2006), *Österreichischer Frauengesundheitsbericht 2005/2006 (Austrian Women's Health Report 2005/2006)*, Vienna, BMGFJ.

Quantitative data
Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities (HLY/DFLE[1] – with impairment)	Non-disabled women (HLY/DFLE[1] – without impairment)	Disabled men (HLY/DFLE[1] – with impairment)
Life expectancy at birth (born in 2006)	21.5 years	61.2 years	18.3 years
Life expectancy at the age of 65 (in 2006)	13.2 years	7.5 years	10.3 years

Ref: Statistics Austria; SILC 2003 until 2006, calculations of Statistics Austria, compiled on 27.03.2008.

Remarks:

[1] = HLY – healthy life years; DFLE – Disability Free Life Expectancy: Concept for impairment in every day life

		supported women with disabilities	supported men with disabilities
wage subsidies for the occupational integration of persons with disabilities in 2007	aged below 25 years	996	2,084
	aged 25 – 44 years	1,929	3,227
	aged 45 and more years	1,569	2,913
	total	4,494	8,224

Ref: Federal Ministry for Social Affairs and Consumer Protection (BMSK), Section IV.

Remarks:
Wage subsidies are paid to employers of persons with disability by the Federal Social Welfare Authority in the framework of the applicable directives (federal legislation and legislation of the respective federal province) and from financial means of the federal budget / the Compensation Tax Fund.

Definition of Disability:
'Eligible disabled' according to the Federal Act on the Employment of People with Disabilities and / or the Victim Protection Act; disabled persons according to Federal Provincial Laws; disabled persons according to the criteria of the PES.

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data

- Minimum requirements for barrier free construction (*ÖNORM B 1600 – B 1603*) are part of public tendering according to the Federal Procurement Act (*Bundesvergabegesetz; BVergG*).
- Accessibility codes and regulations have been adopted, by which architects and buildings engineers are required to receive training in accessibility standards as parts of their professional qualifications.[58]
- The removal of structural barriers in private enterprises is supported by the Federal Social Welfare Authority (*Förderung von investiven Maßnahmen*). In the next years investments in 1,000 enterprises − primarily SME with up to 50 employees − are to be supported to build barrier-free premises within the meaning of the Disability Equality Act (BGG). Subsidies amount to 50% (up to EUR 50,000 per project) of the costs of building conversion to meet disability accessibility criteria.[59]
- Removal of structural barriers in state buildings:

  In the Federal Disability Equality Act, the federal government undertook to hear the Austrian Working Group for Rehabilitation (Österreichische Arbeitsgemeinschaft für Rehabilitation; ÖAR), the national umbrella organisation of associations for the disabled, and to devise a plan for the removal of structural barriers in buildings used by the state (Federal Buildings Milestone Plan, covering about 6,000 properties). Not all Ministries have handed in their Milestone Plans by mid 2008. [60]
- Public transports:

  Transport operators were also obliged to hear the ÖAR and prepare a plan for the removal of barriers in their facilities and means of public transport (Transport Milestone Plan; according to ÖNORM B 1600)[61]. Train stations are being equipped with elevators, tactile guidance systems are being implemented and personnel are being trained in how to deal with persons with disabilities (by disabled persons). The public transport systems in Vienna already have a comparatively high standard in Europe.

  There are reduced fares for certain persons with disabilities (degree of disability of at least 70%) at trains (ÖBB).

  Special groups of people with disabilities, such as

  - eligible persons with disabilities under the Act on the Employment of People with Disabilities, with a level of disability of at least 70%,

  - recipients of long-term care benefits in accordance with legal provisions at federal level or at Länder level,

[58] Web page of the United Nations / Enabe, http://www.un.org/esa/socdev/enable/disa54e1.htm, August 12, 2008.
[59] Republic of Austria (2006), *National Report on Strategies for Social Protection and Social Inclusion – Austria*, Vienna, BMSK.
[60] Republic of Austria (2007), *Supplementary Report on Strategies for Social Protection and Social Inclusion – Austria*, Vienna, BMSK.
[61] Republic of Austria (2007), *Supplementary Report on Strategies for Social Protection and Social Inclusion – Austria*, Vienna, BMSK.

- recipients of disability benefits whose earnings capacity was reduced by at least 70%,

may benefit from fare reductions up to 50%. They are granted a special concessionary fare card “VORTEILScard Spezial” on the rail and bus network of the Austrian Federal Railways (ÖBB) but excluding the transport system of the Transport Association for Eastern Austria (Verkehrsverbund Ostregion).[62]

- Driving licence / adaptation of a car:

  ‘Eligible disabled’ persons can apply for a subsidy for obtaining a driving licence at the Federal Social Welfare Authority. Subsidies for necessary adaptations / purchase of private cars are also available from the Support Fund for Persons with Disabilities (*Unterstützungsfonds für Menschen mit Behinderung*)[63].

- In Austria, free motorway passes are available for people with disabilities (*Gratis-Autobahnvignette für behinderte Personen*); their number increasing by 75% between 2000 and 2006.[64]

- Persons with disabilities may apply for a special parking space for their car aside public streets.

- Mobility training:

  The Federal Social Welfare Authority may arrange for a subsidised orientation- and mobility training for blind persons or persons with severe visual impairments.

- Technical assistance:

  Resulting from a former EU project, the Federal Ministry for Social Affairs and Consumer Protection through its database Handynet[65] since more than ten years documents technical assistance devices for disabled persons, elder persons or persons in need of care. More than 7,900 data sets with photos inform on the offer of the Austrian market for assistive technologies.

  Financial support for assistive technologies can be obtained from the Federal Social Welfare Authority or the Social Insurance Organisations.

[62] Austrian Report on Strategies on Social Protection and Social Inclusion 2008-2010 (2008), Vienna. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/austria_en.pdf

[63] According to §36 of the Federal Disability Act.

[64] Applica / CESEP / European Centre (2007), *Study of Compilation of Disability Statistical Data from the Administrative Registers of the Member States – Final Report*, Brussels, DG Employment, Social Affairs and Equal Opportunities.

[65] Web page of Handynet, http://handynet-oesterreich.bmsg.gv.at, August 12, 2008.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

- Women who suffer from violence or abuse are entitled to talk to a special trained female officer at the police.
- The Minister of Women at the Federal Chancellery issued an information booklet on how to deal with violence and abuse for persons working with disabled women.[66]
- Almost all Austrian court buildings and many police offices are already adapted and barrier free. At court, a blind person has the right to be informed on written acts. The costs for sign language interpreters are borne by the federation.[67]
- In the case of sexual exploitation the Federal Social Welfare Authority can arrange for comprehensive support measures for the victim (including psycho therapy). According to the Act on Crime Victims (*Verbrechensopfergesetz*) the costs are can be borne by the Federal Social Welfare Authority.
- The BMJ arranges for and financially supports accompaniment in legal proceedings (*Prozessbegleitung*) for crime victims and has several contracts with NGOs active in various fields.
- NGOs:
  - Ninlil – Association contra sexual violence against women with learning disabilities (*Verein wider die sexuelle Gewalt gegen Frauen, die als geistig oder mehrfach behindert klassifiziert werden*). This association is supported by the Federal Social Welfare Authority.[68]
  - Austrian Women's Shelter Network – Information Centre Against Violence *(Verein Autonome österreichische Frauenhäuser – Informationsstelle gegen Gewalt)* [69]: The Austrian Women's Shelter Network is an affiliation of women working in the autonomous women's shelters and was founded in 1988. The network is a non-profit organisation and is funded by subsidies, research contracts and donations.

    Some of the women's shelters already offer barrier free rooms.
  - The Klagsverband[70] is a Litigation Association of NGOs Against Discrimination. It was founded in 2004 as an umbrella organisation of NGOs already working against discrimination and consulting victims of discrimination. Today the Klagsverband includes a

[66] Federal Chancellery / Ministry of Women, *Überlegt handeln im Umgang mit sexueller Gewalt (Acting Prudential in handling sexual violence)*, Vienna, NINLIL.
[67] Federal Ministry of Social Security, Generations and Consumer Protection (BMSG) (2003), *Bericht der Bundesregierung über die Lage der behinderten Menschen in Österreich (Report of the Federal Government on the Situation of Persons with Disabilities in Austria)*, Vienna, BMSG (now BMSK).
[68] NINLIL (2007), *Gegen Gewalt. Informationen und Adressen für Frauen mit Lernschwierigkeiten (Against Violence. Information and Addresses for Women with Learning Disabilities)*, Vienna, NINLIL.
[69] Web page of the Verein Autonome österreichische Frauenhäuser – Informationsstelle gegen Gewalt (Association of Austrian Women's Shelters – Information Point Against Violence), http://www.aoef.at/hilfe/index.htm, August 5, 2008.
[70] Web page of the Klagsverband (Litigation Association), http://www.klagsverband.at, August 11, 2008.

set of NGOs which are dealing with different aspects of discrimination:
    - BIZEPS - Independent Living Center Vienna
    - Helping Hands Graz
    - HOSI Vienna - Homosexual Initiative Vienna
    - Ludwig Boltzmann Institute of Human Rights - Research Association (BIM-FV)
    - Austrian National Association of the Deaf
  - Independent Living Innsbruck
  - Association of Austrian Female Lawyers
  - Trans X - the Austrian Transgender Association
  - ZARA - Civil Courage and Anti-Racism Work

The organisation is not profit-minded but strives to implement the rights of those who suffer discrimination. Additionally, the recognition of the role of NGOs to the further development of the legislation and judicial practice concerning discrimination should be promoted and enforced in the public.
The main work of the Klagsverband is to consult its members and the clients of those NGOs as well as to send advisory experts to the Commission on Equal Treatment.
Thanks to § 62 of the Federal Equal Treatment Act (Bundesgleichbehandlungsgesetz; GlBG) which provides for the possibility to intervene in favour of plaintiffs, the Klagsverband attends victims of indirect or direct discrimination in the litigation. This additional legal protection exists with regard to discrimination at work as well as in other situation like the access to services and goods (housing, access to restaurants and clubs, travel, etc.). Finally, the Klagsverband is part of a wide network of organisations and provides these contacts to victims of discrimination.
The Klagsverband receives funding from the Federal Chancellery, the Federal Ministry of Justice, the Federal Ministry of Economics and Labour and the Federal Ministry for Social Affairs and Consumer Protection.

Quantitative data

- In the mid 1990s, 130 women aged 17 to 69 have been interviewed in Austrian institutions assisting persons with disabilities. 64% of these, mostly mentally disabled women, reported on sexual violence, they have suffered from personally. Especially women with mental / learning disabilities are in danger to become victims, as they practically do not have a possibility to independently live and experience their sexuality.[71]

- There is no more recent research covering whole Austria, but a recently published research study (qualitative interviews were carried out with 37 women, but the young women were not asked about the topic violence/abuse) in the federal province of Salzburg found that 10 (approx. 40%) of the women with disabilities experienced violence or abuse; mostly in their childhood.[72]

[71] Zemp, Ahia / Pircher, Erika (1996), *Weil das alles weh tut mit Gewalt. Sexuelle Ausbeutung von Mädchen und Frauen mit Behinderung (Because this hurts with violence. Sexual exploitation of girls and women with disabilities)*, Vienna, Federal Minister for Women (http://bidok.uibk.ac.at/library/zemp-ausbeutung.html).
[72] Buchinger Birgit / Gschwandtner Ulrike (2008), *Frauen mit Behinderungen und Beeinträchtigungen am Salzburger Arbeitsmarkt. Eine qualitative Studie (Women with Disabilities and Impairments in the Salzburg Labour Market. A qualitative Study)*, Salzburg, Federal Province of Salzburg

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

- There are sports associations for persons with disabilities throughout Austria; these associations are in general entitled to utilise the facilities of other sports associations (at favourable conditions).
- The Austrian Disabled Sports Association (*Österreichischer Behindertensportverband, ÖBSV*) is an umbrella organisation and the most important carrier of sports for the disabled. The ÖBSV is financed by public money, donations and membership fees.
- A working group on sports for the disabled at the Federal Ministry for Social Affairs and Consumer Protection in 2001 suggested raising financing of sports for disabled by amending the lottery regulations.
- Compared to men with disabilities, women with disabilities are underrepresented in sports, especially in serious or competitive sports. The under-representation of women with disabilities in sports is not a mirror but a negative effect of the already bad standing of women in sports in general.[73] An important sponsor of competitive sports is the military organisation and women who do not want to join the army or who have disabilities hardly find a sponsor.
- There is an information platform on accessible tourism in Austria, initiated by the Austrian Relief Organization for People Who Are Deafblind and People with Significant Vision and Hearing Impairments (Österreichisches Hilfswerk für Taubblinde und hochgradig Hör- und Sehbehinderte, ÖHTB).[74] The Federal Ministry for Social Affairs and Consumer Protection launched a competition on 'Tourism without Barriers' in 2001 and commissioned a study on quality criteria in tourism for persons with disabilities.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[73] Radio: Austrian Broadcasting ORF – Ö1 / Radiodoktor, July 28, 2008, 14:20; and http://oe1.orf.at/libero/123898.html, August 19, 2008.

[74]

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Grundner Maria / *Österreichische Arbeitsgemeinschaft für Rehabilitation; ÖAR (Austrian National Council of Disabled Persons)*, personal, August 6, 2008.

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Lasser, Anna Dr. / *BKA-Frauen (Federal Chancellory – Ministry for Women)*, telephone August 4, 2008.

Lugstein, Theresa / *make it – Büro für Mädchenförderung des Landes Salzburg (make it – Office for the Promotion for Girls of the Federal Province of Salzbourg)*, telephone, August 5, 2008.

Contacts/Correspondence

Archam, Susanne / *BMUKK (Federal Ministry for Education, the Arts and Culture)*, August 2008

Bauer, Lucie / *BMUKK (Federal Ministry for Education, the Arts and Culture)*, August 2008

Bechina, Robert Dr. / *BMSK (Federal Ministry for Social Affairs and Consumer Protection)*, August 2008

Charwat, Ursula / *ÖCIV (Austrian Civil Invalitity Association)*, August 2008

Eichinger, Manuela / *AMS Österreich, Bundesgeschäftsstelle Arbeitsmarktforschung und Berufsinformation (Public Employment Service)*, August 2008.

Egger Patrizia / *Universität Innsbruck, Behindertenvertrauensperson* (*University of Innsbruck, Commissioner for Persons with Disabilities)*, August 2008

Ekl, Liselotte / *BMSK Abt. IV/6 (Federal Ministry for Social Affairs and Consumer Protection)*, August 2008.

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Miller-Fahringer, *Karin / BMSK (Federal Ministry for Social Affairs and Consumer Protection)*, August 2008.

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Wundsam, Anna Dr. / *BMGFJ (Federal Ministry for Health, Family and Youth)*, August 2008.

Country fiche: Belgium

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

National legislation

On 10 May 2007 new federal anti-discrimination legislation has been put into place, replacing the legislation of 25 February 2003. The new legislation is linked to the European guideline of 2000 in relation to discrimination on the basis of religion or ideology, disability, age, and sexual tendency (2007/78/EU).

The new legislation prohibits discrimination of age, sexual orientation, disability, religion or ideology, birth, civil status, wealth, political beliefs, language, health situation, physical or genetic characteristics and social status[1]. Within the legislation the term “disability” is not further defined in this legislation.

A lack of reasonable adjustments for persons with a disability can be judged to be discriminatory according to this legislation.

On the basis of the old legislation of 25 February 2003, a centre for equality of chances and discrimination has been put in place.

What is interesting to note is that the first legislation put in place in 1928 concerning people with a disability only refers to physical disabilities. In 1960 mental disabilities also become recognized and in 1969 the term illness (physical and mental) has been added in the criteria to determine whether a person is disabled or not[2].

Policy

Belgian policy aimed at people with disabilities is scattered because each institute at each level (local, regional and national) is responsible for formulating policy aimed at people with disabilities in the respective fields for which they are responsible. In Belgium policy responsibilities are decentralized with some policy responsibilities carried out at federal level but other at Community and Regional levels. The Federal, Community and Regional institutes can for example all allocate benefits to people with a disability in the respective fields for which they are responsible (for example employment and education are both Community level responsibilities).

[1] Centrum voor gelijkheid van kansen en voor racisme bestrijding, de antidiscriminatie weg van 10 Mei 2007. Retrieved October: http://www.diversiteit.be/?action=onderdeel&onderdeel=63&titel=De+antidiscriminatiewet+van+10+mei+2007

[2] ZOOM, een welbekende dienst bij personen met een handicap, december 2007, federale overheidsdienst sociale zekerheid, personeelsmagazine.

The Federal Belgian government can offer for example a tax reduction to people with a disability while the Communities can offer benefits with respect to social housing[1].

Within the **Federal Belgian government** a special Directorate for People with a Disability (Directie-generaal Personen met een handicap) is responsible for legislation and legal protection of people with a disability and for organising the financial assistance of people with a disability; the medical examinations with respect to fiscal and social benefits aimed at people with a disability; and the additional child benefit for children with a disability (verhoogde kindebijslag). The applications for federal financial assistance and other assistance are taken care of on municipal (local) level.

Most policy developments aiming at people with disabilities are however developed and implemented on a decentralised regional level. This means that the employment of a person with a disability, the education, home care, etc. all fall under the responsibility of the (1) **Flemish Community**; (2) **the Walloon region**[2]; (3) **the French Community commission of Brussels Capital region**; and (4) **the German speaking Community**.

The relevant institutes at these four levels are: (1) Flemish agency for people with a disability - Vlaams Agentschap voor Personen met een Handicap; (2) Walloon agency for the integration of people with a disability - l'Agence wallonne pour l'intégration des personnes handicapées; (3) French speaking Brussels service for people with a disability - le Service bruxellois francophone des personnes handicapées ; and 4) Office for the German speaking community for people with a disability - l'Office de la Communauté germanophone pour personnes handicapées.

To ensure cooperation and coherence between the different decision-making levels, inter-ministerial conferences can be organised in relation to specific subjects and 4 working groups have been set up in relation to the following cross-cutting subjects: accessibility and mobility; aid; anti-discrimination and employment[3].

Disabled women:

There is no specific government body or agency responsible for women with a disability. However, an **association Persephone VZW** does specifically focus on women with a disability or a chronic and disabling illness. This association has been put into existence because the members are of the opinion that associations for disabled people and associations for women do not focus sufficiently on women with a disability[4].

UN Convention implementation and monitoring

The Convention on the Rights of Persons with Disabilities was signed by the Belgian government on 31 March 2007. The convention has not yet been ratified. The Belgian Disability Forum asbl, together with the National High Council of Persons with a disability and the Regional Advice Councils are currently

[1] Federale overheidsdienst sociale zekerheid, directie-generaal personen met een handicap, het gehandicaptenbeleid in België: institutionele context. Retrieved October 2008: http://www.handicap.fgov.be/nl/about/politique.htm

[2] The Walloon Community has handed over their authority to the region

[3] FOD Sociale Zekerheid, Directie-generaal personen met een handicap, gehandicaptenbelied in België: een overzicht.

[4] See http://www.persephonevzw.org/alginfo/groep.htm

[5] Tirtiat, J., Belgium, Belgian Disability Forum (BDF)

sensitizing social partners, policy makers and civil servants on the necessity to obtain a fast ratification. Focus in this respect is put on the fact that mainstreaming of gender policy and mainstreaming of disability policy sometimes needs to be combined at some levels and about some topics[5].

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Definition of a person with a disability

In the Royal Decree of 6 October 2005 defines a person with a disability in the following way[1]:

- A person with a disability is a person recognised as disabled by the relevant agencies (Vlaams Agentschap voor Personen met een Handicap, l'Agence wallonne pour l'intégration des personnes handicapées; le Service bruxellois francophone des personnes handicapées ; l'Office de la Communauté germanophone pour personnes handicapées; and Vlaamse Dienst voor Arbeidsbemiddeling en Beroepsopleiding, VDAB).
- A person receiving allowances or disability benefits on the basis of the Law of 27 February 1987 on allowances to disabled persons.
- A person holding a certificate from the relevant directorate of Ministry for Social Security for social and fiscal benefits.
- A victim of an occupational injury whose incapacity has been recognizes as being 66% or more.

Quantitative data: prevalence of women with disabilities

In Belgium, collecting disability data has for a long time been a taboo area. Even though it has become more accepted currently, it remains difficult to gather disability data on an aggregate level (Belgium) due to the splitting of competences between numerous levels of authorities (federal, regional, community). Existing statistical data cannot be simply added together to give a correct overview of the Belgian situation[2].

Below, statistical data is presented in several tables regarding the situation in Belgium on the basis of household surveys and other surveys:

- The data show that there are more disabled men than disabled women in Belgium and in the separate Communities/Regions (Flanders, Walloon and Brussels). The Walloon region counts the highest number of disabled men and women among their population in comparison to Flanders, Brussels and Belgium.
- A considerable minority (between 30-40%) of the disabilities are caused by other not professional related illness. The % of disabilities caused by a professional illness or labour accident is considerably higher for men than for females.

[1] De Schutter, 2007, Report on measures to combat discrimination, directives 2000/43/EC and 2000/78/EC, country report Belgium

[2] Tirtiat, J., Belgium, Belgian Disability Forum (BDF)

- Women with a disability more often have a mild disability in comparison to men with a disability while men with a disability more often have a serious disability in comparison to women with a disability.
- Psychological disabilities are more common among women than among men (28.2% versus 20.6%).

The percentage of the population (15-64 age group) who experience a handicap or long-term health problem – Belgium (2002)[1]

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
% of population	16.2%	Not available	17.3%
Disaggregate by cause of the disability			
Born with the disability or caused by birth	13.6%	Not available	13.9%
Professional illness	9.1%	Not available	13.3%
Labour accident	2.3%	Not available	10.1%
Traffic accident (not related to labour)	3.1%	Not available	3.4%
Accident in household	2.3%	Not available	1.6%
Accident to or from work	1.0%	Not available	1.8%
Other not professional related illness	41.4%	Not available	32.6%
Other not professional related accident	2.4%	Not available	2.7%
Unknown	24.8%	Not available	20.6%
Total	587.266	Not available	543.676

Source: Werkgelegenheid van personen met een langdurig gezondheidsprobleem of handicap. Retrieved October 2008: http://www.statbel.fgov.be/downloads/lfs_handicap_nl.rtf

The percentage of total population (15-64 age group) who experience a handicap or long-term health problem – Belgium (2002)[2]

[1] Based on Speciale module over werkgelegenheid voor gehandicapten- Enquête naar de arbeidskrachten van het Nationaal Instituut voor de Statistiek (2002)

[2] Based on Speciale module over werkgelegenheid voor gehandicapten- Enquête naar de arbeidskrachten van het Nationaal Instituut voor de Statistiek (2002)

	Flanders region	Walloon region	Brussels region	Belgium
Male	16.7%	23.3%	19.1%	18.8%
Female	15.8%	21.5%	18.5%	17.7%

Source: Samoy, E. (2003), 'Met één been op de arbeidsmarkt in Vlaanderen' Jaarboek 2003. WAV en VIONA Stuurgroep Strategisch Arbeidsmarktonderzoek, Brussel. Retrieved October 2008: http://www.introdm.be/p/RELEV-02

The distribution of people (15-64 age group) who experience a handicap or long-term health problem – Belgium (2002)[1]

	Flanders region	Walloon region	Brussels region	Belgium
Male	52.1%	50.9%	52.0%	51.9%
Female	47.9%	49.1%	48.0%	48.1%

Source: Samoy, E. (2003), 'Met één been op de arbeidsmarkt in Vlaanderen, cijferbijlage' Jaarboek 2003. WAV en VIONA Stuurgroep Strategisch Arbeidsmarktonderzoek, Brussel. Retrieved October 2008: http://www.steunpuntwav.be/view/nl/18774

Share of the population according to the severity of the handicap (1996)

Disaggregate by type/severity of disability	Women with Disabilities	Men with disabilities
Serious disability	4.2%	5.0%
Mild disability	8.7%	7.9%
No disability	87.1%	87.1%

Source: FOD Economie, K.M.O., Middenstand en Energie, gezondheid-gezondheidstoestand. Retrieved October 2008: http://www.statbel.fgov.be/figures/d364_nl.asp#5

[1] Speciale module over werkgelegenheid voor gehandicapten- Enquête naar de arbeidskrachten van het Nationaal Instituut voor de Statistiek (2002)

Share of the population with a movement disability (2004)

Disaggregate by type of movement disability	Women with movement disabilities	Men with movement disabilities
Restricted to the house and garden	3.5%	2.1%
Restricted to a chair	2.5%	0.9%
Restricted to bed	0.5%	0.2%
No movement disability	93.5%	96.8%

Source: FOD Economie, K.M.O., Middenstand en Energie, gezondheid-gezondheidstoestand. Retrieved October 2008: http://www.statbel.fgov.be/figures/d364_nl.asp#5

Share of the population with a psychological disability (2004)

Disaggregate by type of psychological disability	Women with psychological disabilities	Men with psychological disabilities
Psychological problems	28.2%	20.6%
No psychological problems	71.8%	79.4%

Source: FOD Economie, K.M.O., Middenstand en Energie, gezondheid-gezondheidstoestand. Retrieved October 2008: http://www.statbel.fgov.be/figures/d364_nl.asp#5

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data: Employment status of women with disabilities

The table below and at the end of this section show the labour participation of women and men with disabilities:

- As can be seen, the labour participation of men with a disability is higher than of women with a disability. It is important to note however that the labour participation of men without a disability is also higher than the labour participation of women without a disability.
- Labour participation of men and women with and without a disability is highest for higher educated in the 24-49 age group (in comparison to lower educated and 50+ age group). What is interesting to note is the fact that the labour participation for the +50 age group of disabled men is significantly lower than for the 24-49 age group. The difference is less pronounced among men without a disability and among women with and without a disability.
- Labour participation among women with a disability is highest in the 34-44 age group and for men with a disability in the 35-44 age group. For women without a disability, labour participation is highest in the 25-34 age group and for men without a disability in the 35-44 age group.

Labour participation according to severity of the disability (1996)

	Women with disabilities	Non-disabled women	Men with disabilities
Employment rates			
Serious disability	15.9%	n/a	20.4%
Mild disability	22.6%	n/a	54.2%
No disability	44.5%	n/a	69.2%

Source: FOD Economie, K.M.O., Middenstand en Energie, gezondheid-gezondheidstoestand. Retrieved October 2008: http://www.statbel.fgov.be/figures/d364_nl.asp#5

Defining labour disability

People with a labour disability are people with disabilities of mental, psychological, physical and sensory nature and or people who experience a long-term and considerable constraint in undertaking labour activities, caused by personal and external factors.

Key level and bodies responsible for enforcement and delivery

Disability benefits are managed at federal level and active labour market measures not specifically

targeting people with disabilities are also implemented at federal level. However, active labour market measures specifically targeting people with disabilities are carried out at regional level[1]. Below several examples at federal and regional level are provided.

Activation programmes and other supportive measures

Sheltered employment - In Belgium many adults with a disability have the opportunity to carry out employment related day activities (besides other therapeutic and development oriented activities) in care institutes. These employment-related activities are not carried out on the basis of a labour contract and are not paid. They can be carried out in diverse care institutes (day centres, nursing homes, activity homes, sheltered homes and elsewhere). For more information go to the section on participation in political, public and cultural life, recreation, leisure and sport.

Quota system – The federal law on social reintegration of disabled persons of 1963 imposes a system of quotas for recruiting disabled workers, both in the private and public sector. In the future, 2.5% of the posts in Federal Administration should be set aside for disabled people whom can receive support from an accompanying agent. Similar measures have been adopted by the Flemish Community, Walloon Region and the Commission of the Brussels capital region. The problem is effective enforcement of this quota system. Reports show that quantitative objectives are not usually met[2].

Financial incentives for employers – Several financial incentives are offered at regional level[3]:

In the Walloon Region, employers can receive a subsidy (subside d'accompagnement, tutoral) for appointing a tutor to accompany and guide a disabled worker. Another financial incentive is a grant (prime à integration) paid to employers for a maximum of 1 year to employers who hire a disabled person. A third measure is the compensation of costs (prime de compensation) of measures taken to adapt the workplace of disabled workers. This compensation is offered for the duration of 5 years.

In the Flemish Community, private employers can receive a wage subsidy (of 1 year or more) varying from 5-50% of the total wage costs to compensate the loss in productivity by employing a person with a disability (CAO 26). The size of the subsidy is depending on the severity of the disability. Another scheme (VIP, Vlaamse inschakelingspremie), offers a constant wage subsidy of 30% of the minimum wage (including the contributions to the social security be the employer) to private employers. The duration is unlimited. Thirdly, Flemish employers also can apply for a compensation of costs of measures taken to adapt the workplace of disabled workers.

In the Brussels Capital Region, similar financial incentives are offered as in the Wallon Region and in the Flemish Community: a subsidy in order to compensate for the loss of productivity of the workers due to his/her handicap of 1 year (prime d'insertion); financial support to employers to adapt the workplace of a

[1] Samoy, E., update December 2006, Handicap en arbeid, overzicht van ontwikkelingen, Ministerie van de Vlaamse Gemeenschap

[2] De Schutter, 2007, Report on measures to combat discrimination, directives 2000/43/EC and 2000/78/EC, country report Belgium

[3] Study of compilation of disability statistical data from the administrative registers of the Member States, Country report Belgium (2007), APPLICA, CESEP and EUROPEAN CENTRE

disabled person (adaptation du poste de travail); compensation of costs to sensitize en train colleagues of disabled workers (prime à 'l'intégration); and financial costs to appoint an employee to be the tutor of a new disabled worker (prime de tutorat).

Financial incentives for disabled workers – Several financial incentives are offered at regional level[1]:

In the Walloon Region, people with a disability can spend 1 week in an enterprise to discover a suitable occupation or relevant sector (stage découverte). Another option is to follow 1-year training in an enterprise (contract d'adaptation professionelle) (can be extended to 3 years). People with disabilities who wish to start-up their own business can apply for a special subsidy (prime aux travailleurs indépendants).

In the Flemish Community similar financial incentives as in the Walloon Region and Brussels Capital Region are offered. Since recent (2008), self-employed people with a disability can also apply for a wage subsidy. Employed people with a disability can apply for special support (Bijzondere Ondersteuning) for adjustments necessary at their workplace.

In the Brussels Capital Region, people with a disability are also supported to start-up their own business through a special subsidy of 6 months (3 times renewable) and they can also spend a maximum of 10 days in an enterprise to discover a suitable occupation of relevant sector (stage de découverte d'un métier).

Labour participation in Flanders (15-64 age group) (2002)

Employment rates	Disabled	Not disabled
Male	54.8%	75.1%
Female	35.9%	58.4%

Source: Samoy, E. (2003), 'Met één been op de arbeidsmarkt in Vlaanderen' Jaarboek 2003. WAV en VIONA Stuurgroep Strategisch Arbeidsmarktonderzoek, Brussel. Retrieved October 2008: http://www.introdm.be/p/RELEV-02

[1] Study of compilation of disability statistical data from the administrative registers of the Member States, Country report Belgium (2007), APPLICA, CESEP and EUROPEAN CENTRE

Labour participation in Belgium (2002)

Employment rates - Male		**Disabled**	**Not disabled**
Higher educated**	24-49 age group	77%	84%
	+50 age group	48%	70%
Lower educated*	24-49 age group	50%	61%
	+50 age group	26%	51%
Employment rates - Females			
Higher educated**	24-49 age group	62%	73%
	+50 age group	31%	48%
Lower educated*	24-49 age group	28%	37%
	+50 age group	15%	23%

*Source: Samoy, E. (2003), 'Met één been op de arbeidsmarkt in Vlaanderen, cijferbijlage' Jaarboek 2003. WAV en VIONA Stuurgroep Strategisch Arbeidsmarktonderzoek, Brussel. Retrieved October 2008: http://www.steunpuntwav.be/view/nl/18774; *) Maximum a lower secondary education diploma; **) At least higher secondary education diploma*

Labour participation in Belgium (2001)

	Female		**Male**	
	Disabled	**Not disabled**	**Disabled**	**Not disabled**
15-24	41.1	75.3	68.7	88.7
25-34	50.8	82.4	81.4	95.1
35-44	53.7	77.9	83.2	95.9
45-54	44.0	60.0	64.5	88.7
55-64	15.1	17.7	32.2	39.4
15-64	**38.9**	**65.1**	**63.0**	**84.7**

Source: Samoy, E., Juni 2003, De arbeidsdeelname van mensen met functioneringsproblemen, op basis van de gezondheidsenquete 2001, studiecel VFSIPH

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Education legislation and poly regarding people with a disability

Education falls under the responsibility of the 3 Communities (Flemish, Walloon and German-speaking). In each community, 3 networks are in existence: education managed and financed by the Community; official subsidised education (at communal and provincial level) and free subsidised education[1].

For children who cannot attend regular education, special education is provided at each education level and organised in 8 types: (1) Type 1: light mental disorder; (2) Type 2: moderate or severe mental disorder; (3) Type 3: emotional disturbance and/or personality disorder; (4) Type 4: physical deficiency; (5) Type 5: children suffering from a disease (education organised in an hospital); (6) visual deficiency; (7) aural deficiency; and (8) instrumental disorders (like dyslexia)[2].

Besides special education, in Flanders, children with a disability (types 4, 6, 7 and depending on education history also 3 and 8) can also attend integrated education (GON). This education is co-organised by regular and special education institutes and other authorities. The target group are children with disabilities who can flow from special to regular education with minimal support from special education schools and staff. Those who wish to apply for GON need to contact the centre for pupil support (Centrum voor leerlingenbegeleiding, CLB). If the CLB finds the application valid, the student can follow regular education with support from a special education school. The support (content, duration and hours per week) depends on the needs of the student and are examined closely by the CLB in cooperation with schools and parents[3].

An alternative to integration education is, in Flanders, inclusive education (ION). Children with a disability of type 2 can attend regular education on the basis of an individual trajectory with individual goals and extra support from special education. In ION, a child with a disability receives different subject material than his/her classmates while in GON the subject material is the same[4].

The tables below offer an overview of participation rates of women/girls and men/boys in special education:

- The participation rate of men/boys in special education is at all levels (pre-primary, primary and secondary) higher than of women/girls both within the French (Walloon) Community and the Flemish Community.

[1] Study of compilation of disability statistical data from the administrative registers of the Member States, Country report Belgium (2007), APPLICA, CESEP and EUROPEAN CENTRE

[2] Study of compilation of disability statistical data from the administrative registers of the Member States, Country report Belgium (2007), APPLICA, CESEP and EUROPEAN CENTRE

[3] VCLB, Vrije centrum voor leerlingenbegeleiding, geïntegreerd onderwijs. Retrieved October 2008 : http://vclb.bmgroup.be/29076/vclb/leerlingen-en-ouders/informatie/ge-ntegreerd-onderwijs.html

[4] VCLB, Vrije centrum voor leerlingenbegeleiding, inclusief onderwijs. Retrieved October 2008 : http://vclb.bmgroup.be/30659/vclb/leerlingen-en-ouders/informatie/inclusief-onderwijs.html

Quantitative data: participation rate of women with a disability in education – French Community (2006/2007)

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Participation rate in specialised pre-primary education (enseignement maternel)	305	n/a	568
Participation rate in specialised primary education (enseignement primaire)	5 635	n/a	9 561
Participation rate in specialised secondary education (enseignment secondaire)	5 142	n/a	9 519

Source: ETNIC, statistiques rapides communauté française de Belgique, 2006-2007 Enseignement de plein exercice, répartition hommes-femmes

Quantitative data: participation rate of women with a disability in education – Flemish Community (2007/2008)

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Participation rate in specialised pre-primary education (buitengewoon kleuteronderwijs)*	635	n/a	1315
Participation rate in specialised primary education (buitengewoon lager onderwijs)*	10 189	n/a	16 951
Participation rate in specialised secondary education (buitengewoon secundair onderwijs)*	6 744	n/a	11 519

Source: Vlaams onderwijs in cijfers, 2007-2008, Vlaamse overheid. Retrieved October 2008: http://www.ond.vlaanderen.be/publicaties/eDocs/pdf/78.pdf; *) To avoid double counting, students who are following specialized education due to a long-term illness (type 5 students: education in hospitals) are not included in the participation rate of specialized education.

Proportion of people aged 16-24 participating in education or training by age and degree of restriction, 2002

Age band	Women with disabilities	Men and women with disabilities	Men with disabilities
16-19 years	91.5	89.4	87.3
20-24 years	46.4	44.5	42.6
25-49 years	8.3	8.4	8.4
50-64 years	2.9	3.5	4.2

Source: Applica and CESEP and Alphametrics (2007) Men and Women with Disabilities in the EU: Statistical analysis of the LFS ad hoc module (2002) and EU-SILC.

People aged 25-64 with at least one restriction by degree of restriction and education attainment levels, 2002.

	Women with disabilities	Men and women with disabilities	Men with disabilities
25-64 years considerably restricted	Low* = 60.1	Low = 61.5	Low = 62.8
	Medium* = 24.2	Medium =26.9	Medium = 29.3
	High* = 15.7	High = 11.6	High = 7.9
25-64 years to some extent restricted	Low = 52.4	Low = 53.4	Low = 54.3
	Medium = 30.1	Medium = 30.7	Medium = 31.2
	High = 17.5	High = 5.2	High = 14.5
25-64 years not restricted	Low = 35.7	Low = 35.4	Low = 35
	Medium = 32.9	Medium= 33.7	Medium = 34.6
	High = 31.4	High = 30.9	High = 30.4
25-54 years considerably restricted	Low = 55.4	Low = 58.6	Low = 61.6
	Medium = 28.3	Medium = 30.8	Medium = 33.1
	High = 16.4	High = 10.5	High = 5.3
25-54 years to some extent restricted	Low = 48.3	Low = 51.5	Low = 54.2
	Medium = 32.5	Medium = 32.1	Medium = 31.8
	High = 19.3	High = 16.4	High= 14
25-54 years not restricted	Low = 30.3	Low = 31.1	Low = 31.8
	Medium = 35.2	Medium = 35.6	Medium = 36.5
	High = 34.5	High = 33	High = 31.6
55-64 years considerably restricted	Low= 74.8	Low=71.1	Low = 67.3
	Medium = 11.5	Medium =13.5	Medium = 15.6
	High = 13.7	High = 15.4	High = 17.2
55-64 years to some extent restricted	Low = 65.6	Low =59.9	Low =54.9
	Medium = 22.5	Medium = 26	Medium = 29.1
	High = 11.9	High =14.1	High = 16.1
55-64 years not restricted	Low = 60.3	Low= 55.7	Low =50.8
	Medium = 22.4	Medium = 23.6	Medium = 25
	High = 17.4	High = 20.7	High = 24.2

*Low = ISCED 1+2; *Medium = ISCED 3+4; *High =ISCED 5
Source: Applica and CESEP and Alphametrics (2007) Men and Women with Disabilities in the EU: Statistical analysis of the LFS ad hoc module (2002) and EU-SILC.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Legislation and measures regarding independent living

In Flanders, people with a disability who have registered for a social home receive priority in case a home is available with special adjustments for persons with a disability. A person with a disability and her/his family (and sometimes the landlord) can also under certain conditions gain a rent subsidy, an installation premium, an adjustment premium or an improvement premium in case of a disability of more than 66%. In case of an adjustment, the adjustment needs to be technical, sanitary or related to the construction[1].

People with a disability in Flanders can also apply for a personal assistance budget (persoonlijk assistentie budget, PAB) to employ personal assistants for aid at home. The assistant can execute a diverse range of tasks like domestic work, arranging transport and other practical and organisational support which can assist a disabled person to live independently. See for more details access to services.

In Belgium, several projects exist for people with disabilities to live independently. These projects are subsidized by the relevant Community and/or other stakeholders. Examples are ADL-homes in Flanders or the Beiti project[2] in Brussels. This project receives funding from the Brussels OCMW (public centre for social work). Applicants for this project have a mental disability and need to demonstrate why they want to live by themselves. They receive 4 to 12 hours of support on a weekly basis[3].

Policy approach
For all long-term care (for the elderly, disabled, mental health), a policy priority is to favour staying at home as long as possible by proposing alternatives to institutionalization. As recognised in the Strategic Report on Social Protection and Social Inclusion 2008-2010 this requires the following:

- An increase, diversification and specialization of temporary residential Supply;
- Greater integration, concentration and coordination of care and aids/services;
- By developing informal support structures for care providers.[4]

Independent living of women
Disabled persons in general and women and girls with a disability in particular are often seen as “fragile” and thus in need of protection. Authorities therefore often choose to keep close control which is in opposition to any development of the autonomy of persons with a disability5.

See for more information the section on participation in political, public and cultural life, recreation, leisure and sport for more details.

[1] Federale Overheidsdienst Sociale Zekerheid, huisvestiging. Retrieved October 2008: www.handicap.fgov.be
[2] Beiti is Arabic for : at me
[3] Brussels nieuws, zes flats voor begeleid wonen. Retrieved November 2008: http://www.brusselnieuws.be/artikels/stadsnieuws/zes-flats-voor-begeleid-wonen
[4] Strategic Report on Social Protection and Social Inclusion 2008-2010 (2008), Belgium. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/belgium_en.pdf
[5] Femme et handicap in Colloque international, Université des femmes, 22 May 2007. Quoted in Tirtiat, J., Belgium, Belgian Disability Forum (BDF)

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Sexual/reproductive health services

According to the Belgian Disability Forum, the protection of society is sometimes used as an argument to avoid disabled women becoming pregnant. However, this argument ignores the needs related to emotional and sexual life in the case of a number of disabled persons. In several cases, it leads to a complete ban of any kind of social contacts for several women or teenagers (at least with men). It is reported that the ban is less strict for men[1].

Motherhood

A person with a disability who does not have the right to receive child allowance as an employee or self-employed person and receives a disability-related benefit, can receive an enhanced child allowance (€84,40 supplement on top of the regular child allowance for the 1st child, €24,31 for the 2nd child and €4,27 for the 3rd child)[2].

According to the data provided in the conference report Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrows Society, the fact of a disability of the mother is often seen as a sufficient reason to separate the child from his (her) mother. In addition, the number of families with one parent only is relatively high within families with one disabled child. Among these, the number of single mother is much higher than the number of single fathers.[3]

Financial protection

Disabled people as well as older people who are long term patients are targeted by "Increased Intervention Beneficiary" (Bénéfice de l'Intervention Majorée – BIM) programme. Since 1 July 2007, the "BIM", that grants a higher reimbursement of medical care to certain social categories of persons who are not active on the labour market (such as invalids, pensioners, disabled persons) whose annual income does not exceed a certain ceiling, has been extended to all households with a limited income. (This extension is known as the "OMNIO status").[4]

[1] Tirtiat, J., Belgium, Belgian Disability Forum (BDF)

[2] Federale Overheidsdienst Sociale Zekerheid, De verhoogde kinderbijslag voor kinderen van personen met een handicap. Retrieved October 2008: www.handicap.fgov.be

[3] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid.

[4] Strategic Report on Social Protection and Social Inclusion 2008-2010 (2008), Belgium. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/belgium_en.pdf

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Primary work incapacity benefit and invalidity allowance[1]

The Belgian federal government is responsible for the distribution of the invalidity allowance (invaliditeitsverzekering, indemnités d'invalidité). This allowance is paid to insurance holders for whom the period of work incapacity exceeds 1 year and who have been recognised to be disabled by the Invalidity Medical Council of the Belgian federal government. The minimum disability level required to be eligible is 66%. The allowance can be combined with an allowance for work accidents or allowances for occupational diseases[2].

Before an insurance holder who is unable to work or not available to work due to ill health receives the invalidity allowance (after 1 year of work incapacity), he or she receives a "primary work incapacity" benefit (primaire arbeidsongeschikheid) during the first year.

Disability allowance

The disability allowance (allocation de remplacement de revenues, allocation d'intégration, allocation pour l'aide aux personnes âgées, tegemoetkomingen aan personen met een handicap: IVT, IT & THAB) also falls under the responsibility of the Federal Belgian government. It is intended as social assistance for those with an insufficient income (either through a benefit or employment). It is not restricted to insured people only.

Three types of disability allowance exist:

1. ***Income replacement allowance (ARR, IVT)*** – Applicants of this allowance have either never worked or irregularly and have no other source of income. The minimum disability level required to be eligible is 66%.
2. ***Integration allowance (AI, IT)*** – This allowance is intended to assist with the extra costs arising from functional impairments to help integrate into social life (mobility, preparing food, personal care, household tasks, etc.).
3. ***Allowance to assist elderly people (APA, THAB)*** – This allowance is paid to disabled people aged 65 and older to assist with extra costs.

The income replacement allowance and integration allowance can be combined.

Allowances and life annuities for employment injuries (allocation et rentes payees aux victims des accidents du travail)

This allowance is applicable for those who have become disabled as a result of an injury obtained during working time. Three years after stabilization, the victim receives an annuity (rente viagère) calculated on the basis of his/her wage and incapacity rate.

[1] Study of compilation of disability statistical data from the administrative registers of the Member States, Country report Belgium (2007), APPLICA, CESEP and EUROPEAN CENTRE

[2] In 2005, 88.42% of persons with a disability only receive an invalidity allowance and 94.76% of persons with a disability cumulate their invalidity allowance with an occupational income (if they have started a partial occupational activity authorized by the consulting doctor.

Allowances for occupational diseases (indemnités pour incapacité permanente)
This allowance is applicable for those who suffer from occupational diseases as a result of employment. The annual income in the preceding year of the accident is taken into consideration in the calculation of the benefit.

Other allowances
The Federal Belgian government can offer ***fiscal benefits*** to people with a disability in the shape of a tax income reduction, reduction of property taxes, reduction of registration rights and succession rights; and a VAT reduction on the purchase or use of a car. The Federal Belgian government can also offer ***social benefits***; for example a social tariff for phone use, gas and electricity; diverse appliances for people with hearing problems and other benefits in relation to public transports, parking, health and living.

In 1990, a ***Special Solidarity Fund*** (Bijzonder Solidariteitsfonds) has been put into place to offer compensation to people with rare conditions/disorders and for those who try out innovative medical techniques. Also compensation is offered to certain children with a chronic illness (<19 years of age)[1].

The tables below offer information regarding the number of people with a disability (male and females) receiving an incapacity benefit (primary work incapacity and invalidity allowance) for employed, self-employed and assisting spouses:

Previously employed
- More disabled men receive an incapacity benefit (both primary work incapacity and invalidity allowance) than disabled women in 2006.
- More disabled men with a labour status receive an incapacity benefit than disabled men with a servant status. For disabled women the situation is the opposite: more disabled women with a servant status receive an incapacity benefit.
- In relation to the receipt of primary work incapacity, the highest number of disabled women who receive this benefit fall in the age group of 25-29 while this is the age group of 40-44 for disabled men.
- In relation to the receipt of invalidity allowance, the highest number of disabled women who receive this benefit fall in the age group of 50-54 while this is the age group of 55-59 for disabled men.
- The daily allowance for both the primary work incapacity and invalidity allowance is the highest for disabled men with a servant status.

Previously self-employed and assisting spouses:
- More disabled men receive an incapacity benefit than disabled women in 2006.
- In relation to the receipt of primary work incapacity, the highest number of disabled women who receive this benefit fall in the age group of 40-44 which is similar for disabled men.
- In relation to the receipt of invalidity allowance, the highest number of disabled women who receive this benefit falls in the age group of 60-64, which is similar for disabled men.
- The daily allowance is the highest for self-employed disabled men.

[1] Federale Overheidsdienst Sociale Zekerheid, het bijzonder solidariteitsfonds. Retrieved October 2008: www.handicap.fgov.be

- In relation to the invalidity allowance, it is interesting to note that the number of assisting spouses who receive this benefit is considerably higher for disabled women than for disabled men (768 versus 78).

Quantitative Data: Number of people receiving a incapacity benefit for insurance holders in 2006[1] – not self-employed

	Women with disabilities	**Non-disabled women**	**Disabled men**
Primary work incapacity	1 708 847	Not applicable	1 889 134
Disaggregation by labour status:			
Labourer	683 827	Not applicable	1 199 641
Servant	1 025 020	Not applicable	689 493
Disaggregation by age:			
-<20	9 921	Not applicable	14 852
-20-24	153 580	Not applicable	166 910
-25-29	263 889	Not applicable	265 612
-30-34	250 650	Not applicable	260 673
-35-39	253 780	Not applicable	270 215
-40-44	248 039	Not applicable	273 174
-45-49	212 741	Not applicable	236 594
-50-54	163 268	Not applicable	198 229
-55-59	113 381	Not applicable	145 923
-60-64	37 510	Not applicable	52 822
->64	2 088	Not applicable	4 130
Disaggregation by average daily allowance (in €)			
Labourer	€30,19	Not applicable	€42,34
Servant	€36,67	Not applicable	€45,82

Source: RIZIV, 2007, Statistieken van de uitkeringen

Quantitative Data: Number of people receiving a incapacity benefit for insurance holders in 2006 –

[1] Situation on 31 December

not self-employed			
	Women with disabilities	Non-disabled women	Disabled men
Invalidity allowance	103 806	Not applicable	112 016
Disaggregation by labour status:			
Labourer	66 001	Not applicable	94 387
Servant	37 805	Not applicable	17 629
Disaggregation by age:			
-<20	0	Not applicable	1
-20-24	451	Not applicable	488
-25-29	2 282	Not applicable	2 130
-30-34	4 850	Not applicable	3 819
-35-39	8 921	Not applicable	6 805
-40-44	14 103	Not applicable	11 193
-45-49	18 239	Not applicable	15 475
-50-54	21 833	Not applicable	21 358
-55-59	20 621	Not applicable	27 323
-60-64	12 506	Not applicable	23 161
->64	0	Not applicable	263
Disaggregation by average daily allowance (in €)			
Labourer	€30,25	Not applicable	€38,16
Servant	€32,33	Not applicable	€40,21
Source: RIZIV, 2007, Statistieken van de uitkeringen			

Quantitative Data: Number of people receiving a incapacity benefit for insurance holders in 2006 – self-employed and assisting spouses[1]

[1] Assisting spouses assist their self-employed spouse and does not enjoy another professional income or replacing income which lead to any social security rights.

	Women with disabilities	Non-disabled women	Disabled men
Primary work incapacity	180 577	Not applicable	372 779
Disaggregation by age:			
-<20	105	Not applicable	241
-20-24	4 511	Not applicable	7 858
-25-29	14 878	Not applicable	24 801
-30-34	20 850	Not applicable	40 277
-35-39	27 267	Not applicable	55 783
-40-44	29 906	Not applicable	63 956
-45-49	27 232	Not applicable	60 388
-50-54	23 224	Not applicable	50 113
-55-59	19 219	Not applicable	41972
-60-64	10 071	Not applicable	22 545
->64	3 314	Not applicable	4 845
Disaggregation by average daily allowance (in €)			
Self-employed	€24,88	Not applicable	€26,66
Assisting spouses	€24,51	Not applicable	€25,32

Source: RIZIV, 2007, Statistieken van de uitkeringen

Quantitative Data: Number of people receiving a incapacity benefit for insurance holders in 2006 – self-employed and assisting spouses

	Women with disabilities	Non-disabled women	Disabled men
Invalidity allowance	5 765	Not applicable	12 168

Disaggregation by labour status:			
Invalidity allowance for self-employed	4 997	Not applicable	12 090
Invalidity allowance for assisting spouses	768	Not applicable	78
Disaggregation by age:			
-<20	0	Not applicable	0
-20-24	4	Not applicable	12
-25-29	31	Not applicable	40
-30-34	95	Not applicable	119
-35-39	219	Not applicable	305
-40-44	448	Not applicable	593
-45-49	649	Not applicable	1 018
-50-54	985	Not applicable	1 768
-55-59	1 626	Not applicable	3 279
-60-64	1 708	Not applicable	4 971
->64	0	Not applicable	63
Disaggregation by average daily allowance (in €)			
Invalidity allowance for self-employed	€28,44	Not applicable	€31,83
Invalidity allowance for assisting spouses	€25,49	Not applicable	€27,71
Source: RIZIV, 2007, Statistieken van de uitkeringen			

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Access to transport

The Belgian Federal government offers a national reduction card on public transport to people with visual impairments (at least 90%). This card enables them to travel for free on bus, train, metro and tram. People with other disabilities can also receive a deduction in travel costs (either for themselves and/or their companion) depending on their particular situation. For example those with a long-term disability of at least 80% can travel with their companion on 1 public transport ticket. People with a disability who have difficulties standing up can apply for a special priority card which gives them priority to occupy a seat.

In Brussels, the M.I.V.B./STIB transportation company has a special bus which brings people with a disability from their home to their destination (door to door). The travel costs are similar to regular transportation. In the Walloon region, several non-profit organizations organize door-to-door transport for people with a disability in particular cities (among other Namur and Liège)[1].

Also persons with a disability which receive a compensation for health care costs receive a 50% reduction on train travel (WIGW card).

Access to services

In Flanders, people with a disability can apply for a personal assistance budget (persoonlijk assistentie budget, PAB) at the Flemish Agency for Persons with a handicap (VAPH) to employ personal assistants for aid at home, school or work. The amount varies between €8324 and €38844 on a yearly basis (2007). The assistant can execute a diverse range of tasks: domestic work, arranging transport, pedagogical assistance, and other practical and organisational support. The PAB cannot be used for material devices or changes to the house, interpreters for the deaf, medical assistance, assistance with regard to school or work content, budget assistance, psychological help, etc.

At the moment, there are not sufficient financial means available to immediately accede to all request, thus a considerable number of applicants are on the waiting list. The Flemish government decides yearly what the priorities are (elderly, children, etc.)[2].

It is unclear whether this personal assistance budget is also provided by the Walloon Region. Documents seem to suggest they are currently investigating a possible implementation[3].

[1] Federale overheidsdienst sociale zekerheid, openbaar vervoer. Retrieved October 2008: www.handicap.fgov.be

[2] Study of compilation of disability statistical data from the administrative registers of the Member States, Country report Belgium (2007), APPLICA, CESEP and EUROPEAN CENTRE

[3] Haelewyck, M., Allard, B., Budget d'Assistance Personnelle, recherche-action sur la mise en application d'un système de financement direct de l'aide aux personnes en situation de handicap, rapport final, le Ministère de la Santé, de l'Action Sociale et de l'Egalité des Chances

Access to buildings

In Belgium, legislation exists which requires that new public buildings and public buildings which are being renovated are made accessible for people with a disability. In Flanders it concerns the law of 1975 and the implementation decision of 1977; in Walloon it concerns the CWATUP[1] and in the Brussels Capital Region it concerns the GSV/RRU[2]. Public buildings include a whole range of buildings like hotels, shops, sport facilities, care homes, hospitals, courts, public toilets, airports, etc.

The problem is that this legislation is not commonly known and not always respected. In addition the legislation also does not cover existing buildings[3].

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Quantitative data: abuse

According to the association Persephone aimed specifically at women with disabilities, cases of domestic violence and violence in institutions (sheltered homes, etc) against women with a disability are reported, but no official numbers are available and the quantification is difficult because of the social taboo on the topic[4]. The reason for this taboo – among others- is the fact that women with a disability are often considered to be asexual, not attractive and therefore not typical victims of sexual assaults[5]. Women with a disability are however often more fragile and thus more at risk of becoming abused. The reasons for this fragility are various[6]:

- Women with a disability from birth often have not learned to say no. They learn to be docile and say thank you. As a result, they don't always recognise dangerous situations when they occur and therefore cannot react properly. They don't resist or too resist late and are ashamed about the violence they were confronted with and feel guilty because they could not defend themselves.
- Very often the helper of a person with a disability has to use functional touching. Women with a disability have learned to endure this and sometimes feel too late when people misuse it.
- Women with a disability often are isolated and cannot easily leave their homes without help. As a result

[1] Code Wallon de l'Aménagement du Territoire, de l'Urbanisme et du Patrimoine
[2] Gewestelijke Stedenbouwkundige Verordening – GSV - Règlement Régional d'Urbanisme - RRU
[3] Centrum voor gelijkheid van kansen en voor racisme bestrijding, de antidiscriminatie weg van 10 Mei 2007. Retrieved October: http://www.diversiteit.be/?action=onderdeel&onderdeel=63&titel=De+antidiscriminatiewet+van+10+mei+2007
[4] Van der Buys, A., Blij dat ik leef, in Persephone, Jubileum. Quoted in Tirtiat, J., Belgium, Belgian Disability Forum (BDF)
[5] Violence against women with a disability, 2002, Persephone npo Union of women with a disability of a chronic and disabling disease
[6] Violence against women with a disability, 2002, Persephone npo Union of women with a disability of a chronic and disabling disease

it is often difficult to go to the police, a doctor or a fugitive home with their complaint and to ask for help.
- People who are involved in victim assistance like police and lawyers are not always used to communicating with people with a disability.
- Women with a disability often have not received any sexual education.

With respect to institutional violence, victims of abuse often do not find a trustworthy person to talk to. To protect the "good name" of the institute, victims are sometimes asked to hush it up and Persephone reported that victims are also scared that talking to a social worker will only make things worse as the social worker can choose the side of his/her colleague. According to Persephone there is an urgent need for an independent service dispensing aid for victims.

Under the auspices of the EU project Daphne (2000-2003), Belgium started with the set up a national observatory of violence against women. One pillar of the observatory is put attention on the needs of each specific target group, including women with a disability[1]. It is unclear whether this national observatory currently still exists.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Existence of political, sporting and cultural associations or interest groups for disabled women

The Flemish Fund subsidises since 1998 20 institutes which offer adapted leisure activities for people with a disability or help people with a disability to enter regular leisure activities[2].

People with disabilities encounter problems when trying to participate in regular leisure activities due to the fact that their mobility is sometimes very limited; the buildings in which some of the activities take place are inaccessible; and due to lack of expertise, bad experiences, opposition and a too strong focus on performance.

Provision of special facilities or support services for disabled people to participate in society

In Belgium many adults with a disability have the opportunity to carry out employment related day activities (besides other therapeutic and development oriented activities) in care institutes. These employment-related activities are not carried out on the basis of a labour contract and are not paid. They can be carried out in diverse care institutes (day centres, nursing homes, activity homes, sheltered homes and elsewhere).

[1] Violence against women with a disability, 2002, Persephone npo Union of women with a disability of a chronic and disabling disease

[2] Mokos, Y, Meerbeeck v, A., 2004, Tijd voor inclusie? Aangepaste vrijetijdsbesteding voor personen met een handicap, Onderzoek in opdracht van het Vlaams Fonds voor Sociale Integratie van Personen met een Handicap, LUCAS (K.U.Leuven).

Participating adults mostly receive some kind of benefit and either live independently, with their parents, in a care institute or otherwise. The aim to involve them in employment related activities is to stimulate their self-development; their participation in society; and sometimes also to take the first step in the direction of the regular labour market. This type of employment is often referred to as “replaced labour market” and is positioned in between employment, welfare, labour and care.

The tables below offer an overview of the gender of the clients in the care institutes and their involvement in employment related day activities. The data is based on a survey undertaken in 2005 (in 28 institutes covering 2 513 clients) and on statistical data provided by the Flemish Fund (2003).

As can be seen from the tables, male clients are in majority in the care centres with 53.7% in comparison to 46.3% being female. This observation confirms the impression of the Belgian Disability Forum (BDF) and the Catholic Association for Disabled (KVG) that women with disabilities are often encouraged by their parents to stay home because they are more quiet and easy going while men with disabilities are more often encouraged to seek activities in a care centre because they are more difficult to handle at home. This stifles the development of women with disabilities who could benefit from the activities undertaken in care centres[1].

When examining however the gender of clients in care centres who undertake employment related day activities, it becomes clear that females are overall in majority in carrying out employment related day activities (56.1% versus 43.9%). They are particularly overrepresented in activity homes and nursing homes. Male participants are however in majority in sheltered living. It is not entirely clear what causes this effect. A reason might be – see other table- that males participate more in external employment activities (enclaves and supervised employment) which are more often offered in sheltered living while workshops are more often offered in homes where female participants are in the majority. This distribution can be caused by demand (employers only offer employment to men) or by supply (women do not apply for external employment while men do).

The last table shows that although women participate more in employment related day activities, the intensity is lower[2].

[1] Tirtiat, J., Belgium, Belgian Disability Forum; Vanbael, L., BLIJ dat ik Leef! – jubileumconferentie. Retrieved October 2008: http://www.persephonevzw.org/dossiers/blijleven/liefvanbael.htm

[2] Hedebouw, G., Houtmeyers, N., 2006, Arbeidsmatige dagbesteding van personen met een handicap in dagcentra, tehuizen niet-werkenden en het beschermd wonen, in opdracht van het Vlaams Fonds (VAPH), HIVA (K.U.Leuven)

Gender of clients in care institutes in Flanders (in %) (2003)

	Day care centres	Activity homes	Nursing homes	Sheltered living	Total
Male	54.5%	51.8%	55.2%	48.7%	53.7%
Female	45.5%	48.2%	44.8%	51.3%	46.3%
Total	3 891	3 849	4 209	515	12 464

Source: Hedebouw, G., Houtmeyers, N., 2006, Arbeidsmatige dagbesteding van personen met een handicap in dagcentra, tehuizen niet-werkenden en het beschermd wonen, in opdracht van het Vlaams Fonds (VAPH), HIVA (K.U.Leuven)

Gender of clients carrying out employment related day activities in care institutes in Flanders (in %) (2005)

	Day care centres with a covenant	Day care centres without a covenant	Activity homes	Nursing homes	Sheltered living	Total
Male	49.4%	54.0%	41.3%	25.5%	56.1%	43.9%
Female	50.7%	46.1%	58.7%	74.5%	43.9%	56.1%
Total	77	506	673	259	82	1 597

Source: Hedebouw, G., Houtmeyers, N., 2006, Arbeidsmatige dagbesteding van personen met een handicap in dagcentra, tehuizen niet-werkenden en het beschermd wonen, in opdracht van het Vlaams Fonds (VAPH), HIVA (K.U.Leuven)

Gender of clients in care institutes carrying out employment related day activities in care institutes per type of employment activity in Flanders (in %) (2005) (more than 1 type can be selected per participant)

	Internal jobs	Traditional workshops	Semi-industrial workshops	Enclaves (work islands)	Supervised employment	Other	Total
Male	46.0%	41.8%	45.0%	57.1%	52.2%	66.1%	43.9%
Female	54.0%	58.2%	55.0%	42.9%	47.8%	33.0%	56.1%
Total	539	1 317	573	84	232	115	1 597

Source: Hedebouw, G., Houtmeyers, N., 2006, Arbeidsmatige dagbesteding van personen met een handicap in dagcentra, tehuizen niet-werkenden en het beschermd wonen, in opdracht van het Vlaams Fonds (VAPH), HIVA (K.U.Leuven)

Intensity of employment related day activities in care institutes in Flanders (in %) (2005)

	Number of clients	Supervised employment (number of day parts* per week)	All employment related day activities (number of day parts* per week)
Male	701	2.4	5.0
Female	896	1.9	4.1

*Source: Hedebouw, G., Houtmeyers, N., 2006, Arbeidsmatige dagbesteding van personen met een handicap in dagcentra, tehuizen niet-werkenden en het beschermd wonen, in opdracht van het Vlaams Fonds (VAPH), HIVA (K.U.Leuven); *) Half a day or a fraction of half a day*

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?
Not applicable

Country fiche: Bulgaria

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

The **Law on Integration of People with Disabilities** is the major Bulgarian disability act enacted in 2005, which regulates the disability rights in the areas of: employment; education; social protection, access to technical aids and making disability-related adjustments to property. Following the provisions on the purpose of the law, which is "to regulate public relations linked to integration of people with disabilities" (Art. 1 of the Law), an anti-discrimination clause is stated, which defines any different treatment on the grounds of disability as discrimination – direct or indirect. Further chapters on prevention of disability, education, communication, sports, culture, etc. are general and pose obligations on different public actors – line ministries, local authorities, businesses – but without specific procedures to follow and control mechanisms for compliance with the law. Detailed provisions are included in the Social Protection Chapter, which deals with disability allowances and access to technical aids. The Employment Chapter determines quota based mainstream employment and special enterprises as possible options for people with disabilities on the labour market. And finally, the participation of people with disabilities in the policy process is determined through their representative organizations, which are involved in a National Council on the Integration of Disabled People as a consultative body to the decision-making process.

The **Agency for Disabled People** is established under Article 7 of the Law, and aims to "implement government policies for people with disabilities". Its authorities are limited to keeping a database of people with disabilities, running cash-disbursements for technical aids and grant-giving for projects, which target the disabled population in the country.

Municipalities are obliged "to create conditions for integration of disabled people" with no further specification of responsibilities or budgets.

The recent Anti-discrimination Act passed in 2003 and which came into force in January 2004 fully transposes the EU Equality Directives (43/2000/EC, 78/2000/EC, 75/117/ECR, 97/80/EC, 76/207/ECR) and regulates the protection of all individuals in the territory of the country against all forms of discrimination, thus contributing to its prevention and re-enforcing positive measures for equal opportunities. The law also bans discrimination on grounds of race, gender, religion, disability, age, and sexual orientation.

An Anti-discrimination Commission was set up under this law, which is intended to quickly settle disputes regarding unequal treatment. Commissioners judge whether discrimination on certain grounds occurred and can impose penalties. In addition, cases of discrimination could also be taken directly to court with the burden of proof reversed, meaning the accused party has to prove that there was no discrimination on any of the grounds listed in the law. NGOs on behalf of a group of people whose rights have been violated can also take action under this law. This has been a substantial breakthrough in the Bulgarian legal system, which does not normally consider group cases.

Article 5 of the Anti-discrimination Act declares "construction and maintenance of inaccessible environment" as direct discrimination. This allows many physically disabled people, individuals with visual disabilities and disabled peoples organizations to challenge public and private entities due to their inaccessible environments.

Every legal regulation that has been passed in recent years has had a non-discrimination clause, including disability. **The Public Health Care Act, Public Education Act, Employment Promotion Act** – are good examples of proclaiming non-discrimination. **The Public Education Act** imposes an obligation on

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

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mainstream schools to enrol children with special educational needs (SEN) and to provide an enabling environment for them. The **Labour Code and the Social Security Code** contain special disability protections. Article 333 of the Labour Code does not allow employers to dismiss disabled workers without permission granted by the Labour Inspection Office and re-enforces the quota requirement of 4 percent disability adjusted jobs for all employers hiring over 50 employees. The Social Security Code provides for pensions, allowances and assistance to people with permanent disabilities depending on the "percentage lost ability to work" certified by the Medical Expert Panel.

Bulgaria has signed the UN Convention on the Rights of People with Disabilities but has not ratified it yet, i.e. it is not a part of the national legislation. The Department on Disabilities within the Directorate for Demography and Equal Opportunities with the Ministry of Labour and Social Policy has been formally assigned the tasks and is the focal point for the UN Convention. There is no specific mechanism for promotion, implementation and monitoring of the Convention, nor is statistical data collected for this purpose.

There is no Gender Equality Act passed, or Strategy on Gender Equality developed. In the recently adopted 2008 – 2009 **National Plan on Equality between Women and Men** no specific measures for women with disabilities could be identified. Briefly, there is no legislation or a policy that would set up a special focus on women and girls with disabilities.

In the last years Bulgaria conducts mainstreaming of the policy for people with disabilities. The main strategic document along with the varied legislation is the **Strategy for Ensuring Equal Opportunities for People with Disabilities 2008-2015**[1] which was adopted in 2007.

The strategy aims at ensuring equal opportunities for successful realisation of people with disabilities in the society and for the effective implementation of the policy of the Bulgarian government for prevention of discrimination based on disability. Activities are outlined for removal of the barriers of psychological, educational, social, cultural, professional, financial and architectural nature in front the social inclusion and equal integration of people with disabilities. Measures are being undertaken in all of the above mentioned directions. Some of the examples for successful policies are: the promotion measures for employers, the establishment of protected jobs, the encouraging the activity of people with disabilities, the introduction of social assessment and monthly supplements for social integration, the development of more community based social services for people with disabilities, etc.The main efforts in 2008-2010 will be focused on the implementation of the Strategy. Besides that additional emphasis will be put on the following measures:

1. Acceleration of the activities and increasing the control on provision of accessible environment (architectural, transport, information) for people with disabilities;
2. Promotion of social entrepreneurship from and for people with disabilities in the frame of social economy and promotion of employment with measures targeted both to the employers and the people with disabilities themselves;
3. Ensuring supportive environment and integrated education and upbringing of children with special educational needs including children with disabilities accommodated in specialised institutions;
4. Increasing the state resources for material support of people with disabilities and families who take

[1] National Report on strategies for Social Protection and Social Inclusion (2008-2010) of Bulgaria

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

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care of children with disabilities;

5. Provision of higher resources for financing of the social services, delegated by the state activities, for improvement of the access to services and their quality;

6. Provision of conditions for early diagnosis and prevention of disabilities and development of programmes for complex rehabilitation of people with disabilities;

7. Widening and further improvement of the network of home care services for people and children with disabilities;

8 Promotion of the public-private partnerships in the field of social services for people with disabilities including also in the provision of institutional care for people with mental disabilities, which is the most difficult sector in the services field;

9 Improvement of the work with the media and organisation of public information campaigns for equal access.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

The official definition of disability is included in the final provisions of the Law on Integration of People with Disabilities; it says: a "'disability' shall mean loss of or damage to physiological and anatomical structures resulting in a loss of their physical and mental and psychological functions". The law also defines the term "person with disabilities" as such: "a 'person with a disability' shall be deemed to be each person regardless of age with a physical or sensory or mental disability which hinders his or her social integration and participation in public life and opportunities for communication, training and employment." The most important of the definitions included in the Law on Integration of People with Disabilities, however, is the one defining people 'with permanent disabilities' as this is the only category of the disability population entitled to governmental support – in cash or in kind, directly or indirectly.

A 'person with permanent disability' "shall be deemed to be a person who as a result of anatomical, physiological or psychological condition would have permanently reduced abilities to perform activities in a way and to a level possible for a healthy individual, and who has been assessed by the medical authorities with more than 50 percent reduced capacity to work or reduced ability to socialise". This whole sequence of definitions shows the domination of the medical model of disability as opposed to the social one – the focus is on the individual's inabilities as opposed to environmental barriers.

The procedure includes collection of all medical documentation and an application for 'granting a disability status'. Any health condition can be claimed as disabling. A special body, called the Territorial Expert Medical Panel, reviews the medical record of the applicant and attaches percentages of 'lost capacity to

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

work' to each diagnosed condition. If more than one condition is claimed, then a leading condition is defined and 'accompanying' conditions, as many as there are, receive reduced percentage of 'inability to work'. Finally, a numerical formula is applied to calculate the overall percentage of lost working capacity, which is registered in an Expert Statement – the only document with power to decide access to all sorts of disability allowances, cash benefits and services.

The main problem in defining the size of the disabled population could be identified in the disability assessment regulations, described above, which place the main focus on the disabled person's impairment and inability to function as a non-disabled one. The direct link between a diagnosis and 'lost capacity to work' (measured in percentage against a 'normal', 'healthy' person's performance) fails to recognize the capacities, which could be developed through compensation of damaged functions.

Quantitative data

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population[1]	113 391	3 939 772	111 159
% of total population	1,43	49,68	1,40
% of female population	2,89	96,88	n/a
Disaggregate by age if possible as follows:			
< 16 year olds	983	641 234	1 221
16-59 year olds	64 771	2 348 163	74 885
> 60 year olds	47 637	950 375	35 053
Disaggregate by ethnicity	Bulgarian 95 895 Turkish 10 746 Roma 5 707 Other 1 091	Bulgarian 2 529 217 Turkish 138 420 Roma 99 535 Other 8 600	Bulgarian 91 695 Turkish 11 993 Roma 5 401 Other 879
Disaggregate by type/severity of disability	50% - 70% **26 456** 71% - 90% **46 416** > 90% **40 519**	n/a	50% - 70% **27 916** 71% - 90% **43 609** > 90% **39 634**

[1] National Statistical Institute, 2001 Census Data

What are the national definitions of disability (used in the legislation)? What is the population of women and girls with disabilities in the country?			
Is there information on the size of the household where they live?	n/a	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)	n/a	n/a	n/a

3. Economic situation and employment

What is the economic / employment situation of women with disabilities? What legislation and policies are in place to recognise the right of women with disabilities to work? Please provide the source of the data			
Quantitative data			
	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates	n.a.	-	n.a.
Unemployment rates – for the entire disability population – 5%, in which (as of 31st December 2005)	11 502[1] 53,9%	-	9 841[2] 46,1%
Long-term unemployment rates	n/a	-	n/a
Inactivity rates	n/a	-	n/a
Part-time work rates	n/a	-	n/a
Self-employment rates	n/a	-	n/a
Poverty rates[3] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	-	n/a

[1] Bulgarian National Auditors' Office – Auditors' Report of the Employment Agency with the Ministry of Labour and Social Policy for the period 01.01.2006 – 31.12.2006 (www.bulnao.government.bg)
[2] Ibid.
[3] Please provide the definition of 'poverty' used in your country

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Qualitative data

Only a negligible percentage of people with disabilities is employed in Bulgaria. This means that 90% of disabled people are not in employment, among whom women with disabilities represent more than 50%. If employed, women with disabilities are employed in sheltered workshops doing low quality work and paid very low salaries. A professional career for them is very rare. Only a few women with disabilities can meet the expectation of society due to a failure to provide them with equal opportunities, therefore they are considered to be helpless and reliant on social benefits.[1]

There is no statistical data or research evidence that would inform about the type and quality of jobs performed by disabled people, though given the reported low educational levels for the disabled community it could be assumed that these would be low qualification jobs, which implies also low salary ones. Government reports quote decreasing numbers of subsidised employment but fail to provide information on the number of disabled people employed in the open market[2].

Disability pension is the main source of income for 72% of the respondents in the NSI Research on People with Disabilities of 2005; 8% rely on support from another person, 8% receive salary for work or a regular pension. Only 13% of the respondents are currently employed, i.e. receive remuneration for job. 8% of all employed are involved in subsidised programmes. These numbers can hardly rank disabled people in the upper classes of society but due to the lack of definition for poverty it is also hard to define the real place of this group in the income ladder of society.

In order to raise people with disabilities' competitiveness on the labour market, vocational training programmes have been launched. These are based on targeted projects for unemployed disabled people and usually cover computer skills, specific professional skills (for example, accounting), foreign languages, etc. Their duration is limited to 2 – 3 months. NGOs and training providers licensed by the Vocational Training Agency are eligible for funding.

The research report says also that only 6% of the employed receive special on-the-job support, whereas 16% admit a need of such. 14% of the latter cannot specify the type of support needed, another 12% look for moral support and the same number claim a need for help related to their job. Still different but serious problem for disabled people constitutes the infrastructure – for 5% only t is accessible, 46% encounter difficulties, 24% judge it as entirely inaccessible. Almost a third of the respondents think that they can do certain type of work. The overwhelming preferences go for permanent job contracts (75%) in the public or private sector, 22% share no preferences and 3% only would like to develop their own business. 11% of the disabled in the sample are willing to join vocational training programmes with the top priority given to computer courses (58%), foreign language courses (13%), accountancy and business related trainings (7%).

Due to the lack of reliable statistics it is hard to estimate current rates of unemployment among people with all types of disabilities, though the National Action Plan on Employment for 2008 reports their average number for the first nine months of 2007 at 14.928 and for the whole year – 14.414, which is by 9,4% less

[1] NATIONAL COUNCIL OF PEOPLE WITH DISABILITIES IN BULGARIA (NCDPB), Report presented at the European Conference: Recognising the Rights of Girls and Women with Disabilities – An Added Value for Tomorrow's Society, Madrid, November 2007, Publication, p. 115

[2] Report on the employment of disabled people in European countries (Bulgaria) at http://www.disability-europe.net/content/pdf/BG%20Employment%20report.pdf

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

than in 2003. The same government document says that the unemployment rate among disabled people over the last three years is approximately 5% of the overall number of registered unemployment. These numbers could be misleading, however, given that most of the disabled people are pensioners and anecdotal evidence[1] shows that when unemployed they are refused registration with the Labour Offices.

Most of the new Bulgarian legislation passed after 1990 includes antidiscrimination clauses and the regulations related to employment are no exceptions. Article 2 of the Employment Promotion Act states that "when this law is implemented no direct or indirect discrimination on the grounds of ethnicity, age, gender, religion, political or trade unions affiliation, social and family status, physical or mental disabilities, is allowed".

The Labour Code also deals with the employment of disabled people. It introduced the quota system, which applies to businesses with 50 plus workers employed and requires them to reserve 4% of the jobs for "people with reduced working abilities". It also provides for protection against dismissal – no matter what the reason for this is, the employer has to go through a hard procedure to acquire an approval of the Labour Inspection Office and the Expert Medical Panel. There is circumstantial evidence[2] that this procedure discourages employers from having disabled people in the business despite that the loose state agencies' control operations, which result in no fines for non-compliance with this requirement. Some companies manage to circumvent their quota obligations by placing orders to special enterprises.

The **Law on Integration of Disabled People** contains a whole section on employment where mainstream employment is mentioned, quota system and special enterprises are regulated in a comprehensive manner.3 Its Article 25 requires the Agency for Disabled People to keep a record of special enterprises and to provide funding for their business development projects on the top of the subsidies granted by virtue of having disabled people on the payroll.

Further on, taxation laws stipulate incentives for self-employment of disabled people in addition to start-up business grants provided by the Agency for Disabled People. People with a disability status are entitled to double tax-free income levels.4 Employers of disabled people benefit from corporate tax relieves proportionately to the number of the disabled people hired in the business, while special enterprises are totally exempted from paying corporate taxes on the profit they make, as well as from paying local taxes.

There are number of policy documents that contribute to the shaping of the labour market in Bulgaria. The **Revised Employment Strategy of the Republic of Bulgaria for 2008 – 2015** www.mlsp.government.bg) and **National Action Plan on Employment for 2008** (www.mlsp.government.bg) are the key documents that proclaim equal treatment in employment, flexecurity of the labour force, lifelong learning and improved opportunities for job accommodation of all Bulgarian citizens.

The **Strategy to Provide Equal Opportunities for Disabled People 2008-2015** http://www.mlsp.government.bg/bg/docs/index.htm, is designed to specify the measures to strengthen

[1] Interview with Kapka Panayotova, June 2008

[2] Ibid.

[3] Special enterprises are commercial entities registered under the Bulgarian corporate law as trade companies or cooperatives which have a defined share (different according to the nature of impairment) of disabled workers in the overall employment. For example, enterprises for deaf people have to employ 30% of their workforce with disabilities, whereas this share in case of physical and visual impairments is 50%.

[4] Individual Income Tax Act of 1st January 1998. The tax-free level of income was BGN 180 (Euro 90) for 2005.

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

the position of the disabled people on the labour market. Its Goal 5 aims at "providing opportunities for employment of disabled people and their involvement in programmes for job search and accommodation". The seven bullets formulate the key areas of intervention: improved efficiency of the employment programmes for disabled; better targeted incentives for the employers to hire disabled workers; change in attitudes of the employers; support for employers to adjust the working environment; promotion of training and lifelong learning among disabled people; increase in self-employment; promotion of social entrepreneurship.

These priorities speak for themselves: disabled people will not yet enjoy the support they need to find and retain a job. These Strategy measures will benefit the employers' community, perhaps people with granted disability status, but it is quite unlikely that they will change the labour situation of people with profound disabilities in the years to come, as they haven't done so until now.

Low education levels, lack of professional experience and social skills, which make disabled people vulnerable on the labour market, are tackled by the government through vocational training programmes. Their objectives are to raise disabled people's competitiveness on the labour market. These are based on targeted projects for unemployed disabled people and usually cover computer skills, specific professional skills (for example, accounting), foreign languages, etc. Their duration is limited to 2 – 3 months. NGOs and training providers licensed by the Vocational Training Agency are eligible for funding.

The **Agency for Disabled People** each year is given a budget to finance adaptations on the workplace, access to the workplace, necessary equipments for disabled people on the job, etc. The size of funding, however is fixed at minimum level (for physical access to the work place €2.250; for adjustments on the work place € 1 250 and for equipment at the work place: € 2.500) and regardless of the individual needs of the disabled people. In 2007 €196.809 were spent on projects submitted by 41 mainstream employers.

There is no personal assistance or transportation allowances for the disabled employees. In 2007 the Agency reported also funding of 7 mainstream business investment projects at a total value of € 313.872 to accommodate the needs of disabled people in mainstream working environment.

At the same time sheltered employment is also well resourced – the 127 special enterprises, which employ 1 565 disabled people were funded with €821.956. Thirty of these enterprises submitted also innovative projects and received another €508.084.

Currently the **Employment Agency**, along with the MLSP run disability programmes that support the demand side of the labour market. Under these programmes, employers may apply for funding to employ disabled people with a commitment to maintain the job for 24 to 36 months. The allocated money is earmarked for minimum monthly salaries over 12 months plus social security contributions. However, disabled employees under these programs have no access to individual support on the job such as personal assistance, mobility allowance, etc. It is reasonable to expect that people with health problems would constitute the major group of beneficiaries of such programs.

The Employment Agency reports for 2005 that 1,313 people with disabilities got a job under their programmes and the budget for supporting employers amounted to approximately €1 million.

Generally, disabled Bulgarians – as defined by the UN Convention on the Rights of People with Disabilities – are not included in the open labour market yet. Most of the employment activation policies affect positively people with disability status, who are not necessarily disabled (have no accessibility problems or difficulties in performing daily activities). Statistical data on employment of disabled people is scarce and questionable in terms of reporting methodology and accuracy. It is reasonable to assume that low education levels and lack of professional experience and social skills, account for the low employment rates among the disabled population.

What is the economic / employment situation of women with disabilities? What legislation and policies are in place to recognise the right of women with disabilities to work? Please provide the source of the data
The existing welfare schemes and benefits for special enterprises are responsible for the preferred employment in sheltered facilities usually managed by non-disabled people. Substantial funding allocated for mainstream employers is not tailored to the needs of individual job applicants, which significantly diminishes its relevance, effectiveness and efficiency. Lack of accessibility and individual on-the-job support makes people with profound disabilities lifelong outsiders for the open labour market. Generally it could be concluded that there is comprehensive employment legislation in the country, which covers disabilities as well but there are no specific policies to ensure that disabled people, including those with severe impairments, have equal access to the labour market. Disabilities are not mainstreamed in terms of employment statistics and research, even less are they disaggregated by gender, severity or ethnicity.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Participation rates in general education[1]	n/a		n/a
- WWD with completed primary education	49%		51%
- WWD with completed secondary education	42%		43%
- WWD who studied higher education	10%		6%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels	n/a	n/a	n/a
Number and type of specialist schools (i.e. level, for which target groups)		129	

Qualitative data:

The **Ministry of Education and Science** "shall ensure that: (1) Children with disabilities of pre-school and school age shall be included into the education system; and (2) supportive environment shall be created for children with disabilities."[2] Amendments to the **Public Education Act and Ordinance № 6 of 2002** allowed for children with special educational needs (SEN) and/or chronic diseases to receive integrated education in mainstream schools and schools were made responsible for creating a supportive environment to accommodate students with SEN. According to the same piece of legislation (Public Education Act), however, children with SEN are referred to special schools "when all other options for training and education in State and municipal schools have been exhausted and with the written consent of the parents or legal guardians."[3] This wording is often interpreted as an opportunity to refer children with SEN to a special school whenever the mainstream school faces the slightest difficulty in ensuring a supportive environment for its students.[4]

The **Anti-Discrimination Act** is also applicable to the area of education.

The NSI research of 2005 is the latest structured and professionally made effort to study the educational status of disabled people in Bulgaria as a part of their overall situation, using quantitative and qualitative techniques. It covered 3.000 people at the age of 16 to 64. 92% of them fall into the age group of 16 – 64 years. It found that 51% percent of the disabled male population and 49% of disabled women have low

[1] NATIONAL COUNCIL OF PEOPLE WITH DISABILITIES IN BULGARIA (NCDPB), Report presented at the European Conference: Recognising the Rights of Girls and Women with Disabilities – An Added Value for Tomorrow's Society, Madrid, November 2007, Publication, p. 115

[2] *Law on Integration of People with Disabilities (2004)*, Article 17

[3] *Public Education Act,* amendments of 2002, State Gazette, 90, 24 September 2002.

[4] The legal definition for supportive environment reads: "providing adapted architectural environment which should guarantee physical access for the children to the classrooms and the other school premises, qualified teachers and non-teaching staff, technical equipment to facilitate the teaching process, etc.", *Public Education Act,* amendments of 2002, State Gazette, 90, 24 September 2002

What are the participation rates in different forms of education?

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educational levels (up to primary education). 43% of disabled men and 42% of disabled women had completed high school education. Differences occurred in university education levels, where 6% of men with disabilities and 10% of women with disabilities have a university degree.

The total number of special schools in the country is 129. Of these, 27 are basically health care institutions. The total number of children enrolled in special schools in 2005/2006 is reported to be 12,992 out of approximately 970,000 enrolled students' population[1] in the whole country. The largest number of students, 7,884, are in auxiliary schools which are special support schools for children with learning disabilities. In most cases, these schools are geographically located in remote places or in the outskirts of cities, encouraging the physical isolation of children as well. Additionally, most of the special schools are equipped with boarding facilities, which accommodated 7,277 children or 56 percent of all special schools students in 2005.[2]

Children with physical disabilities are often enrolled in individual education plans with the neighbourhood schools, but teachers usually visit them at home. No records of these children are kept at a national level, but some observations allow for a conclusion that the number of children with physical disabilities in mainstream schools is far from a real representation, as many don't attend.

It was only recently that special measures have been taken to accommodate disabled children' needs. In 2006 a network of 28 Resource Centres became operational. These are educational settings meant to provide support for children with special educational needs (SEN) in mainstream schools and classes. They are staffed with special teachers (predominantly), speech therapists and psychologists. In the school year of 2006/2007 the number of integrated students with SEN was over 4 000 in 714 mainstream schools and 178 kindergartens. They were supported by 900 resource teachers. For comparison, in 2004/2005 the number of students with SEN in mainstream schools was 717 supported by 129 resource teachers and other helping professionals.

Under the **Ministry of Education and Science** (MoES) project called **Inclusive Education for Students** with SEN in the Mainstream Schooling System (funded by the national budget) adjustments for physical accessibility were made in 88 schools for 2006. This initiative will continue in 2007 with another BGN 3 million (€ 1,5 million). In 2006 and 2007 primary school teachers (400 in number) were trained to work with disabled students in mainstream classes.

Each child with SEN studies under individual teaching programme. These account for level of learning and do not imply assistive technologies to ease the process. With the delegated budgets for Resource Centres some managers organise purchasing of collective teaching appliances but the individual ones remain a responsibility of the parents.

The **Law on Professional Training and Education** regulates the enrolment of children with SEN in professional schools – they are entitled to enrolment without admission tests and are referred to "suitable" professions, which do not contradict to their health conditions. Special vocational training programmes are launched for disabled children, which consider their health status and recommended occupation following a list of professions for children with chronic diseases, physical and sensory impairments.

Despite of these developments there are many disabled children, who do not attend school at all – they are diagnosed as uneducable and referred to day-care centres or other rehabilitation facilities. These institutions offer low-quality segregated type of education, mostly informal, and not any educational degree

[1] Ministry of Education and Science, data requested by the Center for Independent Living – Sofia under the Access to Public Information Act, letter dated 31 July 2006.
[2] Ibid.

What are the participation rates in different forms of education?

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that would allow further studies.

There is no disaggregated statistics by gender, ethnicity or type of impairment – the definition of children with SEN includes or sorts of learning difficulties: language skills, speech problems, attention deficit disorder (ADD), physical, sensory or mental impairments, behavioural problems, etc.

It is not likely to expect substantial progress unless inclusive education becomes predominant and the special forms remain only for children with multiple disabilities.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

There is no legal definition for Independent Living in Bulgaria.
No policy or measures are taken for IL of any disability group, neither is statistics run for IL.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

No disaggregated statistics (by gender) is available on any of these issues.

Disability assistants' services are funded through service providers who prove disability specialisation – basically rehabilitation and care. Three assistance schemes were designed recently and financially secured from different public sources, none of them following the principles of direct payments/personal budgets but they fall under the generic name of *Community Services for Integration* used in the government policy documents. These are: Personal Assistant (PA), Social Assistant (SA) and Home Attendant (HA) Schemes.

The PA scheme was initially set up to address high unemployment rates in the past using disabled people instrumentally: relatives of disabled people are formally hired and paid minimum monthly wage (€ 110) given that the household is eligible for welfare assistance (low income and property ownership status test). SAs and HAs are available to disabled people through service providers – public or private – who receive funding on project basis to "help disabled people and single elderly in running their daily activities". Beneficiaries are charged on hourly basis depending on the level of their monthly income. These charges do not make up break even of the delivery costs both schemes. Working hours of the assistants and attendants are regulated by the Labour Code – 8 hours a day, free weekends.

The quantitative dimension of other Government provided "community services" the end of 2007 is presented in the 2007 Report of the Ministry of Labour and Social (**http://www.mlsp.government.bg/bg/docs/45%20otchet%20MLSP%202007.doc**):

1. 205 social services have become operational as government-delegated community based services, of which 47 new alternatives to institutionalised care have been set up with capacity to serve 992 beneficiaries. They include 14 sheltered houses, 5 day-care centres for disabled adults and 9 for

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

children and young disabled people, 8 centres for social rehabilitation and integration and one day-care centre for elderly (often with impairments due to aging).

2. The number of private service providers has grown to 242.

There are no personal assistance budgets, direct payments or any similar schemes, which would allow disabled people to choose to manage their own finance for care and support. In July 2007 an Assistant for Independent Living (AIL) Programme was launched by the local metropolitan government in Sofia. The regulation covers residents of the Greater Sofia Municipality only. It has been designed as a PA scheme but still local administration acts as employer of the assistants recruited by more than 250 disabled users. Results are still to be seen.

Six bigger cities offer para-transit services upon requests made well in advance due to the shortage of adapted vehicles. The service is paid at the rate of regular public city transport (Euro 0,5).

The Public Health Act prohibits discrimination on the grounds of disability, and health insurance is obligatory for all Bulgarian citizens. In the case of the employed population, contributions of 6 percent of the income are shared between the employer and the worker (3 percent each). Contributions for unemployed disabled people are transferred directly from the National Budget to the National Health Insurance Fund (NHIF).[1]

All Bulgarian citizens – from birth to death – have health insurance. Those who work pay 6% of their monthly salary as health insurance contribution; unemployed and pensioners are insured by the State on the basis of minimum monthly salary, which size is decided by the Government once a year (currently BGN 220 = €110).

The health care system however is generally weak and large cohorts of the population remain underserved. The access to health services for the people with disabilities is limited due to the infrastructure in the healthcare facilities which is not fit for their abilities, due to the worsened quality of the working capacity expertise and the significant prolongation of the time limits for enacting the decisions of the Territory expert medical commissions[2].Drugs are partially paid for by the National Health Insurance Fund (NHIF) with contributions also coming from patients. This places low-income groups, including many people with disabilities – both men and women - in the quite difficult situation of not being able to afford necessary medicines. To address this issue, the Law on Integration of Disabled People introduced monthly allowances for 'medication and diet food' with the integration component at the rate of 15 percent of the subsistence living cost, which for 2005 amounted to €4.40, which altogether buys a pack of average quality vitamins.' The Social Welfare Agency reports that 368,769 people with disabilities had received this monthly allowance in 2005 and the expenditure reached €13.3 million.[3]
People with more than 90 percent lost ability to work (severe permanent disabilities) – both men and women – are entitled once a year to a 14-day rehabilitation course paid with the integration allowance – by reimbursement - under the Law on Integration of Disabled People. The National Social Security Institute (NSSI) also provides 'recovery treatment' for disabled workers – equally men and women – who pay social security contributions and are referred to facilities run by the NSSI.

There are programmes especially designed for health, rehabilitation or social care of disabled women.

[1] *Health Insurance Act*, State Gazette 70 of 19 June 1998.

[2] National Report on strategies for Social Protection and Social Inclusion (2008-2010) of Bulgaria

[3] Social Welfare Agency, data requested by the author under the Access to Public Information Act, letter dated 26 Septemeber 2006.

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	Non-disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
The disability-free life expectancy (DFLE) in 2002 is 52.5 years for the men and 66.8 years for the women. According to that indicator Bulgaria holds 32-nd place for the men and 30-th for the women from 52 countries in Europe[1].			
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	100%	n/a	100%

The **Law on Integration of Disabled People** provides for social protection of all disabled people. The type and size of allowances dependson the type and severity of the disablement. Gender differences are not distinguished in the Law.

All kinds of benefits are conditional upon the disability assessment results of the individual, which reflect the medical condition and do not consider levels of functioning at all. In other words, the focus is on a disabled person's impairment and inability to function as a non-disabled one. The direct link between a diagnosis and 'lost capacity to work' measured in percentage against a 'normal', 'healthy' person's performance fails to recognize the capacities, which could be developed through compensation of damaged functions. Furthermore, all disability provisions in the entire Bulgarian legislation refer to disabled people as 'persons with impairment certified by a Medical Labour Panel with more than 50 percent lost ability to work'. This gives **one, and only one, document the absolute power to decide access to all sorts of disability allowances, cash benefits and services**.

Such references could be found in the Social Security Code, which provides for pensions and other disability allowances, in the Law on Integration of People with Disabilities providing for monthly integration benefits, in the Social Assistance Act, which gives access to cash benefits and services, in the Law on Family Support and Child Benefits, which grants public resources for raising children, in the Public Education Act, which allows for school enrolment, in the Public Health Act, in the Employment Promotion Act, which provides for special treatment on the workplace, in the Corporate Taxes Act granting tax holidays for special enterprises and in the Law on Taxation of Individuals, which stipulates tax privileges for disabled people.

Lost capacity to work is determined individually by a special medical panel on the basis of a Regulation on Assessment of the Working Capacity. Under this regulation, the reference point for assessment is the 'fully able bodied person' with no medical diagnosis. The procedure includes collection of all medical

[1] National Report on strategies for Social Protection and Social Inclusion (2008-2010) of Bulgaria

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

documentation and an application for 'granting a disability status'. Any health condition can be claimed as disabling. A special body, called Territorial Expert Medical Panel, reviews the medical record of the applicant and attaches percentages of 'lost capacity to work' to each diagnosed condition. If more than one condition is claimed, then a leading condition is defined and 'accompanying' conditions, as many as there are, receive reduced percentage of 'inability to work'. Finally, a numerical formula is applied to calculate the overall percentage of lost working capacity.

Disability pensions are regulated in the Social Security Code, which also provides for additional allowances in case of disability from childhood (social disability pension) and for assistance allowance for severely disabled citizens. It is important to note that disability pension is due despite the employment status of the person – employed or unemployed.

As of 31st March 2008 the **National Social Security Institute** (NSSI) reports 850,959 disability pensions. 34 percent (289,368) of the pensioners have more than 90 percent lost capacity to work, 49,4 percent (420,546) – have between a 71 and 90 percent inability to work and 16.6 percent (141,022) – between 50 and 71 percent lost working capacity.[1] It is important to mention that disability status brings 25 percent of the social disability pension (BGN 84 = € 42) to any retirement payments due for working time and age. The same source reveals also that in 2007 the number of newly granted disability pensions was 45 124; another 4 435 pensioners were granted social disability pension. The average pension rate in 2007/2008 was BGN 149 (€ 75) per month considering all types of pensions. The disability status with assessed more that 90 percent lost ability to work may go, but not necessarily, with an assistance allowance worth BGN 57,17 (€ 29,00). The number of assistance allowance beneficiaries in 2007 was 118 292.

Detailed information about disability pensions and social security allowances is released on monthly, quarterly and annual basis by the NSSI.

Disability status is an eligibility criterion for a number of welfare benefits: monthly integration allowances for transport of people with mobility problems, for medication and diet food, for communication, for access to information and for accessible information, for training. These are regulated in the Law on Integration of Disabled People. The rate of the different benefits is determined in reference to the monthly subsistence cost established by the Government on year-by-year basis (BGN 55 = € 27,5 since 2006 and currently). The size of the individual benefit depends on the type and severity of the impairment and varies between BGN 8,50 (€ 4,25) and BGN 30 (€ 15) per month.

Official data shows that in 2007 on average BGN 24 (€12) disability allowances per month were paid to 464 099 beneficiaries (almost constant number for the last two years) which accounts for BGN 130.639.766 (€ 65.319.883) of public expenditure. The average monthly allowance cannot be expected to compensate for the deficit of a disabled person and help her/him integrate into society. This allows us to draw the conclusion that a lot of public resources are distributed without proper targeting, which leads to low effectiveness and efficiency.

People with mobility problems and visual impairments are entitled also to assistance services – 10 hours a year paid at a rate of BGN 5 (€ 2,5) per hour. In 200l public resources worth BGN 1.181.519 (€ 590.759,5) were paid to 31 093 beneficiaries. People with hearing impairments should be paid 10 hours a year sign language interpretation at a rate of BGN 8 (Euro 4) an hour. The 2007 reports of the Ministry of Labour and Social Policies reveal spending for this purpose at the level of BGN 183.634 (€ 91.817) in benefit of 9 665 people.

The Law on Integration of Disabled People also entitles parents of disabled children – biological, foster or adoptive – to BGN 154 (€ 77) monthly allowance up to the 18-years of age of the child. The Act on Family and Child Support allows for BGN 100 (€ 50) single allowance when a child with disability is born, BGN 50 (€ 25) monthly support allowance until the child turn 20-years of age, and another BGN 100 (€ 50) monthly

[1] NSSI, Statistical Bulletin, Pensions as of 31st March 2008, Sofia 2008

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

cash payments for the first two years after the child is born. All these payments are due without means-testing, which is applied to parents of non-disabled children.

Families that take care of their disabled children can benefit from being hired as 'personal assistant' to the disabled child under the National Assistants for Disabled People Programme. The employed parent is paid minimum monthly wage and all social security contributions. If there are two disabled children in the family both parents could be hired as 'personal assistants' and the family budget is increased by two minimum monthly salaries in addition to all disability allowances provided by the State. These measure however make it obvious that a disability in the family hinders the relationships and creates life-time dependence between the family members, prevents at least one of non-disabled family members, which is often the mother, from professional development and social life.

Disabled mothers are not additionally supported in any special way while raising their children.

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

The **Anti-Discrimination Act** (2005) prohibits discrimination by anyone who provides goods, facilities or services to members of the public, male and female. It is illegal to discriminate on the grounds of disability by: refusing to serve disabled people; providing a worse standard or service; providing services to a disabled person on worse terms.

There are minimum standards for accessibility of the built environment only but their implementation is not monitored, control mechanisms are loose and sanctions are rarely imposed.

Disabled people are entitled to medical appliances and technical aids, which are determined in an annex to the Enforcement Regulation under the Law on Integration of People with Disabilities exhaustively lists 14 generic items of technical aids, for which the Government grants a fixed amount of 'targeted cash benefit' to eligible disabled people. The rates of these cash benefits have been changed in 2006 but they are still at levels, which do not allow modern technologies to become available to disabled Bulgarians.

A knee-high prosthesis cash benefit amounted to € 110, for one above the knee – to € 300. A ring type wheelchair was supported by the Government with Euro 200, an electric one – with € 1 300. Thus the legislation makes modern technical solutions – wheelchairs, computer technologies, etc. – inaccessible for disabled people. At the same time public resources worth BGN 34 561 575 (€ 17.280.787,5) were spent in 2007 for these purposes. Up to BGN 1.200 (€ 600) is the size of financial support for car adaptations, half of it is provided for housing adjustments, if the disabled person needs such, which isn't enough even for Bulgaria, where prices are much lower than in other EU member states.

There is no disaggregated data available that would show the share of female beneficiaries by age or type of appliances.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities? What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse? What is the extent of abuse faced by the women with disabilities?
There are no special regulations setting up justice for women with disabilities except for the Domestic Violence Act, which incriminates abuse and mistreatment in the family and the Anti-Discrimination Act, which prohibits different treatment on the grounds of disabilities and imposes an obligation for accessible built environment of public and private providers. NGOs run helplines, shelters and other facilities for women victims of domestic violence. These rarely keep record of disability cases; most of the facilities are physically inaccessible for wheelchair users. Training events for judges were organised and delivered by the National Institute of Justice and NGOs on implementation of the above legislation but with no specific focus on women with disabilities.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport? What are the levels of participation?
There is no gender disability organisation or an organisation of women with disabilities. Dignified Life Foundation is focused on children and women with disabilities but due to limited human and financial resources its activities affect a small group of beneficiaries. The organisation publishes a magazine with a 2008 issue dedicated to women and gender issues. The Union of the Blind in Bulgaria recently established a special committee on women. There is no evidence for extensive activities except for attendance of public events. There is a Sports Federation for People with Disabilities where women are involved and participate in the Para Olympic Games and other international tournaments.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Persons interviewed:
Nina Sherbetova – Head of Department “Integration of people with Disabilities”, Directorate “Demographic and family policies, and equal opportunities”, Ministry of Labour and Social Policy
Yordan Kalchev – expert, Directorate “Demographic and Social Statistics”, National Statistical Institute
Zoya Slavova – Head of Department “Analyses, planning and prognoses”, National Social Security Institute
Mihail Syrbinov – Expert, Directorate “Integration of people with disabilities”, Agency for people with disabilities
Tania Yoveva – Director, “Dignified Life” Foundation, Sofia; National Coordinator of the Bulgarian Platform of the European Women’s Lobby
Kapka Panayotova – Director, Association “Center for Independent Living”, Sofia
Mila Marinova – Programme Director, Centre for Social Rehabilitation and Integrated Education of Children, Pernik

Country fiche: Croatia

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention?

- The provisions of the **Croatian Constitution** make ratified international treaties obligatory for incorporation into national legislation; in that respect the ratified UN Convention on the Rights of Persons with Disabilities (which came into effect May 3, 2008) has become a legal obligation for the Republic of Croatia
- With respect to existing national legislation, Article 57 of the **Croatian Constitution** vouches special care of the state for the protection of persons with disabilities and their inclusion in life. The rights of children with developmental difficulties are additionally protected by the Article 63 stating their right to special care, education and welfare.
- in 1997, the **Commission of the Government of the Republic of Croatia for Disabled Persons** was founded as an advisory and expert body of the Government with the task to offer proposals, opinions and expert elaborations to the Government of the Republic of Croatia concerning the position, protection and rehabilitation of persons with disabilities and their families, and conduct activities for their benefit (National Strategy, p9)
- In 2001, the **Law on Croatian Register of Persons with Disabilities** was adopted determining the manner of gathering and processing information, along with the protection of privacy of persons with disabilities, whose management was entrusted to the **Croatian Institute for Public Health**.
- On 16 January 2003, the **National Strategy of Coherent Policy for the Disabled 2003 - 2006** was adopted, representing a step forward towards a systematic policy in this area, including the *Standard Rules on the Equalization of Opportunities for Persons with Disabilities of the United Nations*.
- On 1 April 2005, Croatian Parliament adopted the **Declaration on the Rights of Disabled Persons,** affirming the right of all citizens to equally participate in all segments of society and enjoy their legal and constitutional rights without difficulty.
- The current **National Strategy of Equalization of Possibilities for Persons with Disabilities 2007 - 2015** (available at www.mobms.hr) was adopted on **June 5, 2007**. According to this Strategy 'in the Republic of Croatia the policy for persons with disabilities is based on the fundamental principles of human rights, such as the principle of non-discrimination, the principle of interdependence and indivisibility of all human rights, making it imperative to achieve accessibility of all **civil, political, social, cultural and economic rights** to persons with disabilities (p. 5).
- The Strategy details a number of proposed projects and activities for the period 2007-2015, with indicators, benchmarks and deadlines –the key government document for evaluation of improvements to policies for disabled persons
- The Strategy explicitly refers to the UN Convention in the introductory text (p6) and can be used as the framework for promotion, protection and monitoring of the Convention
- There are no official documents pertaining specifically to women with disabilities. Regarding explicit treatment of women with disabilities in the National Strategy, there are several explicit references:
- In matters of health protection, women with disability are explicitly mentioned regarding prenatal, gynaecological counselling and treatment and counselling regarding family planning
- In the context of protection against violence and abuse, the Strategy proposes that special attention

should be paid to women with disability and children with developmental difficulties because of their possibly increased vulnerability in the social environment

- the Strategy explicitly mentions women with disabilities in the context of promoting the participation in political and public life
- finally, the Strategy proposes that it is 'necessary to single out special categories of persons with disabilities because of a greater risk of exclusion from society, and one of these are **women and girls with disabilities**
- A number of action lines of the Strategy require cooperation between the national and the local level administration and civil society groups – for instance projects of adjusting school facilities so that they are accessible for persons with disabilities, and organising local transport to schools and universities (p. 23)
- The implementation of the Strategy is entrusted to a number of ministries and regional government bodies:
- Ministry of Family, Veterans' Affairs and Intergenerational Solidarity (MFVIS), Directorate for Family, Department for persons with disabilities (www.mobms.hr)
- Government Committee for Persons with Disabilities; administratively hosted in the Ministry of Family, Veteran's Affairs and Intergenerational solidarity
- Ministry of Health and Social Care, Directorate for Social Care, Department for Protection of Social Groups at Risk, Section for Protection of People with Disabilities (www.mzss.hr);
- There is no specific ministerial responsibility or government body for women with disabilities
- MFVIS and the Government Committee for Persons with Disabilities, which sits within the MFVIS, is the coordination mechanism within the government for matters relating to the implementation of the UN Convention, which is implemented through the current national Strategy
- According to official correspondence received from the MFVIS, the said Committee has received the first progress report from government bodies on April 22, 2008. The report states that out of the total 101 action measures, 43 have been completed in 2007, 34 are in the process of implementation and 9 have been moved for implementation in 2008 (another 15 measures have implementation deadlines in 2008 or later). The spent budget for direct implementation of these measures was 168,356 633.70 kn (approx €23,382 866)[1]. The MFVIS has proposed to the government the setting up of an information point for all questions pertaining to the implementation of the UN Convention.
- In May 2008 the Parliament adopted the proposal for establishment of an Ombudsman for Persons With Disability; up to now no further information is available, but it is to be expected that the office will start working soon
- The Central Bureau of Statistics (www.dzs.hr) and the Croatian Public Health Institute are in charge for collecting statistical data, including on persons with disabilities. However, data on persons with disabilities is scattered among many institutions and there is room for improvement. Some data is gender specified but this is not a systematic concern.

[1] No available separate figure for women with disabilities

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

- In 2001 Croatia adopted the Act on the Croatian registrar of people with disabilities, and it is in that year that Croatia for the first time published the number of people with disabilities: 9,68% percentage of the total population, 429,421 person in numbers - 42,74% of which were women and 57,26% men (2001 was the last Census of the Croatian population, so data here included are for that year)
- Report of the *Croatian Public Health Institute on People with Disabilities* from 2007 provides more recent data on persons with disabilities, and is also included in the table below

Quantitative data
For all data, please indicate the definition of disability used (research definitions may differ from legal definitions).

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population	183,524 (2001) 192,443 (2007)	2,118,036 (2001)	245,897 (2001) 282,948 (2007)
% of total population	4,13% (2001)	47,7% (2001)	5,54%
% of female population	8% (2001)	92% (2001)	n/a
Disaggregate by age if possible as follows:			
< 14 year olds	8155 (2007)	-	12,212 (2007)
15-64 year olds	91,549 (2007)	-	168,023 (2007)
> 65 year olds	92,739 (2007)	-	102,713 (2007)
Disaggregate by ethnicity	n/a	-	n/a
Disaggregate by type/severity of disability	See table below		
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)	n/a	-	n/a

Table. Types of most frequent causes of disability in Croatia

Type of disability	**Number of people**	**% in the total number of women with disability**
Eyesight impairment	7721	4
Hearing impairment	4701	2,4
Speech impairment	3120	1,6
Damage to the locomotive system	86399	44
Damage to the central nervous system	47780	24,5
Damage to the peripheral nervous system	3548	1,8
Damage to other organs and groups of organs	44227	22,6

Type of disability	Number of people	% in the total number of women with disability
Mental retardation	8077	4,1
Mental disorders	38105	19,5
Pervasive developmental disorder (autism)	19	0,1
Chromosomal disorder and inborn anomalies	2455	1,3

Source: Croatian Public Health Institute 2007.

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Quantitative data

According to the Croatian Employment Service (www.hzz.hr), there is no official data on employment of people with disability. Their estimates are that around 40,000 people with disability are employed, while around 274,000 are using pensions for the disabled.

15,500 children with special needs are taking part in the education system.

At the end of 2005, 5892 persons were registered with the Croatian Employment Service as unemployed. There is no disaggregated data for women with disabilities.

	Women with disabilities	Non-disabled women	Men with disabilities
Employment rates	n/a	n/a	n/a
Unemployment rates	n/a	n/a	n/a
Long-term unemployment rates	n/a	n/a	n/a
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates	n/a	n/a	n/a

- None of the existing legislation targets women with disability specifically but two laws are relevant for employment of disabled persons:
- In July 2008 the Croatian Parliament adopted the **Act on Prevention of Discrimination**. The Act bans all dimensions of discrimination, explicitly among others discrimination based on disability. The law is designed to protect people from discrimination in the work place, access to education, health care and social services, housing and access to goods and services. If it is properly implemented it could be a powerful protection for people with disabilities
- The **Act on Professional Rehabilitation and Employment of Persons with Disabilities** (adopted in 2002) enabled the foundation of the *Fund for Professional Rehabilitation and Employment of Persons with Disabilities*; the basic objective of the Fund is the basic task to stimulate the employment of persons with disabilities on the open labour market.
- This is the data they provide on the use of subsidies they provide to employers:

year	Number of employers receiving subsidy	Number of employed people with disability	Budget spent (in Croatian Kuna)
2006	65	618	20.291.697,80
2007	117	862	43.569.848,47
2008 (until end of July)	287	1460	30.849.753,85

The Fund's subsidies to employers cover health insurance for the employee, funds for adjusting the work place, for the difference in work productivity, for a personal assistant and work therapist, for education and training, subventions on loans, and unemployment insurance.

- According to UNDP research, opportunities for employment of persons with disabilities are very scarce; part of the problem is in the financial investment that the employers should make in order to employ people with disabilities, but perhaps even more in the fact that both employers and potential employees are uninformed and prejudiced (UNDP Human Development Report 2006)
- The *Act on professional rehabilitation and employment of persons with disability* was adopted at the end of 2002. – however it is still not the case that persons with intellectual disability are able to find employment on the open job market, but instead find employment through specific protective conditions guaranteed by the law and enabled through Social Care centres (UNDP Research report on Social Exclusion - Groups at Risk of Social Exclusion 2006)
- URIHO is a non-profit institution founded by the City of Zagreb and the *Croatian Association of People with Hearing Impairments* that employs people with disability; according to information on their website, they have employed a total of 507 people, more than 300 of which are people with disabilities (www.uriho.hr)

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Table. Breakdown of educational attainment of people with disability in 2007

Level of education	Number of people	Percentage of total
No primary education	7762	11,7
Uncompleted primary education	28,211	42,4
Primary education	12,253	18,4
Secondary education	13,604	20,4
Postsecondary education	784	1,2
Tertiary education	1056	1,6
Special needs programme	2839	4,3

Source: the Croatian Public Health Institute 2007

Data from the *Central Bureau of Statistics*, for the end of school year 2006/2007, on children educated in schools for children with special needs

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Participation rates in primary education	838	184,607	1367
Participation rates in secondary education	647	92,259	980
Primary schools for children with special needs		60 (1 private, all other state-run)	
Secondary schools for children with special needs		33 (all state run)	

- Currently, there are **146,469** children in the system of preschool education, of which **2,816** are children with developmental difficulties, while in the system of primary education there are **385,535** pupils, **11,943** of which are children with developmental difficulties (National Strategy 2007, p.19)

Qualitative data:

- According to the UNDP, in 2002 almost 70% of children with intellectual disability were integrated into the regular school system (State Statistics Office, Statistical Report 2002 Zagreb, page 9, www.dzs.hr). Key obstacles to access of satisfactory supervision and education is the availability of specialised personnel in schools – teachers in regular schools report that they are not adequately trained to work with these pupils (UNDP Human Development Report 2006)
- In 2005, Ministry of Science, Education and Sports has, in cooperation with representatives of the civil sector initiated the project "**A Network of Schools without Architectural Barriers**" in order to assess the situation and needs for adaptation of school premises to severely physically impaired students. It is intended to design a school network plan according to criteria of accessibility (ramps, toilet facilities, elevators).The goal of the project is to adapt spaces in schools so that severely physically impaired children can attend primary school
- Act on the Prevention of Discrimination guarantees the right of people with disabilities to education.
- No specific initiatives targeted specifically at disabled women and girls.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

The *National Strategy* discusses independent living by using the term 'life in the community'. It does not explicitly define it, but it provides the following specifications in reaching this objective:

- to provide as independent as possible planning of life and life in community for persons with disabilities
- to provide persons with disabilities an opportunity to choose the place where and with whom they are going to live, on equal terms with others, so that they are not forced to live in any way imposed upon them
- to ensure a wide array of quality support on the level of community so as to provide persons with disabilities with freedom of choice and ensure adequate quality of life in the community.

Quantitative data:

- In order to improve the quality of life of persons with most difficult forms and degrees of disability and ensure the independence of community life the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, in cooperation with associations of persons with disabilities started to implement a pilot-project of Personal assistant in May 2006, which in 2006 included 25 associations, 78 users and personal assistants in 14 counties. The implementation of the Project is also ran in 2007 with an even greater number of associations, 49 of them, and 176 users and personal assistants from 17 counties (National Strategy, p.11)

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

- The Ministry of Health and Social Care has initiated a reorganisation of several gynaecological health centres for providing services to girls and women with disabilities; in association with the Zagreb Faculty for education and rehabilitation it has organised additional education for gynaecological teams who work with women with disabilities; this has enabled the availability of minimum once-weekly service of gynaecological treatments in clinical hospitals – 2 in Zagreb, and one each in Rijeka, Split and Osijek

  (http://www.mzss.hr/hr/zdravstvo_i_socijalna_skrb/zdravstvo/zdravstvene_usluge_osobama_s_invaliditetom)

- In April 2007 the City of Zagreb adopted the ***Strategy for Equalising Opportunities for People with Disability 2007-2010***, which, among others, envisages activities targeted specifically at women with disabilities. Some have already been implemented:
- According to the City of Zagreb data, 202 women with disabilities used the gynaecological health centre during 2007, and in Zagreb they also have access to dental care and physical therapy.
- City of Zagreb, Office for health, work and social protection, together with the Croatian Institute for Public Health organised the implementation of free of charge preventive mammographies for women with disability. Examinations took place in a mobile health unit, and around 250 women were examined.
- In January 2008 the City of Zagreb and SOIH – the Alliance of organizations of disabled people, organized a round table discussion around the topic of discrimination of women with disabilities in the health system. According to the report, it was concluded that the City of Zagreb has made progress in offering specialized gynaecological health centres for providing services to girls and women with disabilities, but what is still lacking is a more humane approach in the treatment.
- The City of Zagreb Strategy envisages further expansion of gynaecological services for women with disabilities, educational seminars on reproductive and sexual health for women and girls with disabilities, seminars for strengthening women against abuse, public events aimed at raising awareness over issues of violence against women with disabilities, provision of free of charge legal advice, funding of projects aimed at protection of women with disabilities against abuse and other measures.
- According to the National Strategy 2007 (p. 30) in Croatia there are 69 state homes with a total of 8,503 users and 135 homes of other founders (other domestic and foreign legal and natural persons) with 15,275 users. Out of the total number of homes, **26 thereof are homes for persons with physical and mental disabilities** whose founder is the Republic of Croatia (**3,072 users**), and **15 thereof are homes of other founders (1,299 users)**
- According to the Act on Social Care (NN 73/97, 27/01, 59/01, 82/01, 103/03, 44/06) access to social care is granted to 'any person who has intellectual or physical disability or illness, older and frail persons, and anyone who because of permanent or temporary change to their health cannot provide for his basic life needs'
- People access Social Care programmes based on address of residence
- Social Care services include counselling, financial aid for self-support, financial aid for housing expenses, specific one-time payments, financial aid for help and professional care, access to domestic help and care, training programmes for independent life and work (UNDP Human Development Report 2006); most payments are really low (e.g. the highest payment is 'personal disability payment', which amounts to approx 130 EUR monthly)
- Persons with intellectual disability who live at home have standard access to health care services; those who are in residential institutions usually have health services provided within the institution, which is usually below the average quality standard

Quantitative data: Not available

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

- According to the UNDP Croatia Report on Quality of Life and Risk of Social Exclusion (2007)[2], every 10th citizen of Croatia is socially excluded; or in other words economically disadvantaged, unemployed and socially disadvantaged. Among the socially disadvantaged women, people with lower educational attainment and people in rural areas are most represented.
- Persons with disability in Croatia are still not visible and socially integrated (UNDP Human Development Report 2006)
- Two thirds of people with disability live with families and the majority estimates their financial situation as very disadvantaged; the situation for disabled persons living in residential care institutions is even worse – their monthly financial entitlement amounts to approx. 14-38EUR (UNDP 2006)

Quantitative Data

Data in the table below from the Central Bureau of Statistics 2008 Report: data valid for the end of 2007 (available at www.dzs.hr). According to this official source, people with disabilities form 24,4% of the total number of users of social care programmes.

	Women with disabilities	**Non-disabled women**	**Disabled men**
Mortality rates (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits, pensions etc.)	39,888	122,768	37,570

[2] Available at http://www.undp.hr/upload/file/149/74940/FILENAME/istrazivanje_opca_rh.pdf

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

- Society of the Physically Impaired (www.dti.hr), which is based in Zagreb, is running the Festival of Equal Opportunities since 2002 – the main objective is to educate and inform the citizens about the needs and abilities of their physically impaired (wheel-chair bound) co-citizens. One of the activities is to offer everyone the opportunity to spend time in a wheel chair, so as to raise awareness about the everyday obstacles these individuals face. According to their data, there are 19 691 person in a wheel chair in Croatia, 2409 of whom live in Zagreb. In a recent article published in the daily newspaper Jutarnji (www.jutarnji.hr) the Society reports that in Zagreb 19 court buildings, 11 museums, 12 hotels, 3 primary health care facilities, 18 pharmacies, 4 libraries, 4 ministries, 17 banks, 16 post offices and many other buildings are still not wheel chair accessible. They also report that many of the adjustments they need to install in their homes and cars are not subsidised by the government, so they pose insurmountable costs.
- In the City of Zagreb the City Electrical Tram Company has recently started introducing buses and trams with disability access; people with mental disabilities have free access to public transport in Zagreb; students and primary school pupils have organised transport by the City of Zagreb.
- In smaller towns where public transport is organised through private providers, people with disabilities do not have free access; organised school transport exists only in towns that have educational centres with their own transport facilities and staff (UNDP Human Development Report 2006)

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

- The central organisation advocating and raising awareness about issues important for women with disabilities in Croatia is SOIH - *the Alliance of organisations of disabled people.* Some of their activities include:
- In November 2003 they organised an international conference together with FIMITIC on the topic of improving the quality of life of women with disabilities, focusing on their access to employment, education, health care, and protection from violence.
- In May 2007 SOIH started running the **SOS telephone for women with disabilities,** a tool for gaining better insight into problems women with disabilities face in Croatia.
- SOIH also runs the **Network of women with disabilities** through which it organises awareness raising campaigns, including public lectures in 2007 (Zagreb, Pula, Križevci and other cities) on violence against women with disabilities, violations of their human rights and family violence.
- *The City of Zagreb Strategy for Equalising Opportunities for People with Disability* has been revised in 2008 to include aspects of legal protection and protection against abuse and violence of people with disability. In the following period the City plans several activities directed specifically at women: education programmes on available legal protection and rights, running a City Counselling centre for women victims of violence, providing free of charge legal counselling, financially supporting civic

organisations that run programmes for women, organising public awareness campaigns and others.

- The **National Strategy 2007** outlines that current legislation provides for all victims of violence, but that special provisions for people with disabilities need to be introduced. The Strategy envisages the following **measures to be introduced in the period 2007-2012**:
  - revise existing regulations to prevent discrimination of persons with disabilities with special emphasis on disabled women and children with developmental difficulties
  - organize training of police and judicial employees in order to adjust the witnessing process and other court procedures, i.e. to equalize the rights of persons with disabilities to access the aforementioned processes and procedures
  - introduce the institute of the Ombudsman for Persons with Disabilities (Parliament voted on this, office to be introduced)
  - provide appropriate professional legal assistance to persons with disabilities at all levels
  - make appropriate architectural adaptations for imprisoned persons with disabilities
  - organize a campaign for promoting the "informed consent" principle in medical research conducted on persons with disabilities
  - organize seminars to strengthen persons with disabilities for the fight against all forms of violence
  - provide accessibility to information on violence protection for persons with disabilities through electronic and printed media
  - provide appropriate support for employment of persons with disabilities - victims of violence
  - raise awareness among employees in care facilities for persons with disabilities and children with developmental difficulties about the prohibition of abuse and violence
  - eliminate the stereotypes about impairments of persons with disabilities and children with developmental difficulties as a possible cause of violence over them, and to fight against their stigmatization

Quantitative data: n/a

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

- The **National Strategy 2007** has a separate action line stating the promotion **of participation of women with disabilities** and young persons with disabilities in **public and political activities on all levels** (the only action line in Strategy that explicitly names the group – women with disabilities); this activity is the responsibility of the Office of the Government of the Republic of Croatia for Human Rights and the project should include an analysis of the inclusion of women and young persons with disabilities in public and political life, suggest ways of increasing the participation of women and young persons with disabilities in public and political life and make the public aware of activities of women and young persons with disabilities through round table meetings, public discussions, workshops. The proposed start of project activities is in 2008, and the deadline is in 2009.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Contacts

- Damira Benc, Assistant Director, Fund for Professional Rehabilitation and Employment of Persons with Disabilities
- Tomislav Benjak, Croatian Public Health Institute
- Marica Mirić, Coordinator of Women with Disability Network and activist in SOIH – Alliance of organisations of disabled people (www.soih.hr)
- Marija Mustač, Head of Office for health, work and social protection of the City of Zagreb
- Ministry of Family, Veterans' Affairs and Intergenerational Solidarity (MFVIS), Directorate for Family, Department for persons with disabilities (official correspondence from the MFVIS on follow-up actions to the National Strategy)

Country fiche: Cyprus

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?
What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

– Anti-discrimination laws, and disability legislation.
There is no legislation specifically addressing disabled women. However, since the early 1980s, many positive steps have been taken in legislation for disabled people. EU membership has reinforced this trend. In addition, the recent case law of the Supreme Court has clearly established the direct civil right of individuals who have been affected by a violation of any human right.

Articles 9, 28 and 35 of the *Constitution of the Republic of Cyprus*, to an extent are related to persons with disability, and are included in Part II of the Constitution. They establish the fundamental human right to a decent existence and social security (Article 9), equal treatment and equality (Article 28) and the demand, vis-à-vis the State, to secure the efficient application of these provisions and the exercise of the respective human rights of the preceding articles.

The 2000 Disabled Person's Act (N.127(I)/2000) is the most important piece of legislation in Cyprus as it legitimises disabled people's rights. It is in force together with the 2004 Disabled People's (Amended) Act (N.57(I)/2004). This legislation relies upon the principle of non-discrimination and it safeguards disabled people's inclusion in social-community life and employment. The 2000 Disabled People's Act (N.127(I)/2000 comprises of four parts: Employment, Establishment of a Council for Disabled People, Establishment of a Special Fund for Disabled People and Other Arrangements. The Act records that the basic rights of disabled people are: early identification and treatment, provision of personal support, accessibility in the built environment, educational integration, accessibility in information and communication, vocational training and rehabilitation, descent living conditions, establishment of personal and family life and participation in cultural, social, sports, religious and entertainment activities [article 4(2)].

Two ratifying Laws were passed, Laws 42/1987 and 27(III)/2000, ratifying respectively *Convention 159 for the Vocational Rehabilitation and Occupation of Persons with Disability* and the revised *European Social Charter*, in addition to the *Disabled Person's Act*. The two ratifying Laws and the Conventions they ratified recognise certain rights of persons with a disability and impose the respective obligations on the State to take legislative and other measures in general as well as certain specific, positive measures in the areas of employment and occupation, training, social rehabilitation and integration into the life of the community. (Source: Cyprus country report produced for the European Conference on Recognising the Rights of Girls and Women with Disabilities)

It can be seen that the Cyprus Constitution and legislation do not separate the status of girls and women with disability from boys and men with disability. However, it is obvious in everyday life that it is more difficult for girls and women with disabilities to exercise their rights and avoid discrimination in many aspects of life including job finding, social relations and family creation[1].

[1] CERMI (2008) *European conference: recognising the right of girls and women with disabilities. An added value for tomorrow's society.* Madrid, November, 2007.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

According to the 2000 Disabled People's Act (127(I)/2000), disability is described as any form of insufficiency or impairment causing permanent or of undefined duration physical, intellectual or mental barrier to a person, whose medical record and other personal data also decrease or eliminate the possibility of completing one or more activities considered as normal and vital for the quality of life of each person of the same age that does not have any kind of insufficiency or impairment[1].

Two other definitions of disability have also been used. There was a definition of disability in the Census of 1992 and another consideration of the concept in the Labour Force Survey 2002. In 1992, disability was referred to people with limitations in their activities, meaning the persons that their usual activities are limited as a consequence of:

1. some chronic problem;
2. some chronic disease or disability having as a result physical or mental incapability

Following the 1992 Census, there were 23.785 PWD in Cyprus.

On the other hand, in 2002 (and based on the 2000 Act), disabled persons were considered those who had a longstanding health problem or disability for 6 months or more or expected to last 6 months or more. In 2002, 53369 persons with disabilities were registered (aged 16-64), from which 28194 were male (52,8%) and 25175 were female (47,2%). The widening of the definition of disability might explain the difference between the numbers of disabled persons[2].

Quantitative data
No data is available

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population	n/a	n/a	n/a
% of total population	n/a	n/a	n/a
% of female population	n/a	n/a	n/a
Disaggregate by age if possible as follows:			
< 15 year olds	n/a	n/a	n/a

[1] Report on the employment of disabled people in European countries (Cyprus)
[2] European Agency for Safety and Health at work:
http://osha.europa.eu/en/campaigns/hwi/topic_integration_disabilities/cyprus/index_html/key_national_statistics_html

16-64 year olds as a % of the total population[1]	11.1% of the total population	n/a	13.4% of the total population
> 65 year olds	n/a	n/a	n/a
Disaggregate by ethnicity	n/a	n/a	n/a
Disaggregate by type/severity of disability[2]	Back or neck = 25.4%; heart, blood or circulation prob. = 16.7%; legs or feet = 11.6%	n/a	Heart, blood or circulation problems = 24.3%; back or neck = 17.7%; legs or feet = 10.8%
Is there information on the size of the household where they live?	n/a	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[3]	**16-24 years:** Considerably disabled = 0.6% [arms/legs/back = 0%; see/hear/speech/skin = 0%; chest/heart/stomach/diabetes = 0%; epilepsy/mental = 100%; other= 0%]; to some extent disabled = 0.9% [arms/legs/back = 51.2%; see/hear/speech/skin = 30.1%; chest/heart/stomach/diabetes = 18.7%; epilepsy/mental = 0%; other= 0%]; not restricted = 98.5%	n/a	**16-24 years:** Considerably disabled = 1.8% [arms/legs/back = 32.9%; see/hear/speech/skin = 0; chest/heart/stomach/diabetes = 24.3%;epilepsy/mental = 42.8%; other= o%;]; to some extent disabled = 2.2% [arms/legs/back = 21.3%; see/hear/speech/skin = 0; chest/heart/stomach/diabetes = 48.9%epilepsy/mental = 42.8%; other= 29.8%]; not restricted =

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU SILC

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU SILC

[3] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU SILC

	25-54 years: Considerably disabled = 2.2% [arms/legs/back = 40.7%; see/hear/speech/skin = 5.7; chest/heart/stomach/diabetes = 16.7%; epilepsy/mental = 32.7%; other= 4.1%]; to some extent disabled = 4.2% [arms/legs/back = 49.1%; see/hear/speech/skin = 6.7%; chest/heart/stomach/diabetes = 34.2%; epilepsy/mental = 4.9%; other= 5.2%]; not restricted = 93.6% **55-64 years:** Considerably disabled = 7.8% [arms/legs/back = 41.9%; see/hear/speech/skin = 5.9; chest/heart/stomach/diabetes = 26.9%; epilepsy/mental = 12..8%; other= 12.5%]; to some extent disabled = 17.4% [arms/legs/back = 59.8%; see/hear/speech/skin = 1.5%; chest/heart/stomach/diabetes = 26.2%;		96.1%. **25-54 years:** Considerably disabled = 4.2% [arms/legs/back = 44%; see/hear/speech/skin = 3.8; chest/heart/stomach/diabetes = 18.8%epilepsy/mental = 30.4%; other= 3%]; to some extent = 4.7% [arms/legs/back = 49.7%; see/hear/speech/skin = 9.2%; chest/heart/stomach/diabetes = 33.1%epilepsy/mental = 4.8%; other= 3.2%]; Not restricted = 91% **55-64 years:** Considerably disabled = 11.2% [arms/legs/back = 31.8%; see/hear/speech/skin = 6.5%; chest/heart/stomach/diabetes = 44.3%epilepsy/mental = 10.4%; other= 7.1%]; to some extent disabled = 11.7% [arms/legs/back

	epilepsy/mental = 6%; other= 6.5%]; not restricted = 74.8%		= 29.6%; see/hear/speech /skin = 6.1%; chest/heart/stomach/diabetes = 61.1% epilepsy/mental = 1.7%; other= 1.4%]; not restricted = 77%

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

The 2007 Annual Report of the Ministry of Labour and Social Insurance presents the following data:

- The proportion of disabled people employed in different areas of the economy: It is reported that in 2007, 4.3% of disabled people were employed in the primary sector (agriculture), 22.7% in the secondary sector (industry) and 73% in the tertiary sector (services). These percentages have remained at similar levels since 2002.
- Unemployed disabled people: in 2007, there were 12,017 disabled people registered as unemployed; 5,209 were men and 6,808 were women.
- Participation in programmes for supporting the employment of disabled people: 200 disabled people participated in the programmes (1 disabled person participated in the Disabled Person's Self-Employment Programme, 7 disabled people participated in the Disabled Person's Vocational Rehabilitation Programme in Areas not offered in the Centre for the Vocational Rehabilitation of Disabled Persons and 192 disabled people participated in the Supported Employment Programme).

The statistical data provided in the 2007 Annual Report indicate that since 1994, there is a gradual increase in disabled people's participation in employment and in the budget allocated for this.

The Study of Compilation of Disability Statistical Data from the 2007 Administrative Registers of the Member States of the European Union confirms that data is not available for Cyprus on the share of disabled people in the total population of working age, the share of employed disabled people in total employment, the share of unemployed disabled people in total unemployment, the share of inactive disabled people in total inactivity, and the employment, unemployment and inactivity rates among disabled people.

The 2007 Cyprus report carried out in the context of the Study on the employment of disabled people in European countries, quotes Poulida and Theocharidou (2006) who report that according to the statistics announced by the President of the Pancyprian Organization of the Blind 40.9% of the visually impaired people living in Cyprus are of working age. From this group of persons, 20.85% are employed in the public or the semi-governmental sector, and only 12.53% in the private sector, such as insurance companies, banks and investment institutes. The greatest majority of the 35% of people with visual impairments who are employed are occupied as switchboard operators. Only 30 of them are graduates of higher education institutes who are occupied in governmental positions and the education sector. Only a small percentage (1%) are self-employed, while 30% are unemployed. The remaining 35.6% receive a monthly disability

pension or other financial support from the government. The 2007 ANED study confirms that further data recording the employment of different impairment groups is nonexistent.
(Source: Cyprus Report on the employment of disabled people in European countries, 2007, authored by Simoni Symeonidou, on behalf of the Academic Network of European Disability experts (ANED) available on http://www.disability-europe.net/content/pdf/CY%20Employment%20report.pdf;jsessionid=FD7BB519828C4C2306E4447097E32C89)

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates	n/a	n/a	n/a
Unemployment rates	n/a	n/a	n/a
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates	n/a	n/a	n/a
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

Qualitative data

In terms of upcoming trends, the new Strategic Development Plan 2007-2013, two of the main aims (pillars) is the enhancement of social cohesion and continuous human resources development. Both pillars refer to preventing social exclusion of vulnerable groups by attracting more people into the labour market, particularly the inactive labour force including migrants and people with special needs.

The key current legislative provisions regarding employment of disabled people emanate from the 2000 Disabled Person's Act (N.127(I)/2000) which legitimizes equal treatment regarding the procedure of applying for a job, hiring, promoting, firing, compensating, compilation and other terms and privileges concerning employment [article 5(1)]. It also encourages the development of vocational rehabilitation programmes to motivate prospective employers of disabled people and the establishment of new work positions for disabled people in the civil service [article 5(2)α].

The 2004 **Disabled Person's (Amended) Act** (N.57(I)/2004), clearly forbids any kind of direct or indirect discrimination in all areas related to employment and working conditions [article 5a].

The law on the Establishment **of a Special Fund for the Centre for the Vocational Rehabilitation of Disabled Persons (N.103(I)/2000)** created a fund aimed at promoting vocational training and employment of disabled people through the development of relevant programmes falling in the jurisdiction of the Ministry of Labour and Social Insurance. In particular, the Special Fund sponsors the training workshops of the Centre for the Vocational Rehabilitation of Disabled People, promotes self-employment for disabled people, sponsors teams of disabled people who wish to run small businesses, supports any entertainment or sports activities held at the Centre for the Vocational Rehabilitation of Disabled People and sponsors any other initiatives that promote the vocational rehabilitation of disabled people trained in the Centre for the Vocational Rehabilitation of Disabled People or elsewhere.

[1] Please provide the definition of 'poverty' used in your country

The Supreme Court of the Republic of Cyprus, considered the legislative measure of priority in employment, based on a quota system, of a group of person among which were the war disabled. In the Supreme Court decision, it was considered by the majority that the priority on a quota system basis of Article 3 of *Law No. 55(I)/1997*, which gave priority to disabled people in filling vacant posts in the public sector, was unconstitutional on the grounds that it contravened the principle of equal treatment under Article 28 of the Constitution. After May 2004, when Cyprus entered the European Union, the provisions in Article 7 of *EU Directive 2000/78/EC*, permitting member states to take positive measures for the employment and work integration of persons with disability, took precedence over previous domestic legislation and the Cyprus Constitution itself.

(Source: Cyprus country report produced for the European Conference on Recognising the Rights of Girls and Women with Disabilities)

The following ad hoc legislation giving priority to the hiring of different groups of disabled people in the Civil Service is still effective:

- The 1987 Civil Educational Service (Amended) Act (N.180/87, Amendatory Act of N.10/69 Civil Educational Service Act) legitimises a quota of 3% for hiring disabled people in the Civil Educational Service and a quota of 5% for hiring people who became disabled as a result of war.

- The 1988 Blind Telephone Operators Act (N.17/1988) legitimises the right of blind telephone operators who possess all the required qualifications to have a priority whenever there are vacancies of telephone operators in the Civil Service, the Civil Educational Service, and in legal persons of public right. In case that there are no blind candidates, other disabled people can be employed according to priority, having in mind that they possess all the necessary qualifications.

-The 1990 Civil Service Act (N.1/1990) gives priority to the hiring of disabled people in the cases where they demonstrate equal qualifications with other candidates.

-The 1992 Vocational Rehabilitation of Disabled People and Depended Persons of Killed, Missing, Disabled and Pent Persons Act (N.53(I)/1992) legitimises a quota of 10% for the hiring of people from this group.

-The 1997 Vocational Rehabilitation of War Disabled People and Children of Missing Persons Act (N.55(I)/97)

- The 1998 Vocational Rehabilitation of War Victims and Children of Pent Persons (N.100(I)/1998) `legitimises a quota of 10% for the hiring in the Civil Service of war (disabled) victims and children of pent persons.

(Source: ANED, Cyprus Report on the employment of disabled people in European countries, 2007)

The Service for the Care of Disabled People runs programmes promoting the vocational rehabilitation of disabled people. Such programmes are:
- Disabled People's Self-Employment Programme: This programme allocates a start up amount to persons with serious impairments who wish to be self-employed. It also sponsors loan interests for five years.

- Disabled People's Vocational Rehabilitation Programme in Areas not offered in the Centre for the Vocational Rehabilitation of Disabled People: This programme allocates a subsidy to disabled people who wish to be trained in areas not offered at the Centre for the Vocational Rehabilitation of Disabled People.

- Supported Employment Programme: This programme allocates £7000 to organisations who wish to

[1] Report on the National strategy for Social Protection and Social Inclusion 2008-2010 (Cyprus)

provide services in supported employment for disabled people with serious impairment in the form of personal guidance and support in the open market.

-Establishment and Functioning of Small Business Units for the Self-Employment of Disabled People: This programme allocates £3000 to disabled people wishing to establish a small business unit. It also sponsors loan interests of £200 annually for seven years. In cases of teams of disabled people, £500 are allocated for each additional person.

(Source: 2007 Annual Report of the Ministry of Labour and Social Insurance)

Sheltered employment is provided in three Centres: the Centre for the Vocational Rehabilitation of Disabled People; the centre for sheltered employment for people with visual impairments, being trained to make items out of straw (i.e. baskets, bassinets etc.); and the centre for the sheltered employment for people with hearing impairments, being trained in carpentry and furniture making. Single-impairment organisations also make their own efforts in securing employment for their members. One such example is the the Pancyprian Organization of the Blind which collaborates closely with the School for the Blind which provides training programmes about the use of information technology. A training program running regularly since 1988 is for switchboard operators -60 persons have completed the programme successfully and all of them have been employed in the public sector and in banks.

(Source: ANED, Cyprus Report on the employment of disabled people in European countries, 2007)

- Key bodies responsible for enforcement/delivery

The Unit of Social Inclusion of Persons with Disabilities which was set up by the Ministry of Labour and Social Insurance is planning the reorganisation of the field of vocational training and rehabilitation of persons with disabilities with a view to formulating modern structures and frameworks for their training and rehabilitation.[1]

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Currently, special educational provision is as follows: There are seven regional special education schools – three in Lefkosia, three in Lemesos, one in Larnaka, one in Ammochostos and one in Pafos; One school for children with visual impairment – the School for the Blind in Lefkosia; One school for children with hearing impairment – the School for the Deaf in Lefkosia. The latter two schools also offer services to visually or hearing impaired children who are integrated into mainstream education, as well as to adults requiring specialist assistance.

During the academic year 2005/06, these 11 special schools attended to the educational needs of 368 pupils (137 female and 231 male). These pupils are broken down by district, by type of disability, and by age, in the tables that follow. The policy in Cyprus is to ensure integration into mainstream education for any child with special educational needs who will benefit. This is the reason for the current low number of students and for the decline in the number of students in special education schools, over recent years.

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities

Participation rates in general education[1] (data is only available disaggregated by age)	16-19 years = 81.8% 20-24 years = 27.1% 25-49 years = 4.9% 50-64 years = 1.2%	n/a	16-19 years = 86.2%, 20-24 years = 28.6%, 25-49 years = 4.3%, 50-64 years = 1.8%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[2] Low = ISCED 1 + 2 Med = ISCED 3+4 High = ISCED 5	**25-54 years** Considerably disabled: low = 66.5%, med = 24.5%, high = 9%. To some extent disabled: low = 53.1%, med = 29.5%, high = 17.5%. Not restricted: Considerably disabled = 27.5%, med = 40%, high = 32.5%. **55-64 years** Considerably disabled: low = 81.6%, med = 16.4%, high = 2%. To some extent disabled: low = 82%, med = 12.2%, high = 5.8% Not restricted: low = 67.6%, med = 21.7%, high = 10.7%	n/a	**25-54 years** Considerably disabled: low = 61%, med = 24.4%, high =14.7% To some extent disabled: low = 44%, med = 42.1%, high = 13.9% Not restricted: low = 21.7%, med = 42.3%, high = 36%. **55-64 years** Considerably disabled: low = 78.7%, med = 18.1%, high = 3.2% To some extent disabled: low = 58.2%, med = 33.3%, high = 8.5% Not restricted: low = 48.5, med= 30.5, high =21%
Number and type of specialist schools (i.e. level, for which target groups)		n/a	
Qualitative data:			

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU SILC

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU SILC

The policy in Cyprus is to integrate provision for special educational needs into mainstream education wherever possible. The unwillingness of parents to accept a segregation approach towards the education of their children also drove forward integration practice in Cyprus. However, the introduction of integration posed problems of a technical, practical and social nature and had no legislative foundation. This was remedied in 1999 with the **Law for the Training and Education of Children with Special Needs** (113(I)/1999). The main objective of this legislation was to minimise restrictions in education faced by children with special educational needs. Since 1999, there have been a number of amendments to this law. The latest, 69(I)/2001, with its focus on the goal of integration, has achieved a balance between the legislation, philosophy and practice of special education. Integration applies to any child with special needs who is able to integrate into the mainstream, even in a partial way. For this reason, integration is not always complete, with special units and separate classes offered as alternatives to total integration.

Special education services in Cyprus had began as private, charitable initiatives. The first 'special' schools were the School for the Blind, which was founded in 1929 and the School for the Deaf, in 1953. Both remained charitable foundations until 1957 and 1965 respectively, when the government took over responsibility for them. The **Special Education Law**, passed in 1979, was the first legislation on special educational support. This law placed the responsibility on the state to provide special needs education for pupils between the ages of five and eighteen – and furthermore stated that this education must be both free and compulsory.

In 1980, a report published by UNESCO on the provision of special education in Cyprus highlighted a number of serious problems in the way the individual needs of pupils were met, both in mainstream and in special education schools. As a result, a plan was introduced, which saw the informal inclusion of children with mild and moderate learning disabilities and less serious behaviour problems and sensory impairment into mainstream primary schools. This plan gradually expanded and, by 1995/96, two thousand pupils with special educational needs had received support from ninety-five resource teachers in mainstream schools.

Laws 113(I)/1999 to 69(I)/2001 for the **Education and Training of Children with Special Needs** constitute the legislative framework, which regulates: the identification and assessment of children with special educational needs; the development of an **Individual Education Plan** (IEP) ; the placement of children with special educational needs in the most appropriate educational setting; the provision of teachers and educational resources to meet the needs of the children; the ongoing evaluation of children with special educational needs. Hence, with the 1999 law, it is recognised that every child has a right to an education appropriate to his/her needs. Children with special educational needs should be provided with all the opportunities for an equal right to education in order to develop their abilities to the fullest degree. It is the responsibility of the state to alleviate obstacles in the educational environment. The law specifies that special educational support must be provided free of charge by the state for those identified as having special educational needs between the ages of three and eighteen, with a provision to extend this to twenty-one years old, if required.

In particular, the law provides for:

- the legal definition of a child with special needs (a child is considered to have special educational needs if he/she has a significantly greater difficulty in learning than the majority of children of a similar age or if a disability prevents or impedes him/her from using the standard educational facilities and resources available in mainstream schools[1]) and, according to that definition, what special educational support s/he requires, the process for its implementation and the place where it should take place – this could be in a mainstream school, a special unit in a mainstream school or in a special education school.
- The law also provides for the establishment of different committees for special education, ie the Central Committee, the District Committee and the Board for Special Education and Training.
- The development of a mechanism for the identification of children with special educational needs.
- The possibility of reduction in the total number of students within a class where one or more children with special educational needs is placed.

[1] European Agency for development in Special Needs Education

- The development and implementation of assessment procedures for a child with special educational needs.
- The recruitment of coordinating officers to oversee the implementation of the special educational support programme recommended for each child.
- The differentiated assessment of the educational progress of each child with special educational needs, according to their individual differences.
- The right of parents to appeal against any decision of the Committee for Special Education.
- The provision of placement for a child in need of special educational support into mainstream classrooms, special units within mainstream schools or into public schools of special education, according to his/her individually assessed needs.
- The legal framework for the functioning of private schools for special education.
- The establishment of a coordinating Special Education Services Committee, referred to as the 'Caretaker Committee'.

Special educational support can be provided at any of the public school levels – pre-primary, primary, secondary general (gymnasia and lyceums) and technical schools are obligated to adapt their facilities to suit children with special educational needs. As the compulsory upper age limit for education is fifteen, lyceums are currently in the process of modifying the standard curriculum for pupils with special needs, who, for example, may have mobility problems or sensory disabilities.

For the vast majority of pupils with special needs, support is provided within a class at the child's local school, which receives all of the necessary modifications and resources. In cases where full time attendance in a mainstream class is not appropriate for the child's needs, special tuition in a resource room for specified periods per week may be recommended, or alternatively, attendance at a special unit within a mainstream school. Staff members in the special units include the special unit teacher and pupil assistants who work in close cooperation with the teacher, as well as speech therapists. If neither of the above options is considered suitable, the child is recommended to attend a public special education school.

In the secondary school special support setting, children are graded in the same way as their peers, unless they have special permission from the District Committee for Special Education and Training for their evaluation to be carried out in a different way. The Committee can also give instructions for evaluation material and procedures to be modified in order to facilitate the specific needs of the child. At the gymnasium level, progression from one grade to the next depends on the results of examinations. Students with special educational needs who are not able to sit the examinations can be classed as 'attendees' and be promoted without the need for examinations. Those who do not sit examinations are issued with an informal leaving certificate.

According to the law, all new special education schools must be built within the grounds of a mainstream school, and new and existing special education schools must develop networks of contacts and joint activities in order to minimise segregation.

In terms of upcoming developments, the Strategic Plan for Education (December 2007) of the Ministry of Education and Culture, there is reference to the intention of the Ministry to review the Special Education Law in order to make procedures more flexible and effective.

As far as financial support for pupils' families is concerned: once a child has been referred to the District Committee of Special Education and has been assessed as being in need of special educational support if, for example, s/he is placed in a school more than 4,2 kilometres from the family home, the Ministry of Education and Culture covers the cost of travelling to and from school for the child and one of his/her parents or an escort.

Special education schools also have **pre-vocational and vocational training programmes** designed to assist the transition from school to work or to other vocational training authorities. Many special education schools maintain close links with non-governmental agencies (NGOs) providing vocational training programmes to facilitate transition. In the last two years, special units have been set up in a number of

gymnasiums and technical schools with the aim of promoting student participation in suitable pre-vocational and vocational training programmes.

(Source: Based on information contained in the Eurydice country description for Cyprus, available at http://www.eurydice.org/portal/page/portal/Eurydice/EuryCountry)

The tables presented below are included in the Eurydice country description for Cyprus http://www.eurydice.org/portal/page/portal/Eurydice/EuryCountry

10.8.1. Schools, pupils and teaching personnel by district 2005/06

District	Schools	Pupils			Teaching Personnel		
		M	F	Tot	M	F	Tot
Lefkosia	5	109	62	171	17	48	65
Ammochostos	1	12	8	20	0	5	5
Larnaka	1	26	13	39	3	6	9
Lemesos	3	68	47	115	8	13	21
Pafos	1	16	7	23	2	4	6
Total	11	231	137	368	30	76	106

10.8.2. Number of pupils by degree of disability 2005/06

Degree of disability	Pupils in special education		
	Male	Female	Total
Sight problem total	12	13	25
Blind	6	5	11
Restricted sight	6	8	14
Hearing problem total	11	9	20
Serious hearing problem	7	5	12
Impairment of hearing	4	4	8
Mentally handicapped total	152	85	237
Slightly	30	24	54
Quite seriously	72	43	115
Seriously	50	18	68
Physically handicapped	33	25	58
Emotionally disturbed and maladjusted	19	5	24
Speech development disturbances	1	0	1
Writing and reading disturbances	3	0	3
Total	231	137	368

10.8.3. Number of pupils by age and gender 2005/06

Age	Pupils in special education		
	Male	Female	Total
1	8	1	9
2	6	0	6
3	9	3	12
4	3	10	13
5	5	3	8
6	4	7	11
7	5	7	12
8	6	1	7
9	11	8	19
10	8	1	9
11	7	4	11
12	17	6	23
13	25	11	36
14	23	8	31
15	14	5	19
16	17	11	28
17	22	14	36
18	11	15	26
19	19	9	28
20	9	4	13
21	1	3	4
22	1	1	2
26	0	1	1
27	0	2	2
29	0	1	1
30	0	1	1
Total	231	137	368

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

For persons with disabilities, the Persons with Disabilities Laws of 2000 and 2004 safeguard the right to independent living, social inclusion and equal participation in social and economic life. Their rights also include the right to social services for securing a decent standard of living with the creation of Homes in the community. Today there are in operation 8 state Homes in the Community for persons with Mental Retardation (6 in Nicosia, 1 in Limassol and 1 in Famagusta), which provided services to 32-33 persons with special needs in the period 2005-2007.

Furthermore, through the Grants-in-Aid Scheme, the SWS subsidise voluntary social welfare organisations for the operation of another 14 Community Homes for Persons with Disabilities. The institution of Homes for Persons with Disabilities will be expanded to other towns with the aim of limiting institutionalisation and improving access to quality long-term care services.

Moreover, there are plans for the operation of a Rehabilitation Home for Young Girls in the District of Nicosia which will serve young girls aged 18 years and over, with diminished skills (e.g. psychiatric problems, mental retardation) who have no possibility of returning to their families and live in residential structures operated by the SWS.

Besides that, the following Schemes are implemented in order to facilitate the way of living of persons with disabilities and to promote their independence and full participation in social and economic life:

a) Scheme providing financial assistance for obtaining technical means and equipment;

b) Scheme providing financial assistance to disabled persons with severe mobility problems for the purchase of wheelchairs;

c) Issuing parking cards to persons with disabilities, giving them the right to privileged parking thus facilitating accessibility for them.

For the operation of the above Schemes the total expenditure rose to €640.350 in 2007[1].

Quantitative data:

Concerning children and young adults, the de-institutionalisation policy of people with a severe intellectual disability (residing in “Nea Eleoussa”) led to the creation of 5 community houses with 5 persons each in 2002 and 2 additional community houses with 4 persons each. In total: 33 persons with severe intellectual disability. At the end of 2005, there was another community house operating and another under preparation for disabled.

(Source: Study of compilation of disability statistical data from the administrative registers of the Member States Country reports http://ec.europa.eu/employment_social/index/country_report_en.pdf)

[1] Report on the National strategy for Social Protection and Social Inclusion 2008-2010 (Cyprus)

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities? Is access to social and health services the same for women with disabilities as for non-disabled women?
Persons with chronic illnesses or serious disability are entitled to free care[1].
Quantitative data: Data is not available

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?
According to the National Report on strategies for Social Protection and Social Inclusion 2008-2010 for Cyprus, the Financial Support Schemes for Persons with Disabilities concern: a) Allowance for disabled persons with severe mobility problems, which is provided on a monthly basis, irrespective of income. The rate of the monthly benefit, at the end of 2007, was €294,39 and it is adjusted every six months according to the cost of living index; b) Care allowance to tetraplegic persons for their financial support, irrespective of income, at the rate of €854,30 per month. The amount spent in 2007 on these allowances rose to €4.706.940[2]. Public assistance legislation safeguards the right of persons legally residing in the Republic to a minimum standard of living by providing financial assistance and social services. The total number of cases financially assisted at the end of 2000 was 14.884 of which 5.225 (35%) were displaced and 9.659 (65%) non-displaced. The largest number of assisted cases (54%) was in the category of distress "Illness /Disability", followed by the category "Old Age" with 36%. The total number of persons on Public Assistance at the end of 2000 was 21.468. Invalidity pensions are paid as follows: An insured person is treated as incapable of work as a result of a special disease or physical or mental disablement. Total or partial invalidity is recognised. Incapacity is defined in reference to the remuneration that a person in good health with the same occupational category and education in the same region may earn. Total invalidity refers to 100% reduction in working capacity. There are three categories of partial invalidity: - 50% to 66.65% reduced capacity (limited to ages: 60-63): 60% of invalidity pension, - 66.66% to 75% reduced capacity: 75% of invalidity pension, - 76% to 99% reduced capacity: 85% of invalidity pension, - 100% reduced capacity from 60% to 100% of remuneration, depending on the number of dependent persons.

[1] Report on the National strategy for Social Protection and Social Inclusion 2008-2010 (Cyprus)
[2] Report on the National strategy for Social Protection and Social Inclusion 2008-2010 (Cyprus)

At the age of 63, the invalidity pension is converted to an old age pension.

Supplements include the 'Severe motor disability allowance', a monthly allowance to persons who are wheel chair bound, and the 'Emergency relief to the Disabled and to Disability Organisations for the provision of technical aids and equipment.

(Source: Study of compilation of disability statistical data from the administrative registers of the Member States Country reports http://ec.europa.eu/employment_social/index/country_report_en.pdf)

Moreover, the **Provident Lottery Fund Act** (N.79(I)/1992) establishes a fund for providing further financial assistance to disabled people. This fund originates mainly from the release of a special lottery and from governmental grant. The **Ministry of Labour and Social Insurance** allocates the necessary budget for education, vocational rehabilitation and evolution, social integration, financial aid and improvement of the level of living conditions of disabled people.

(Source: Cyprus Report on the employment of disabled people in European countries, ANED, 2007)

The Scheme for the Reinforcement of Families for the Care of their Elderly and/or Disabled Members aims at reinforcing families in order to enable them to keep their elderly and/or disabled members at home (with the addition of rooms and/or equipment and/or redesigning of areas) so that the need for institutionalisation will be avoided. The upper limit of the lump sum provision is €12.000. In the three year period 2005-2007, 41 cases benefitted with the total sum of €290.406. Furthermore, the provision of telecare to elderly and disabled recipients of public assistance is continuing. In 2007, 165 cases were covered with a total amount of approximately €42.500[1].

Quantitative Data

Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	**Non-disabled women**	**Disabled men**
Disability Free Life Expectancy (at birth; 2003 data)[2]	69.6 years (female)		68.4 years (male)
Life expectancy (breakdown by age group if possible)	82.4 years (non-disabled women)	n/a	78.8 years (non-disabled men)
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

[1] Report on the National strategy for Social Protection and Social Inclusion 2008-2010 (Cyprus)

[2] Report on the National strategy for Social Protection and Social Inclusion 2008-2010 (Cyprus)

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

The National Strategy for Electronic Inclusion, provides for the development of electronic accessibility, the availability of the internet and the use of new technologies with a view to improving the quality of life for elderly persons, disabled persons and other dependent population groups who run the risk of exclusion, focusing also on the expansion of telecare provision for elderly and disabled persons who live alone[1].

Please see also measures on 'Independent living' section.

Qualitative data: Not available

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Qualitative data might include:

Relevant information specifically regarding violence and abuse against disabled women has not been identified for Cyprus during this research exercise. The Mediterranean Institute of Gender Studies (MIGS) of the University of Cyprus has recommended that a gender perspective needs to be incorporated in all legislation, policy measures, and support and prevention campaigns and that awareness campaigns should be conducted, using all means available, particularly the media, to sensitise the public and empower women to seek assistance and support.

Quantitative data: Data not available

[1] Report on the National strategy for Social Protection and Social Inclusion 2008-2010 (Cyprus)

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

The Cyprus Paraplegic Sports Association is the umbrella sports association of Cyprus and has a total membership of 50 athletes, 5 (10%) of which are women.

The Cyprus Paralympics team which competed in the Peking Paralympics 2008 was composed of three athletes, one of whom was a woman (who won one gold and one silver medal).

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Czech Republic

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- The Czech Republic has signed the UN convention however, it has not been ratified yet. Therefore, the implementation of the convention has not been started yet. The body mainly responsible for the UN Convention is the Minister of Labour and Social Affairs together with the Committee for disabled people. The MoLSA is currently preparing a screening report for the Government. The report will have been presented to the Government by the end of September 2008.

- The **Charter of Fundamental Rights and Freedoms** occupies a superior position to ordinary laws. The Constitution and the Charter are placed at the top level of the legislative hierarchy. A general anti-discrimination clause can be found in the Charter of Fundamental Rights and Freedoms. Article 3 of the Charter guarantees equality in access to fundamental rights expressly prohibiting discrimination on the grounds of sex, race, colour, language, religion or belief, political or other conviction, national or social origin, membership of a national or ethnic minority, property and birth or other status. It does not specifically provide protection against discrimination on disability grounds. All grounds not explicitly included are, according to case law, contained implicitly in the term “other status”.

- The **Constitution** says that everybody is equal in accessing the law and according to the law. Everyone has the equal opportunity to receive education. Everyone also has the right to basic and secondary education free of charge.
- One of the most important documents of comprehensive character is the governmental resolution:
  - No. 466 of June 1992 – "National Plan of the Support to Persons with Disabilities“,
  - No 256 of 14 of April 1998 "National Plan of Equalization of Opportunities for Persons with Disabilities”.
  - In the year 2004 the "Strategy of the National Policy towards Persons with Disability" was approved by the government. Based on this strategy the new governmental resolution was developed and approved by the government in August 2005 (No. 1004/2005.) www.vlada.cz).
- This last mentioned important document contains the main aims, tasks and principles for implementing the inclusion policy into practice concerning health, culture, social and educational policy.

- The **Anti-discrimination bill** has not been approved by the Czech Parliament yet.
- Anti-discrimination clauses on disability grounds can be found in various ordinary laws governing other specific areas. These laws include for example:
  - Law on Employment
  - The Act on Education
  - Law on Social Services
  - EU Regulation on The Rights of Disabled Persons and Persons with Reduced Mobility when travelling by air

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- Law on Spatial Planning and Construction code

- The **Act on Pension Insurance**, which was approved by Parliament on 30 June 1995, is the fundamental substantive law regulating entitlement to mandatory basic pension insurance in the event of old age, disability and death of a family's provider. It sets out the conditions for receiving a disability pension[1].

- No special attention is paid to women with disabilities. All the laws and regulations define generally disabled persons and no regulations are devoted specifically to disabled women.
- The Czech Nationality Disabled Council is the body representing disabled people through which their needs and protection are consulted when suggesting new regulations and laws.

- The MoLSA and the Committee for disabled people are currently working towards the ratification of the Convention, however its ratification is not predictable as it has to be passed by the Parliament and signed by the President.
- Anti-discrimination law has been already prepared to be passed by the Parliament, however, it has been vetoed by the President.
- No legislation specifically addresses disabled women.

Sources: Law on social services 108/2006, Law on Employment 435/2004, Law on Pension Insurance 155/1995, The School Law 561/2004, Charter of Fundamental Rights and Freedoms, Constitution

Interviews with representatives of Ministry of Education, Youth and Sports, Ministry of Labour and Social Affairs, Czech National Disability Council, Committee for disabled people.

[1] National Report on strategies for Social Protection and Social Inclusion (2008-2010) of Czech Republic

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Definitions

- There are a range of definitions in various laws/regulations in the Czech Republic
- In the Law on Pension Insurance, a disabled person is defined as a person with "long-lasting adverse state of health", i.e. an adverse state of health according to mental abilities and/or mental health and/or medical knowledge should last for more than one year. An individual is therefore fully disabled in this law if due to his/her long lasting adverse state of health his/her permanent working ability is decreased by 66 % or if, due to disability, he/she can work permanently only under exceptional conditions. The law distinguishes between:
  - Full disability: a person is fully disabled if her/his capacity for any economic activity is decreased by at least 66% and is able to work only under extraordinary conditions.
  - Partial disability: a person is partially disabled if her/his capacity of work is decreased by at least 33% and if her/his long-term adverse state of health significantly impairs her/his general standard of living.
- The Law on Employment apart from "disabled" (see the definition above) defines disabled persons who are "medically disadvantaged". These are defined as "a person with a health defect such that his/her ability to perform systematic employment or other gainful activity is maintained but his/her options to be or remain in active employment, to perform an existing occupation or benefit from an existing qualification or gain a qualification are substantially limited because of his/her long-term unfavourable state of health." A long-lasting adverse state of health for the purposes of the Law on Employment is an "unfavourable state which should last for more than one year according to medical scientific knowledge and substantially limits physical, psychological or sensory ability and therefore also options for employment activity." The fact that a person is disabled must be demonstrated by recognition from or a decision of the social security authorities.

Quantitative data

In 2007 the Czech Statistical Office had for the first time carried out a selective survey on disabled people in co-operation with other institutions with responsibilities in this field (e.g. Ministry of Education, Ministry for Social Affairs, Ministry of Health etc.). The CZSO survey will be repeated every three years. Until then, there had not been any comprehensive statistics on disabled people, even though there are several institutions collecting data for their own purposes (MoLSA, Institute of Health Information and Statistics etc.). Yet, they don't interconnect their statistics and the information they collect might overlap.

Year 2006	**Women with Disabilities**	**Non-disabled women**	**Men with disabilities**
Size of population	525 121	4 735 884	490 427
% of total population	5,1 %	46,0 % %	4,8 %
% of female population	10,0 %	90 %	n/a
Disaggregate by age if possible as follows:			
< 15 year olds	18 267	701 182	27 941
16-59 year olds	193 975	3 107 970	216 720

What are the national definitions of disability (used in the legislation)? What is the population of women and girls with disabilities in the country?			
> 60 year olds	314 951	1 239 611	245 067
Disaggregate by ethnicity[1]	x	x	x
Disaggregate by type/severity of disability[2]			
Corporal disability	311 979	n/a	238 428
Visual disability	48 726	n/a	38 713
Hearing disability	38 798	n/a	35 902
Mental disability	48 024	n/a	58 675
Psychic disability	69 079	n/a	58 896
Inner disability	293 780	n/a	277 954
Is there information on the size of the household where they live?	n/a		
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability) **SEE TABLES BELOW**	-	-	-
Ref: Czech Statistical Office, Survey on Disabled People (2007)			

[1] ethnicity has not been surveyed (see http://www.czso.cz/csu/2008edicniplan.nsf/p/3309-08)

[2] multiple answers possible

Age	Disability/ impairments							Total number of persons
	Corporal	Visual	Auditory	Mental	Psychic	Inner	Total	
	Men							
0-14	9 703	4 393	1 154	7 549	3 285	13 552	39 636	27 941
15-29	14 246	3 243	2 365	14 210	6 012	10 754	50 830	34 271
30-44	22 855	4 451	1 981	9 742	10 806	18 333	68 168	52 984
45-59	63 616	6 997	6 166	12 570	17 957	65 586	172 892	129 465
60-74	73 687	10 785	9 361	8 682	11 411	102 745	216 671	152 443
75+	54 267	8 844	14 875	5 830	9 354	66 603	159 773	92 624
Total	238 428	38 713	35 902	58 675	58 986	277 954	708 658	490 452
	Women							
0-14	6 984	3 571	1 748	4 055	1 561	8 791	26 710	18 267
15-29	11 464	3 075	1 470	8 754	3 140	10 177	38 080	26 350
30-44	20 252	3 146	2 752	9 564	11 470	16 657	63 841	48 347
45-59	64 343	5 781	5 060	7 732	16 705	52 961	152 582	116 278
60-74	79 173	7 857	5 844	4 645	12 251	83 623	193 393	130 831
75+	129 337	25 296	21 809	13 182	23 776	121 069	334 469	184 120
Total	311 979	48 726	38 798	48 024	69 079	293 780	810 386	525 096

Source: CZSO (2007)

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data
Czech Statistical Office, Survey on Disabled People (2007)

	Women with disabilities	Non-disabled women	Men with disabilities
(Employment rates) Economic activity	40 %	-	60 %
Unemployment rates	4,02 %	-	4,9 %
Long-term unemployment rates	n/a	-	n/a
Inactivity rates	60 %	-	40 %
Part-time work rates	x	-	n/a
Self-employment rates	Total self-employment rate – 20 % (for both men and women)	-	n/a
Poverty rates[2] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

The Ministry of Labour and Social Welfare registered (31/12/07) in total 354,878 of unemployed population. Almost 20% (56,022) are persons with disabilities. There is no discrete statistical data available on the number of people with disabilities employed in open labour market or in sheltered workplaces.

The Czech Republic belongs to the countries with the highest share of people with disabilities in ordinary employment. Data indicate that in the Czech Republic the highest share in ordinary employment is mainly those who are “not severely disabled”.

Within sheltered workplaces, Czech legislation does not clearly distinguish between employment and unpaid vocational therapy. The various sources of funding for sheltered workshops are also poorly coordinated. People with more severe and/or intellectual disabilities are mainly employed in sheltered workplaces established by NGOs, which are more focused on social and vocational rehabilitation than on income generation. However, employees often do not have an employment contract and do not receive a wage; in some cases, they may even need to pay a fee to attend. A second type of sheltered workplace is operated by large for-profit enterprises, which receive funding from labour offices. People in these workshops mainly receive the minimum wage and have an employment contract. The third type of

[2] Please provide the definition of ‘poverty’ used in your country

workplace is that established in residential institutions for people with disabilities. However, the conditions under which residents within institutions work are poorly regulated[3].

Regulations:

- The Law on employment states a mandatory proportion of disabled employment for employers who employ more than 25 people. They have to employ individuals with disabilities to the proportion of 4 % out of the total number of employees. The methods of meeting this obligation, that is employment relationship, acquisition of products and services or penalty payments to the state budget, are considered to be equivalent and may be mutually combined.
- According to the Labour Code the employer has an obligation to secure for persons with a disability at his cost necessary accommodation in the workplace, labour conditions, protected workshops and workplaces, special training and guidance. There is no financial support expressly dedicated to these accommodation costs.
- People with disabilities receive a higher degree of protection in the labour market.
  - Vocational rehabilitation - continuous activity aiming at acquiring and maintaining suitable employment for a person with a disability, provided and financed, upon application, by the Labour Office. In co-operation with a person with a disability the Labour Office will compile an individual plan for vocational rehabilitation.
  - Training for a job - initial training of an individual with a disability for a suitable job based upon an agreement with the Labour Office. The training for a job may be performed with an assistant's support. The training lasts for a maximum of 24 months.
  - Specialised retraining courses - performed under identical conditions as other retraining.
- Sheltered employment:
  - A sheltered work position is a position created by an employer for an individual with a disability based upon a written agreement with the Labour Office. A sheltered work position must be maintained for at least 2 years from the day specified in the agreement. A sheltered workshop is an employer's work unit in which a minimum of 60 per cent of the employees are persons with disabilities.

Financial support:

- The Labour Office may award an employer a contribution towards the creation of a sheltered work position and a sheltered workshop. An employer who provided training for disabled individuals may receive full costs of such training for disabled individuals, from the Labour Office. An employer who employs more than 50 per cent persons with disabilities, out of the total number of employees, is entitled to a contribution.

Key bodies responsible for enforcement:

- Ministry of Labour and Social Affairs
- Labour Offices
- Czech Social Security Administration

Source: Czech Statistical Office, Survey on Disabled People (2007). Law on employment, Interview at Ministry of Labour and Social Affairs

[3] Report on the employment of disabled people in European countries (Czech Republic), ANED (2007).

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:
National Plan for Disabled Persons Integration 2006-2009

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
Participation rates in general education	Total: 5 052 disabled pupils and students individually integrated at basic and secondary school 51 889 disabled pupils and students at special basic and secondary schools	n/a	n/a
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels: Low = ISCED 1 +2 Med = ISCED 3+4 High = ISCED 5 Source: Applica and CESEP and Alphamatics (2007) Men and Women with disabilities in the EU: Statistical Analysis of the LFS ad hoc module and the EU-SILC (original data sourced from the LFS 2002)	Women 25-54 years considerably restricted = 39.7% (low); 28.3% (med); and 16.4% (high). To some extent restricted = 28.2 (low); 67.6% (med); and 19.3% (high). Not restricted = 10.7% (low); 78.1% (med); and 11.2% (high). Women 55-64 years considerably restricted =40.9% (low);	n/a	Men 25-54 years considerably restricted = 24.4 (low); 71.6% (med); 4.1% (high). To some extent restricted = 14.35 (low); 79.8% (med); 5.9% (high). Not restricted = 5.4% (low); 80.4% (med); 14.2% (high). Men 55-64 years considerably restricted = 17.9% (low), 77% (med); 5.1 (high). To some

	54.2% (med);4.9% (high). To some extent restricted =36.4% (low); 60.2% (med); 3.5% (high).		extent restricted = 15.7 (low); 76.4 (med); 7.8% (high). Not restricted = 9.1% (low); 75.3% (med); 15.6% (high)
Number and type of specialist schools (i.e. level, for which target groups)		n/a	

	2001/2002	2002/2003	2003/2004	2004/2005
Population 3 -18 years	1,887,116	1,842,347	1,801,514	1,780,253
Integrated children - total	68,523	67,875	64,636	60,095
individual integration	56,973	56,455	53,550	51,587
special units, classes	11,550	11,420	11,086	10,508
Number of pupils in special schools	67,471	66,729	65,572	64,193
percentage	3.6%	3.6%	3.6%	3.6%

Source: European Agency for Development in Special Needs

Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total
	943,996	15,568	959,564
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total
	86,497	2,582	89,079
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total
	41,518	1,874	43,392
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total
	44,979	708	45,687
Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total
	943,996	15,568	959,564

Source: IIE (Institute for Information on Education) database. Year of reference 2005/2006.
Data refers to pupils with SEN in compulsory education (from 6 to 14/15 years old– pupils from socially disadvantaged background, as well as gifted and talented pupils are not included. These pupils attend mainstream classes fulltime.

Qualitative data:

The Act on Education (2004)

The new Act on Education regulating the whole system of education in the Czech Republic was approved in September 2004 (came in force in January 2005). This Act presents a new definition of students with special educational needs and individual target groups - students with mental, sensory or physical disabilities, students with speech impairments, students with multiple disabilities, autism, students with specific learning and behavioural difficulties, chronically ill and socially disadvantaged students.

The Act on Education guarantees that the support provisions and services needed in special education are to be available to children, pupils and/or students with special needs at all levels of education. Pupils with special needs have the right to be provided with the teaching books, teaching materials, compensatory and rehabilitation equipment and tools as well as with support and counselling services free of charge. The Act on Education guarantees that the alternative communication and/or sign language have to be used for those students who cannot profit from using the oral language. Braille print is used for students who cannot read regular print. Compensatory aid, additional staff is available as well. The process of education of pupils with special needs can be described and adapted through the individual educational plans[4].

- Education of pupils with health disabilities and physical disadvantages is provided:
    - at schools specifically established for such pupils;
    - in independent classrooms, departments or study groups with specially adapted educational programmes;
    - through individual integration into a regular classroom
- Pupils with special educational needs include students with health disabilities (physical disabilities, visual and auditory impairments, mental disabilities, autism, speech defects, multiple disabilities and developmental disorders affecting learning or behaviour), pupils with physical disadvantages (physical weakness, long-term illness and mild health disorders leading to learning and behavioural problems) and socially-disadvantaged pupils (family background with low socio-cultural standing, at risk of socio-pathological influences, in court-mandated institutional educational care or in a protective facility, refugees and asylum seekers).
- Schools (basic and secondary) are financed mainly through contributions appointed to one pupil/student. Disabled pupils/students receive a higher contribution so that they are able to finance higher needs in their education including personnel (teacher) assistants (their wage costs are paid directly from the state budget)
- No other special support is granted directly, however, there are several grant programmes to support particularly education of teaching personnel. The EU Structural Funds are currently an important source for those projects.
- The first alternative for providing special needs education is to include pupils with SEN in mainstream classes and, when necessary, provide special needs education in small teaching groups. Only when this is not feasible, the second alternative is considered: the provision of special needs education in a special group, class or school.

[4] European Agency for development in Special Needs education

Compulsory education

Compulsory education is organized within the system of Basic Schools in the Czech Republic, which covers primary (1st – 5th grade) and secondary (6th – 9th grade) educational level.

The decision about the organisational form of education of a student with special needs belongs to the responsibility of the head teacher with regards to the wish of parents and counselling centres recommendations.

The pupil with special needs has the right to be educated at the mainstream school (preferably with regards to the pupil's special needs), and/or at a special class/unit within the mainstream school and/or at a basic school for children with special needs ("special school").

Basic schools for children with special needs provide education for pupils whose special educational needs cannot be fully met at the mainstream provisions and facilities. The number of pupils in a class is much lower in comparison to regular mainstream class. It ranges from 4 to 14 pupils relating to the type of the school. The regular class consists at the average of 22.5 pupils, maximum of 30 pupils.

In addition to the regular teaching subjects each special educational programme provides so called subjects of special provision, such as speech and communication therapy, mobility and orientation, sensory stimulation, special IT, music and musical instrument playing, etc., according to the type of the school and pupils special needs. The organisational strategy is the same at special classes within the regular schools.

Practical schools

According to the European Agency for development in Special Needs, Practical Schools offer upper secondary education to pupils with mental challenge in 2 programmes: 1-year programme and 2-year programme. The length of the programmes can be prolonged by 2 years according to the needs of students.

The programmes provide students with a wide range of practical daily life skills, bases of working knowledge and skills helping the students to enter the labour market.

Lifelong Education for Adults with special educational needs

For students who have not acquired the level of basic education there is a possibility to attend courses set up to reach the level of basic education and/or bases of education.

Besides that schools and other educational bodies are offering broad range of courser and follow-up education reflecting the needs of students to improve their access to employment.

Source: Ministry of Education, Youth and Sports; European Agency for development in Special Needs.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

- There is no special definition for independent living in the Czech Republic.
- The **Ministry For Regional Development** offers Housing Support for construction of subsidised housing targeting social rental municipal housing for disabled persons requiring access to housing due to age, medical condition, or other reasons based on which they have special needs in this area.
- The law on social services defines **Protected and Supported housing** as follows:
    - it is intended for people whose capabilities are limited, particularly in the areas of personal care and household care and who want to live independently in the standard environment. Providing housing in an apartment that represents a home for the user is managed by the provider and is part of a standard housing complex, is a part of the service. The user participates in the funding of the service.
- There is also support for personal assistance, daily or weekly social welfare institutions, distress services and home care which are provided for disabled people (there are altogether 31 types of new social services) defined by the law.
- All the social services are financed through a social care contribution addressed to the clients. Thus, they can individually choose which kind of service they want to use. The level of the social care contribution is set according to the dependency level. There are six degrees of dependency in the law.
- Where support is from the State fund for housing development construction of housing for income limited people at least 10 % of the apartments have to be adjustable

Quantitative data:

- Only aggregate data for number of persons living in a social care institutions (annual or weekly stay):
    - Number of physically handicapped adults: 1 318
    - Number of mentally handicapped adults: 5 081
    - Number of physically handicapped young persons: 1 179
    - Number of mentally handicapped young persons: 9 338
- Source: MoLSA Yearbook 2006

Source: Law on Social Services, Ministry for Regional Development, Ministry of Labour and Social Affairs

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

- Ministry of Health runs its own programme "Equalization of the opportunities for disabled" through which they provide support NGOs' projects in the sphere of voluntary health care centres, information and educational activities to improve knowledge about the needs of disabled among health care services employees/workers, rehabilitation centres, community centres etc.
- Access to health services is not specifically defined for the disabled, it is part of general legislation in this area

Quantitative data:

- Availability of health and life insurances – health care insurance is paid obligatorily in the Czech Republic, in case of employed persons partly by themselves, partly by the employer, in case of self-employed people they are obliged to pay minimum health insurance by themselves and in case of adult people fully disabled the health insurance is paid by the state, the same applies for children under 15 years.
- No other statistical data are reported regarding health services for disabled people.

Source: Ministry of Health

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

- Legislation, policies and benefits in the Czech Republic do not distinguish between the gender of people with disabilities.
- Social assistance benefits for severely handicapped persons are provided in accordance with Decree by the Czech Ministry of Labour and Social Affairs no. 182/1991 Coll., to implement the Act on Social Security and Act on Jurisdiction of Czech Republic Bodies in Social Security, as amended. They assist in addressing e.g. the need of transport, adjusted housing, and special compensatory aids.
- One-off benefits are provided by Municipal Office of a municipality with extended powers, recurrent benefits by Municipal Office of an authorized municipality.
- Persons entitled to social assistance benefits are:
    - permanent residents in the Czech Republic
    - beneficiaries of refugee status
    - EU/EEA citizens under directly applicable EC legislation and theirs family members
    - EU/EEA citizens with registered residence in the Czech Republic for at least 3 months and theirs family members
- List of benefits
    - One-off Benefit for Acquisition of Special Aids
    - Benefit for Flat Modification
    - Benefit for Motor Vehicle Purchase
    - Benefit for General Overhaul of Motor Vehicle

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

- Benefit for Special Modification of Motor Vehicle
- Benefit for Motor Vehicle Operation
- Benefit for Individual Transport
- Benefit for Use of Barrier-Free Flat
- Benefit for Use of Garage
- Benefit to Totally or Almost Totally Blind Citizens

• State social support benefits

- Disability pension: In order to calculate full and partial disability pensions, the insurance period is also taken to include the period from the date when a right to this pension arose and the retirement age giving entitlement to old-age pension, during which time no contributions were made. The reduction in the capacity to perform any economic activity must be at least 66% (full disability), or 33% (partial disability) and at least 5 years of the required insurance period must have been completed (out of the ten year period preceding the disability).

- In the event of a disability, certain state social support benefits are awarded for longer periods of time (parental allowance) or in increased amounts (social allowance, recurrent foster care allowances). Applications for state social support benefits are processed by contact points of the relevant Labour Office according to the applicant's permanent residence. In the capital of Prague the agenda is performed by the District Authorities.

  - Parental allowance: Parental allowance is awarded at the basic rate of CZK 7,600 per calendar month from the day on which the child is diagnosed as a child suffering from a long-term disability or a severe long-term disability, until the child is 7 years of age. Entitlement to the parental allowance belongs to a parent who takes proper care of a child, all day long for the whole calendar month. The condition of the all day long care of the child is fulfilled even where:
    - a child regularly attends a rehabilitation institution or a special kindergarten or its class for disabled children or creche focusing on sight, hearing or speech impairments, physically disabled children or mentally retarded children, up to a maximum of 4 hours a day;
    - a long-term disabled child or long-term severely disabled child regularly attends a pre-school institution up to a maximum of 4 hours a day, and a child of a school age regularly attends special primary school up to a maximum of 4 hours a day;
    - a child attends pre-school institution up to a maximum of 4 hours a day, if sight or hearing impairment of both parents (single parent) reaches 50 per cent or more.
  - Social allowance: The right to receive the social allowance is tied to care of dependent child(ren) and to fixed family income limit. The family income must have been less than 2.0 times the family's living minimum in the preceding calendar quarter. Parent's disability and levels of child's disability are reflected in increased amounts of social allowance.
  - Foster child allowance: Foster child allowance is awarded to a child in foster care. The amount per calendar month equals 2.30 times the living minimum for a healthy child, 2.35 times for a long-term ill child, 2.90 times for a long- term disabled child, and 3.10 for a long-term severely disabled child in foster care.
  - Foster parent allowance: The amount of the foster parent allowance equals to the living minimum of

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

the individual for each (healthy) foster child. In special cases if the foster parent cares for more than 3 children or at least for one child who is a person dependent on care of another person with a dependency level of II, III, or IV the amount of this allowance per calendar month is calculated as multiple of the living minimum of the individual and a coefficient of 5.50.

-

Quantitative Data
Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	Non-disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	89,56 %	n/a	86,90 %

Source: Czech Statistical Office, Survey on Disabled People (2007), Ministry of Labour and Social Affairs

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

- The Charter of Fundamental Rights and Freedoms defines generally the right to access to goods and services.
- Accessibility standards were introduced into legislation on building and construction, such as in the Law on Spatial Planning and Construction (Law No. 50/1976 of the Coll.) and the Decree on the General Technical Requirements Ensuring the Proper Use of Buildings by People with Limited Ability of Movement and Orientation (Decree No. 369/2001 of the Coll.). Regulations apply to the preparation of planning documentation, spatial planning, all stages of construction work and the approval of new buildings for use as well as to structural changes of existing buildings.
- The building act, the Act No. 183/2006, defines general requirements for the utilization of the area and technical requirements for structures determined by statutory implementing instruments and furthermore the general technical requirements ensuring the use of structures by persons of advanced age, pregnant women, persons accompanying a child in a pram, a child under three years old, or possibly by

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?
mentally handicapped persons or persons with limited ability of physical exercise or orientation determined by statutory implementing instruments. This applies to all newly built and renovated buildings/constructions. • Similarly, the law on railway and the law on land transport defines technical conditions or transport of disabled persons. • Czech Republic has also approved EU regulation on Rights for Disabled and Reduced Mobility Air Passengers. • Also, disabled people can use various discounts when using public transport, e.g. 75 % discount when travelling by train and a person accompanying travels for free.

Source: Ministry of Labour and Social Affairs, CNDC, Building Act

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities? What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse? What is the extent of abuse faced by the women with disabilities?
• There is no specific regulation regarding access to justice for persons with disabilities, the general anti-discrimination regulations apply. • The real situation is not satisfactory – most of the courts are only minimally accessible for persons with disabilities and the personnel are not trained in how to work with them. According to CNDC the situation is only slowly improving. • Currently, police has a special programme for improving and modernizing the environment for persons with disabilities. • The law on manual alphabet states that when a person is using this alphabet as a communication means, the presence of interpreter has to be ensured. • There are no special helplines, help centres or shelters for persons with disabilities. • The CNDC is running its own training programme for state government and public sector employees. • There is no specific regulation on violence or exploitation on persons with disabilities.
Quantitative data: not available

Source: Interviews at CNDC, Law on manual alphabet 155/1998

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Qualitative data might include:

- The Ministry of Culture supports programmes and grants for activities for persons with disabilities and for accessibility of cultural facilities.
- There are also several sport associations aimed at persons with disabilities which are associated in the Union for handicapped sportsmen. These disability sports associations work closely to develop sporting opportunities for disabled people. The Czech Paralympic Committee supports development of the paralympic movement in the Czech Republic.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Denmark

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?
What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

There is no specific law protecting the rights of women with disabilities. They are covered by general anti-discrimination laws.

The concept of equal opportunities was introduced into Danish Disability policy in 1993 with the Parliament decision on equal opportunity between disabled and not disabled people as well as the passing of the UN Convention. Denmark approved the UN Convention in 1994.

It is stated in section 70 of the Danish Constitution that no one can be deprived of any civil or political rights on grounds of faith or origin. Furthermore, it is stated in section 71 that no Danish citizen can be deprived of personal liberty on grounds of political opinion, faith or origin. Apart from these general provisions, there are no specific anti-discrimination provisions in the Danish Constitution [1].

Since 1996 the Act on the Prohibition of Differential Treatment on the Labour Market has covered direct and indirect discrimination on grounds of race, colour, national or ethnic origin, sexual orientation or religion. In connection to the Framework Directive - and those parts of the Race Equality Directive prohibiting unequal treatment in the labour market - some amendments of the existing Act on the Prohibition of Differential Treatment on the Labour Market (from 1996) have been approved by the Danish Parliament on, 30, March 2004 and December 22, 2004. On March 30, 2004 the Danish Parliament approved Bill No. 40, including the mandate to the Complaints Committee (hosted by the Danish Institute for Human Rights) to assist victims of discrimination in the labour market, due to race and ethnicity. The Complaints Committee, however, did not get the mandate to assist victims of discrimination due to other protected grounds like age, disability, sexual orientation, religion or belief. On December 28, 2004 the new Act amending the Act on the prohibition Differential Treatment in the labour market entered into force, including the new protected grounds age and disability.[2].

On the 30 march 2007 Denmark signed the UN Convention on the Rights of Persons with Disabilities from 13 December 2006 (**Convention on the Rights of Persons with Disabilities and Optional Protocol**) which is not the same as ratify it. The ratification and integration into Danish law will follow and may take considerable time. [3]

- **What obligations exist in the legislation?**

Danish disability policy focuses on ensuring equal opportunities as opposed to equal rights.[4]

- **Are they divided between national and local levels, and if so, how?**

Disabled people are served by the same authorities as non disabled persons. The primary authorities dealing with disabled people are the municipalities [1] The municipalities have a high degree of local autonomy.

[1] Executive Summary Danish Country report on measures to combat discrimination
by Niels-Erik Hansen

[2] Report on measures to combat discrimination, Directives 2000/43/EC and 2000/78/EC COUNTRY REPORT Denmark, Niels-Erik Hansen State of affairs up to 8 January 2007

[3] Home page of The Equal Opportunities Centre for Disabled Persons, http://www.clh.dk/index.php?id=1273

[4] Handicap og ligebehandling i praksis (Disability and equal treatment in praxis), by Steen Bengtson, Inge Storgaard Bonfils og Leif Olsen ; SFI 2008

Institutionally, the system tends to blur the relationship between disability and other sources of disadvantage. The municipalities administer social assistance, sickness benefit and vocational rehabilitation schemes as well as the early retirement pension (førtidspension). They are required to undertake 'activation' for social assistance recipients. The financing structure means that municipalities have financial incentives to keep people in activation or rehabilitation.[2]

- **How is the legislation enforced?**

First of all enforcement of the law is the mandate of the Danish Courts.

When it comes to discrimination due to sexual orientation, religion or belief and age and disability, the Government argues that victims of discrimination in the employment area must ask for the assistance of the trade unions. The case law according to the 1996 Act clearly shows, however, that the major problems occur for students, trainees, newly arrived refugees and others who are on their way into the labour market and consequently still not member of a trade union. Other organizations in the area of disabilities and sexual orientation may also provide assistance in cases due to discrimination on these grounds. It is, however, in no way been recognized by the Danish government that such organizations may be granted the right to start or support complaints from victims of discrimination. Enforcement of the Framework Directive's prohibition against discrimination will thus primarily be the task of the Danish Courts. In court situation testing and statistical data are used and admissible as evidence. So far the shift of the burden of proof and the protection against harassment has not shown to be effectively implemented by the Danish courts.[3]

- **Is there a specific ministerial responsibility for women with disabilities, and if so, who holds it?**

No not specifically for disabled women, Ministry for gender equality deals with gender issues. The Ministry for Economics and Business Affairs has the overall (coordination) responsibility for the disability area and a action plan exist from 2003 exists for the area. The focus areas are independent living as opposed to living in institutions, support for employment, accessibility in the transport area, education.[4]

Responsibility on

- Housing and independent living rest with Ministry of Social Affairs and Ministry for Economics and Business Affairs)
- Employment and education rest with Ministry of Employment
- Accessibility in transport and buildings rest with Ministry for Transport and Ministry for Economics and Business Affairs
- Leisure and quality of life rest with Ministry for Culture and Ministry for Social Affairs.

Danish disability policy has as its goal to create an accessible society where disable people can participate on equal terms with the rest of the population. The point of departure for the government's policy is the UN convention from 1993. The policy is bases on 3 principles: Equal opportunities, compensation and support which minimize the consequences of the disability and sector responsibility. Sector responsibility[5] means that all areas of society should be involved in the disability area. The responsibility for equal right of disabled people is placed with the sector or authority that has the general responsibility on a particular

[1] Handicap og ligebehandling i praksis (Disability and equal treatment in praxis), by Steen Bengtson, Inge Storgaard Bonfils og Leif Olsen SFI 2008

[2] Disability definitions in Europe, A comparative report, Brunel University, 2002 page 111

[3] Executive Summary, Danish Country report on measures to combat discrimination, by Niels-Erik Hansen

[4] Home page of the Ministry of Economics and Business Affairs. http://www.oem.dk/publikationer/html/handicap/hele.pdf

[5] Home page of The Equal Opportunities Centre for Disabled Persons http://www.clh.dk/index.php?id=1061

[6] Home page of Ministry of Economics and Business Affairs http://www.oem.dk/publikationer/html/handicap/hele.pdf

policy or social area. [6]

Is there a specific government body or agency responsible for women with disabilities?
No not for women specifically

By parliamentary resolution B 43 of 1993 it was decided to establish an Equal Opportunities Centre for Disabled Persons (CLH) under the Danish Disability Council. B 43 sets out the task of the Equal Opportunities Centre for Disabled Persons as follows: "This unit is to collect, initiate and communicate, nationally as well as internationally, the information and expertise required about the situation of disabled people and the effects of particular disabilities. Moreover, the unit is to pay attention to instances where people with disabilities are discriminated against so that the Danish Disability Council can raise the issue with the relevant authority. The CLH is an independent institution under the jurisdiction of the Ministry of Welfare. The independence of CLH is guaranteed by an independent board. The centre has no formal legal authority but exercise its influence through documentation and disclosure of the problems with equal opportunities. [1]

The Danish Disability Council and its affiliate, the Equal Opportunities Centre for Disabled Persons, are charged with implementing equal treatment through the principle of 'sector responsibility', whereby responsibility is placed on every sector in society to ensure equality of access for disabled people. The parliamentary decision from 1993 noted that the anti-discrimination legislation adopted in the US was contrary to Danish traditions[2].

The Danish Disability Council
The Danish Disability Council was established in 1980 and is a Government-funded body made up of an equal number of representatives from disabled people (nominated by the DSI, the Danish Council of Organisations of Disabled People) and from public authorities. The Council's tasks are to monitor the situation of disabled people in society and to act as an advisory body to Government and Parliament on issues relating to disability policy. The Council can take initiatives and propose changes in areas affecting the life of disabled people and their living conditions, and all central authorities are expected to take the Council's advice in these matters.

Section 87 of the Danish Act on Due Process of Law and Administration in the Social Area is the Danish Disability Council's working basis. The Ministry of Social Affairs appoints the chairman of the Council. In order to strengthen the professionalism of the Council a number of people with special expert knowledge from various sectors are attached to the Council. This composition of the Council ensures wide scope of knowledge and experience concerning disability policy. [3]

Is there a dedicated focal point / coordination mechanism within the government for matters relating to the implementation of the UN Convention?

The Danish disability policy is a cross ministerial policy with the Minister for Economics and Business Affairs having the coordinative responsibility4. http://www.dch.dk/fnregl/vaerktoej/index.htm

Has a framework been established for the promotion, protection and monitoring of the Convention?
The government action plan from February 2003. [1]

http://search.oem.dk/cgi-bin/MsmGo.exe?grab_id=4&page_id=11960064&query=handicap&hiword=handicap+
[1] Home page of The Equal Opportunities Centre for Disabled Persons http://www.clh.dk/index.php?id=760
[2] Definitions of Disability in Europe, A comparative analysis, p. 78
[3] Home page of The Equal Opportunities Centre for Disabled Persons http://www.clh.dk/index.php?id=760
[4] Home page of Ministry of Economics and Business Affairs http://search.oem.dk/cgi-bin/MsmGo.exe?grab_id=4&page_id=12156672&query=handicap&hiword=handicap+

Are women with disabilities consulted / involved in the processes of promoting, protecting and monitoring the Convention, and if so, how?

DPOD - (Danske Handicaporganisationer (DH)) - is The Danish NGO-Umbrella. Disabled Peoples Organisations Denmark (DPOD) was founded in 1934 (as "De Samvirkende Invalideorganisationer" - DS now DHI) and has 32 national member organisations representing more than 320.000 people with disabilities in Denmark. DPOD is the only Danish umbrella organisation in the disability field. The principal objective of DPOD is to take care of the common interests of the member organisations. Characteristic common tasks are negotiations with the national government on issues like pensions and social benefits, medicine, health care, technical aids, and other general questions of importance to all disability groups - such as education, labour market questions, and insurance. Whenever the government - national, regional and local - consults with disabled people or wants disabled people to be represented, DPOD is the organisation consulted or asked to designate representatives. This is the situation in respect to almost all the Danish ministries. DPOD designates 7 members to the Danish Disability Council set up by The Danish Government. Furthermore DPOD designates members to a number of other public committees and commissions at national, regional & local level. DPOD often play an active part in the committees and commissions dealing with disagreements, complaints etc. Many of the DPOD representations are written into the law.[2]

- The Danish Disability Council (Det Centrale Handicapråd (DCH)) [3] is the official adviser to the government and parliament in questions concerning disability issues. The council consists of an equal amount of representatives from the disability organizations (appointed by DPOD and representatives from ministries and authorities working with disabilities.). The establishment of DCH gave the disability organizations a unique opportunity to influence the political and administrative decision process.[4] DCH has a dual function as both the primary advisor to the government authorities and also as supervisor in relation to rules, regulation legislation and implementation regarding disability questions e.g. Danish Government forwarded a proposal for a Bill on the prohibition of discrimination due to age and disability on September 23, 2004 to a number of relevant organizations for comments.

Danish Women with Disabilities DWD[5]

The national association Danish Women with Disabilities, DWD, was established on April 29, 1995. Behind the establishment of DWD stand 70 women with physical disabilities. Most of them have for a number of years been engaged in both women's- and disability organizations. DWD is not a new organization of disabled people in a general sense, but the purpose is to establish links between women's- and disability organizations and networks. DWD is a member of Women's Council in Denmark (WCD). The WCD is adviser on women's issues in the Danish government.

What statistical and research data is collected in relation to the Convention?
It is not allowed to collect statistical information on issues that concern ethnicity, disability etc.
Does your Government publish information on public expenditure at national level on women with disabilities? If yes, provide the numbers. No, not on women specifically.

Anti-discrimination laws, disability legislation, etc.
see above

[1] Home page of Ministry of Economics and Business Affairs http://www.oem.dk/publikationer/html/handicap/hele.pdf
[2] http://www.handicap.dk/english/about_dsi
[3] Homepage of the "Det centrale handicap råd" http://www.dch.dk/pres.htm
[4] Handicap og ligebehandling i praksis (Disability and equal treatment in praxis), by Steen Bengtson, Inge Storgaard Bonfils og Leif Olsen, SFI 2008, p 33
[5] homepage of "Danish Women with Disabilities" http://www.kvindermedhandicap.dk/

Legislation specifically addressing disabled women
There is no specific law that protects the rights of women with disabilities. This group is covered by general anti-discrimination laws and gender issues.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?
What is the population of women and girls with disabilities in the country?

Definition of "Person with a Disability.[1]
In Denmark there is no legal definition of disability or the concept of 'persons with a disability'. People with disabilities are not registered except in certain situations for instance as a pensioner, persons with an impairment and in need of specific medication or medical treatment, with respect to vocational training, or severely disabled persons with a personal assistant paid for by the municipality etc.

A common way of describing disability, which is used by the disabled people organisations, has been formulated as: *A person is considered to have a disability if he has a permanent usually lifelong functional limitation that is significant, be it of mental, sensorial or physic nature. A functional limitation is significant if a function is impaired or completely lost so that the person is unable to do or perform what other persons of the same age and gender belonging to the same cultural group can do or perform. A functional limitation is not to be considered permanent if it is amenable to treatment and cure within a foreseeable period of time*

So far the first case law on disability seems to indicate that the definition is not followed by the Danish courts. The Aarhus City Court decision from 13 July 2006 stated that multiple sclerosis is not in any case to be considered as a form of disability. This case however is under appeal.[2]

[1] Report on measures to combat discrimination, Directives 2000/43/EC and 2000/78/EC COUNTRY REPORT Denmark, Niels-Erik Hansen, State of affairs up to 8 January 2007 page 19.
[2] Report on measures to combat discrimination, Directives 2000/43/EC and 2000/78/EC COUNTRY REPORT Denmark, Niels-Erik Hansen, State of affairs up to 8 January 2007 page 20

Quantitative data
- For all data, please indicate the definition of disability used and the source of the data(research definitions may differ from legal definitions).
The number of disabled people in Denmark is unknown. The number is not registered [1]due to legislation that prohibits registration of ethnicity, disabilities etc.

The proportion of people aged 16-64 with a long-standing health problem or disability (LFS, 2002) (as a percentage of the total population of Denmark)[2]: Men = 18.8% Women =21.1%

The distribution of people with disabilities (aged 16-64) by the three most common types[3]:			
Women		**Men**	
Back or neck	28.6%	Back or neck	27.2%
Arms or hands	8.9%	Heart, blood or circulation problem	12.7%
Legs or feet	8.8%	Legs or feet	11.9%
Disabled men and women by age and degree of restriction in Denmark (% of total)[5]:			
Women		**Men**	
16-24 years Considerably restricted: To some extent restricted: Not restricted:	 2% 4% 94%	16-24 years Considerably restricted: To some extent restricted: Not restricted:	 1.4% 5% 93.6%
25-54 years Considerably restricted: To some extent restricted: Not restricted:	 9.7% 4.6% 85.6%	25-54 years Considerably restricted: To some extent restricted: Not restricted:	 7.9% 3% 89.2%
55-64 years Considerably restricted: To some extent restricted: Not restricted:	 21% 5.7% 73.3%	55-64 years Considerably restricted: To some extent restricted: Not restricted:	 13.7% 6.2% 80.1%

[1] http://www.e17.dk/portalen/dokumenter/pressemeddelelse270105.doc
[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.
[3] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work? Please provide the source of the data

- Quantitative data

The following data concerning people with disabilities between 16-64 years old are from SFI[1]

Definitions:
The data from SFI is based on 10 minute interviews with 9202 persons between 16-64 years, of these 8797 was stochastically selected, and 405 persons selected because they work in flex jobs, Of the 9202 persons 2235 also participated in a 45 minute interview because they worked in flex jobs, or had answered that they had a long term health problem, a disability or were run-down in employment, These persons are considered disabled in this report. [2]

Summary

- 25% between 16-64 has a disability
- 858350 is disabled (estimated SFI 2006)
- 57% of disabled people in employment
- 79% in total population
- Men: 44,8% of disabled are men
- Women 55,2% of disabled are women (47,6% among non disabled)
- Disabled people have 3 times higher level of sickness at work.
- The women have a relatively weak link to the ordinary labour market.
- Women represent 55,2% of all persons with a disability but only 51,2 % of those in ordinary employment while 59,7% of disabled in flex jobs are women.

Labour force

Persons with or without handicaps (gender) between 16-64[3]
Percent

	with disabilities	**without disabilities**	
Men	44,8	52,4	50,5
Women	55,2	47,6	49,5
Extrapolation to population	858350	2556313	3414663
survey size	2469	6493	8962

[1] SFI Handicap og beskæftigelse 2006 Vilkår og beskæftigelse for handicappede på arbejdsmarkedet, SFI 2008 (Disability and employement 2006)
[2] SFI Handicap og beskæftigelse 2006 Vilkår og beskæftigelse for handicappede på arbejdsmarkedet, SFI 2008 (Disability and employement 2006) page 11
[3] tabel 3.7, SFI Handicap og beskæftigelse 2006 Vilkår og beskæftigelse for handicappede på arbejdsmarkedet, SFI 2008 (Disability and employement 2006)

Persons in employment,/not employed (gender) between 16-64 [1]
Percent

	employed	Not employed	
Men	53,6	42	50,5
Women	46,4	58,0	49,5
Extrapolation to population	2511280	917697	3428977
survey size	6992	2028	9020

Disabled persons in employment,/not employed (gender) between 16-64 [2]
Percent

	employed	Not employed	
Men	48,2	40,4	44,8
Women	51,8	59,7	55,2
Extrapolation to population	485892	372457	858350
survey size	1660	809	2469

Persons in employment with handicaps (gender) type of job between 16-64 [3]
Percent

	flex job	normal	no job	total
Men	40,3	48,8	40,3	44,8
Women	59,7	51,2	59,7	55,2
Extrapolation to population	31775	454615	371960	858350
survey size	441	1226	802	2469

Data/estimations on ethnicity, age, education is also available from the same source but not distributed by gender.

[1] (tabel 4,2, SFI Handicap og beskæftigelse 2006 Vilkår og beskæftigelse for handicappede på arbejdsmarkedet, SFI 2008 (Disability and employement 2006))
[2] (tabel 4,8, SFI Handicap og beskæftigelse 2006 Vilkår og beskæftigelse for handicappede på arbejdsmarkedet, SFI 2008 (Disability and employement 2006))
[3] (tabel 6,3, SFI Handicap og beskæftigelse 2006 Vilkår og beskæftigelse for handicappede på arbejdsmarkedet, SFI 2008 (Disability and employement 2006))

Qualitative data

The interpretation of 'vocational ability' which has been established through time is strongly linked to the medical diagnosis. Conventions have been established (although not formalised in a list) about how certain medical diagnoses affect a person's vocational ability. However, the intention of the reforms in progress is to move away from an 'essentialist' diagnostic approach. Diagnosis-based awards are criticised on the grounds that a person's potential work ability is not explored. Employment policies have been adopted (such as the Law on Compensation to Disabled Persons in Employment - see Appendix 2) which are intended to support people with severe conditions in employment.[1]

Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?

In connection to the Framework Directive - and those parts of the Race Equality Directive prohibiting unequal treatment in the labour market - some amendments of the existing Act on the Prohibition of Differential Treatment on the Labour Market (from 1996) have been approved by the Danish Parliament on, 30, March 2004 and December 22, 2004.

On March 30, 2004 the Danish Parliament approved Bill No. 40, including the mandate to the Complaints Committee (hosted by the Danish Institute for Human Rights) to assist victims of discrimination in the labour market, due to race and ethnicity. The Complaints Committee, however, did not get the mandate to assist victims of discrimination due to other protected grounds like age, disability, sexual orientation, religion or belief.

In 2004 the Government presented *Disability and job – an employment strategy for disabled people*, aimed at helping more disabled people into employment.[2]

Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments

The private employers do have the possibility to apply affirmative measures in relation to the disabled according to the Labour market discrimination Act section 9, subsection 3. Section 9 Subsection 3 also applies to age, but NOT to race and ethnicity, religion and belief or sexual orientation. [3]

The *Law on Active Social Policy* (1998) which provides for vocational rehabilitation and 'flex jobs'. Flex jobs are jobs with wage subsidies of 25%, 50% or 75% of the minimum wage (the 25% band will be eliminated in 2003). There are also 'protected jobs' which carry a 50% subsidy, where the person works for 1/3 of normal time.

The *Law on Compensation to Persons with Disabilities in Employment* (LCPDE) provides for:[4]

1. Preference for workers with disabilities in the public sector:
- in practice, only a few authorities apply the preference law in their appointments;
- However, the law is applied in licensing for stalls and taxi-driving.
2. Icebreaker scheme: a subsidy scheme for new entrants into employment with disabilities
3. Scheme for payment for work aids, tools and improvements in accessibility

[1] (from Definitions of Disability in Europe, A comparative analysis page 110)

[2] Ministry of Social Welfare, Ministry of Health and Prevention (2008), National Report on Strategies for Social Protection and Social Inclusion 2008 – 2010. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/denmark_en.pdf

[3] Report on measures to combat discrimination, Directives 2000/43/EC and 2000/78/EC COUNTRY REPORT Denmark, Niels-Erik Hansen, 8 January 2007 page 48

[4] Definitions of Disability in Europe, A comparative analysis p.168

4. Personal assistance scheme - normally up to 20 hours per week, but in some cases fulltime

According to Statistics Denmark (August 2008) there were 8400 persons that would like to have but could not find a flex job. [1]

Key bodies responsible for enforcement / delivery (including state, private and third sector)
Denmark applies sector responsibility.

4. Education, training and life long learning

What are the participation rates in different forms of education?
What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

Labour force
Persons with or without handicaps (highest finalised education) between 16-64 [2]

(Percent)

	with disabilities	without disabilities	
No education	42,8	39,6	40,4
Skilled worker	55,2	47,6	49,5
Higher education	21,8	26,6	25,4
Extrapolation to population	858350	2556313	3414663
Survey size	2469	6493	8962

People aged 25-64 with at least one restriction by degree of restriction and education attainment levels, LFS,2002)[3]

Women with disabilities 25-54 years			Men with disabilities 25-54 years		
Considerably restricted	Low - Med - High -	42.1 42.1 15.7	Considerably restricted	Low – Med – High -	34.3 48.8 16.9
To some extent restricted	Low - Med - High -	26.4 50.7 22.9	To some extent restricted	Low – Med – High -	32.4 49.5 18.1
Not restricted	Low – Med – High -	13.9 49.8 36.2	Not restricted	Low – Med – High -	15 56.8 28.2

[1] August 2008 Newsletter from Statistics Denmark.
[2] SFI Handicap og beskæftigelse 2006 Vilkår og beskæftigelse for handicappede på arbejdsmarkedet, SFI 2008 (Disability and employement 2006) TABEL 3.8
[3] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

Women with disabilities 55-64 years			Men with disabilities 55-64 years		
Considerably restricted	Low- Med – High -	50.0 35.2 14.8	Considerably restricted	Low- Med – High -	30.2 56.2 13.6
To some extent restricted	Low- Med – High -	37.5 40.7 21.8	To some extent restricted	Low- Med – High -	22.0 48.1 29.8
Not restricted	Low- Med – High -	27.6 48.2 24.2	Not restricted	Low- Med – High -	19.8 51.6 28.6

Low = ISCED 1+2; Med = ISCED 3+4; High = ISCED 5.

Qualitative data:

Special Education [1]

A fundamental principle of Danish educational policy is that everyone should have the same access to education and training that is basically free of charge from the time a child is five or six years old. The purpose of special needs education (SEN) and other special pedagogic assistance is to encourage the development of pupils with SEN in accordance with the guidelines, which are stated in the Provision of Purpose in the Act of the Folkeskole (Act of primary education). The Danish government sets up the act, the rules, the goals and framework for education. The local school authorities are responsible for the education of all pupils. The responsibility for the expenses for special needs education and other special educational assistance lies with the local council (the municipality), except for expenses for pupils with extensive needs or support.

Definitions of SEN/disability
The understanding of special needs education varies over counties. In recent years efforts have been made to define the concept on the basis of the objective of a school for all. Special needs education constitutes the potential of the school to support pupils whose needs are not fully satisfied in the mainstream education process. However, special needs education is not supposed to be an alternative, which exempts the pupils from the general provision.

Assessment
It is presumed that if a pupil needs special education, or if the pupil's schooling causes concern in other respects, the pupil can be recommended for a pedagogical-psychological assessment.

Young people (up to 25 years) with special needs have a right to a three-year youth education programme, which will ensure that mentally disabled young people and other young people with special needs attain personal, social and academic competencies for independent and active participation in adult life and, if possible, for further education and employment.[2]

Provision for pupils with SEN[3]
Special education can be arranged in different ways:
1. the pupil remains in a mainstream class and receives:
(a) education in one or more subjects as a supplement to general teaching;
(b) special needs education that substitutes the pupil's participation in normal education in one or more

[1] Special education across Europe in 2003 Section 3.4 Denmark
[2] Ministry of Social Welfare, Ministry of Health and Prevention (2008), National Report on Strategies for Social Protection and Social Inclusion 2008 – 2010. At:
http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/denmark_en.pdf
[3] Special education across Europe in 2003 Section 3.4 Denmark

subjects;
2. the pupil's membership of a mainstream school class stops and their entire education is given in a special class either within a mainstream school or within a special school;
3. the pupil is a member of either a mainstream class or a special class, but receives education in both types of classes.
Special classes exist for pupils with learning difficulties, dyslexia, visual impairment, hearing problems and for pupils with a physical disability.

In 2001 the Danish Ministry of Education launched a new three year programme that aims to improve and maintain the quality of special needs education. As one of its goals the KVIS programme ('Quality in Special Needs Education') aims to increase inclusiveness in Danish schools, thereby ensuring that all pupils receive an offer of quality education as close to their home and public school as possible. The programme deals with eight thematic areas set out by the Danish Parliament:

- individual educational planning and teaching;
- parent–school collaboration;
- school structuring and teaching means;
- management and teacher qualifications;
- transition from compulsory school to further education and employment;
- co-ordination of school and leisure time;
- infants and, finally,
- knowledge mediation, responsibility and division of tasks.

There are special education (study) grants (SU) for disabled students[1]

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?
What are the rates of independent living among women with disabilities?

Qualitative data:

- **What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources?**
- See section 7 on social protection and standards of living.
- The government's action plan has independent living as a priority.

Personal assistance scheme is applied in Denmark to support people with disabilities. In 2007 the scheme was expanded in order to include people with mental disabilities. Before that, only people with psychical disabilities where benefiting from it.

Quantitative data:
Rates of women with disabilities in care no specific statistics on women is available.

[1] source: Sif Holst

In 2006 17.300 lived in special housing for adult disabled people. [1]

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?
Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

See text about LSS and LSP in section 7 social protection and standards of living.

Many disabled persons have physical problems getting to the family doctor due to accessibility barriers like stairs, no elevators etc. Even in the hospitals the wards are not generally equipped with disability toilets. The legislations say that all new building must be available for disable persons. [2]

Is there recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services?

Disabled women have the same rights as all other Danes. Access to health care is free of charge. . Sector responsibility[3] means that all areas of society should be involved in the disability area. The responsibility for equal right of disabled people is placed with the sector or authority that has the general responsibility on a particular policy or social area. [4]

What services are available which are gender and disability sensitive?

A special problem occurs in relation to disable women that are pregnant due to the rule that appliance support only applies if the disability is permanent. A disabled woman that normally manage without for instance a wheel chair may need this due to the extra burden of a pregnancy but cannot obtain it due to the rule that the need must be permanent.[5]

Quantitative data: Please compare access rates for women with disabilities and women without disabilities to the following:
NA

[1] The social resource account for elderly and adults, March 2006. (Den sociale ressourceopgørelse for ældre og voksne marts 2006).
[2] source Sif Holst

[3] The home page of The Equal Opportunities Centre for Disabled Persons http://www.clh.dk/index.php?id=1061

[4] Home page of ministry for economics and business affairs, http://www.oem.dk/publikationer/html/handicap/hele.pdf http://search.oem.dk/cgi-bin/MsmGo.exe?grab_id=4&page_id=11960064&query=handicap&hiword=handicap+
[5] Source: Sif Holst

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)

There are no specific policies in relation to women with disabilities.

The Law on Social Pensions (which dates from 1921, but was substantially extended in 1965 and reformed in 1984, with further changes in 1998) provides for three levels of early or before-time pension (førtidspension). The medium level (førtidspension) can be awarded when a person's 'vocational ability' is reduced by at least two-thirds due to a medical condition; the highest pension where his or her remaining vocational ability is negligible. The lowest level (almindelig førtidspension) is awarded when the claimant's working ability has been reduced by at least half for medical and/or social reasons. All the benefits are noncontributory. The lowest level (Almindelig førtidspension) is means-tested against all income when it is awarded for social or social-medical reasons. All the pensions are subject to reduction against wage income.[1]

Long-term unemployed people on social assistance may also be directed towards vocational rehabilitation (including e.g. remedial education). Entry into rehabilitation is not based on medical criteria. The municipality considers the award of a disability pension when possibilities for rehabilitation and employment (including sheltered employment) are exhausted. Formally the claimant does not apply for the pension: it is proposed by the municipality as the last option.[2]

The Law on Social Services (LSS) makes specific provision for care for both children and adults with disabilities (as well as other groups - children generally, terminally ill etc). The Law on Social Pensions (LSP) provides for 'Outside assistance allowance' to people requiring continuous assistance when outside due to disability, and for 'Constant care allowance' (instead of outside assistance allowance) if the disability requires constant care or supervision'.

The municipalities are responsible for administering most provisions.

Disability insurance

In Denmark, there is no disability insurance system (except for industrial injuries and occupational disease insurance, which is semi-private) and income support for disabled people is integrated with general social assistance. This has contributed to some striking innovations in the way in which the disability category is used in income maintenance policy in Denmark. The lowest level of disability pension may be awarded when the claimant's working ability has been reduced by at least half for medical *and/or social* reasons. Where the award is for social reasons, the benefit awarded (specifically, the means test) is aligned with general social assistance.

Higher levels of pension are currently awarded based on higher levels of work ability reduction (indicated by more severe functional limitations). However, the rationale for these distinctions has been somewhat unclear. One rationale is that more severely disabled people have higher living costs arising from their disabilities, so benefits should rise with severity. However, it is arguable that, if the purpose of the categorical distinction is to reflect extra costs of living, then the assessment of disability should focus on these extra costs, and not on inability to work. This idea is behind Danish reforms which are currently in

[1] Definitions of Disability in Europe, A comparative analysis page 109

[2] Definitions of Disability in Europe, A comparative analysis page110

progress. From 2003, the income support and activation system will focus solely on 'working ability', a concept which refers to any obstacle to working and is not medically-based. Needs related to medical disability such as assistance with ADLs or other aspects of independent living will be reflected in separate provisions under the Social Service Law, rather than being incorporated into the main income support benefits.[1]

Administration disability benefits
The transition to localised administration of the main disability benefits in Denmark has raised some issues. The integration of social assistance, sickness and disability provision at the local level in Denmark, combined with an approach to assessment which emphasises professional judgement over the application of rules and instruments, creates considerable scope for flexibility in the classifications used. The benefit rules (in particular, the alignment of rates for disability benefits with other benefits) suggest that this flexibility is recognized and even encouraged in the interests of effective administration of provisions to promote participation in employment. However, the converse implication is that disabled people are treated in a similar way to other social assistance recipients.[2]

Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources)
Assistance with disability-related expenses: See LSS

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data: There is nothing special for women but in general for people with disabilities.
Legislation / Policy / Measures in place to facilitate access to goods and services, e.g.:

The stated purposes of the Law on social services (LSS) include 'to improve the individual's opportunities for life experiences through contact, social and other activities, treatment, care and attendance'.
Provisions for disabled persons cover:

- counselling
- personal care and assistance;
- assistance or support for necessary practical work in the home;
- assistance in maintaining physical or mental skills.

Specific provisions include:

- payment of extra costs of maintenance (not for people receiving a social pension,
- except the most severely impaired), where such extra costs are a consequence of the
- impairment;
- provision for technical aids, consumer durables, car subsidy etc.

[1] Definitions of Disability in Europe, A comparative analysis (from page 62)
http://ec.europa.eu/employment_social/index/complete_report_eu.pdf

[2] Definitions of Disability in Europe, A comparative analysis(from page 79)
http://ec.europa.eu/employment_social/index/complete_report_eu.pdf

The rights specified by the Law on Social Services relating to mobility, social contact and the development of skills are age-limited.[1] In Denmark provisions under the Law on Social Services are oriented towards the most active; there are separate, and less generous, provisions for pensioners under the Law on Social Pensions.[2] [3]

The Law on Social Pensions (LSP) allowances cover extra costs related to care from another person (other types of cost appear to be implicitly included in the basic amounts for the social pension).

LSS: Individual needs determine the level of provision. However, there are some specific allocations. A specific allocation of 15 hours of attendance per month, saveable over 6 months, is available to 'persons under 67 whose freedom of movement is impeded due to substantial and permanent impairment of the physical or mental function', who are not receiving other forms of care. Several articles of LSS are directed towards establishing flexibility in the way provision is organised, including:

- opportunity for the person receiving care to appoint a person to carry out the duties. The
- person so appointed shall be subject to approval by the municipal authority, which is then
- to agree with the appointee in writing as to the extent and scope of the duties, payment,
- etc.
- substitute or relief assistance to a spouse, parents or other close relatives providing care
- option for the municipality to pay a subsidy to any assistance engaged by the person
- where it is unable to provide the service itself[4]

Minimum standards and guidelines for the accessibility of facilities and services (public and private)
Transport, parking and mobility initiatives. In 2001 Denmark completed a standard for accessability.[5]

Local authorities are required to check the accessibility in buildings[6]

People[7] who are unable to walk more than 50 steps have the right to

- a disability sign (for car parking). The programme is administered by the Danish disability organisations.
- right to assistance (ledsager skilt) for use in public transport. The programme is administered by the DSB (the Danish National Rail way Company)

Are there any schemes or programmes in place which provide assistive technologies (specifically to women with disabilities, or to disabled people in general) and is there any data on take-up (by women with disabilities and men with disabilities) See LSS

[1] (Definitions of Disability in Europe, A comparative analysis page 42)

[3] (Definitions of Disability in Europe, A comparative analysis page 42)

[4] Definitions of Disability in Europe, A comparative analysis

[5] Accessibility legislation in Europe from September 2001 page 5

[6] Accessibility legislation in Europe from September 2001 page 17

[7] source Sif Holst

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?
What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?
What is the extent of abuse faced by the women with disabilities?

In **the governments action pla**n to mitigate violence against women from March 2002 [1] one of the focus areas were women with reduced physical and mental ability.

- the victims must have all possible support
- The authorities must improve in the dealing with domestic violence
- The violence in the homes must be mitigated.
- Prevention of violence must be improved and knowledge about the cause of domestic violence should be investigated.

The action plan includes following targets:

a) improve the support to victims e.g. information to affected women of the available support measures and investigation of crisis centre capacity and capabilities

b) Activities towards the abuser

c) Activities towards the professionals (police, social and health staff, inter-sectoral cooperation) to ensure professional staff have sufficient knowledge and education to support the victims

1. through nationwide information campaigns for professionals
2. Analyses of the efficiency of the current cooperation between professional groups and how to improve it
3. Establishing inter-sectoral teams
4. Creating a toolbox for professional on how to work with domestic violence
5. Strengthening the cooperation between authorities and crisis centres.
6. Investigate how to educate in relevant institutions.

A pilot study was initiated focusing on 3 areas [2]

Existing knowledge in Europe
Partner violence against disabled women
Crises support and emergency homes for women in Denmark

Specific issue regarding abuse against disabled women.
In the latest follow up on the status of the implementation of the action plan on mitigation of abuse of women[3] specific initiatives on making crisis centres accessible for disabled woman (7 crisis centres are participating) and educating crisis centre staff.

An information folder on disabled woman has been published by National Organisation of Shelters for Battered Women and their Children (LOKK)[4]

[1] Government action plan against abuse of women, (Regeringens handlingsplan til bekæmpelse af vold mod kvinder 8. marts 2002) available at http://www.ufch.dk/Default.aspx?ID=102**)**

[2] Violence against women (Vold mod kvinder Lise Bjerre & Maria Lincke Jørgensen, Formidlingscenter Øst, 2002):

[3] Status on implementation of activities (http://www.lige.dk/files/PDF/Vold/status2008_hp_vold.pdf)

[4] Home page of LOKK, (http://www.lokk.dk/PDF/Andre/folder_handicap.pdf)

For disabled women exposed to violence there are a number of additional issues related to the disability.
An unequal relationship, low self esteem, problems with sexuality, dependency on partner, need to adapt to other people,
Difficulty in breaking out of a relationship due to physical dependency, limited network
No place to go as the crises centres are not accessible for disabled women.
Abuse of disabled women is a taboo.

Statistics
The latest Danish research about violence against women from 1998 showed that 4250 women sufferance from abuse from their partner. There is no statics that focus on the percentage of these being disabled. The only available knowledge is that approx 50% of the crisis centres have rejected women due to their handicaps[1]

At the home page "violence against disabled women a list of literature (in Danish) on violence against disabled women is available [2]

Quantitative data:
- Levels/rates of those suffering abuse (related to their age)
NA

Web page from "Vold mod kvinder med handicap" (Violence against disabled women)
http://www.ufch.dk/Default.aspx?ID=99
[1] http://www.ufch.dk/Default.aspx?ID=98
[2] Web page : "Vold mod kvinder med handicap" (violence against disabled women).
http://www.ufch.dk/Default.aspx?ID=114

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport? What are the levels of participation?

Across most of the Danish disability movement there is a feeling of equality and only recently a gender policy was established within DSI. DSI, the Danish umbrella organisation, has 32 member organisations and only 9 (28%) of these have women as chairpersons/presidents. DSI has a male chairperson and only 2 (28%) out of the 7 executive committee (board) members are women, only 1 (20%) out of DSI's 5 political committees have a woman as a chairperson, though all in all 39% of the members of the political committees are women. Out of DSI's 97 local branches, 29 (30%) of the branches have a woman as the chairperson.

Among youth women leaders are a majority, DSI-Youth's chairperson is a woman, 3 out of 5 (60%) in the board are women, 10 out of the 13 member organisations (77%) have women as chairpersons and 2 (50%) of DSI-Youth's political committees have a woman as a chairperson; all in all 61% of the members of the political committees are women. There are no local DSI-Youth districts. It is important to note that besides the gender difference between DSI and DSI-Youth there is also an age difference. An estimate would be that a good deal of the key figures in the Danish disability movement is between 55 – 65 years of age, whereas in DSI-Youth the most active are between 25 – 35 years of age. Very few disabled women (or men for that matter) are represented in national organisations or in political parties. In a few organisations one or more of the disability organisations have a seat on the board or are member organisations. An organisation for women with disabilities has been formed but only has around 100 paying members. None of the disability organisations have a women's wing or committee.[1]

In order to establish a dialogue forum between local representatives and disabled people on the local authority's disability-policy initiatives and development, local disability councils were established in 2006. The disability councils were composed of an equal number of local representatives and representatives from the organisations for the disabled. The individual local authority makes the final decision on the number of members, although it may not be lower than six or higher than 12. The disability council must be consulted in connection with all initiatives of significance to disabled people. The councils may also advise local authorities in disability-policy issues. The councils may consider all local policy issues concerning disabled people. The disability councils thus perform an interdisciplinary function and, in this way, they allow for groups with different disabilities and work across administrative and political boundaries.[2]

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[1] (European Conference, Madrid, Novemebr 2007, Recognising the rights of girls and woman with disabilities, presentation, DISABLED PEOPLES ORGANISATIONS DENMARK (DPOD) SIF HOLST (DSI) (page 129-135)

[2] Ministry of Social Welfare, Ministry of Health and Prevention (2008), National Report on Strategies for Social Protection and Social Inclusion 2008 – 2010. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/denmark_en.pdf

Country fiche: Estonia

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

There is no specific ministerial responsibility for women with disabilities in Estonia or a specific government body or agency responsible for women with disabilities. Although there is a non-governmental organisation specifically dealing with the issues of disabled women – the Estonian Union of Disabled Women.

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

The UN Convention on the Rights of Persons with Disabilities (but not the Optional Protocol) was signed by the President of Estonia Toomas Hendrik Ilves on 25 September 2007. Preparation process to ratify the Convention is being coordinated by the Department of Social Welfare of the Ministry of Social Affairs of the Republic of Estonia. As the Convention is very broad and complex in its content, an extensive study is being prepared at the moment analysing current state-of the art of legal frameworks concerning people with disabilities in Estonia identifying inconsistencies, gaps and further needs in relation to the ratification of the Convention. The process involves significant coordination of a number of government institutions such as the Ministry of Economics, the Ministry of Education, the Ministry of Culture and the Ministry of Interior etc. and disability organisations, such as the Estonian Chamber of Disabled People[1].

According to the Ministry, there is no special attention being paid to women with disabilities as a special group in light of the preparation process to ratify the Convention in Estonia - the needs of disabled people are seen as being general for men, women and children[2]. It is planned that the Convention will be ratified in the Riigikogu (Estonian parliament) in February – March 2009.

The most recent national data that is informing the ratification process in Estonia is the Disability Survey 2006[3] undertaken by the Statistics Estonia. At the end of 2008 a new statistical survey will be planned with the possibility to include additional themes and breakdowns of statistical data in relation to the Convention although, as mentioned above, women with disabilities are not recognised (at the ministerial level) as

[1] The Estonian Chamber of Disabled People is the national umbrella organisation for people with disabilities in Estonia. The Chamber has 46 member organisations. The organisation was established in 1993 and have since expanded the number of member organisations. In 1998, 16 regional umbrella bodies of the Estonia counties became members of the Chamber. Retrieved 10 September 2008, from: http://www.epikoda.ee/index.php?op=2&path=IN+ENGLISH and http://www.epikoda.ee/include/blob.php?download=epikmain1&id=0772.

[2] Interview with Ms. Monika Haukanõmm, specialist for elderly and disabled, Ministry for Social Affairs, 6 November, 2008.

[3] Social sector in figures, 2006 (in Estonian, but some parts have been recently translated into English). Available from: http://www.sm.ee/eng/HtmlPages/arvudes2006koosinglise/$file/arvudes2006koos%20inglise.pdf.

requiring specific attention and therefore there is a risk that additional statistical data describing the situation of disabled women in Estonia won't be included[4]. The survey will be undertaken in 2009 and early results available in 2010.

There is no legislation in Estonia specifically addressing the issue of disabled women[5]. At the moment the *Law of Equal Treatment* is going through the second reading in the Riigikogu (Estonian parliament) and is relevant for disabled people mainly because it addresses employment approaches. On the other hand, it is fairly limited as new legislation where the issues of disabled people are only viewed and a concern though economic relations, but not included in other areas, nothing is stated and relevant to disabled women[6].

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

The terms used by Estonia Statistics[7]:

Disability — the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person[8].

Moderate disability — moderate disability is the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person as a result of which the person needs regular personal assistance or guidance outside his/her residence at least once a week.

Permanent incapacity for work — there are two degrees: total incapacity for work; partial incapacity for work. The extent of permanent incapacity for work is expressed as a percentage of loss of capacity for work, by a number ending with zero.

Partially incapacitated for work — a person who is able to work in order to support himself or herself but who due to a functional impairment caused by an illness or injury is not able to perform work suitable for him or her in the amount corresponding to the general national standard for working time. A loss of 10–90 per cent of the capacity for work corresponds to partial incapacity for work.

Profound disability — profound disability is the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person as a result of which the person needs constant personal assistance, guidance or supervision twenty-four hours a day.

Severe disability — the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person as a result of which the person needs personal assistance, guidance or supervision in every twenty-four hour period.

Totally incapacitated for work — a person with a serious functional impairment caused by an illness or injury due to which he or she is not able to work in order to support himself or herself. A loss of 100 per cent

[4] Comment is based on the interview with Ms. Monika Haukanőmm, specialist for elderly and disabled, Ministry for Social Affairs, 6 November, 2008.
[5] Interview with Ms. Mare Abner, The Estonian Union of Disabled People, 21 August 2008.
[6] *Ibid.*
[7] Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/05Health/02Disability/PHV01.htm.
[8] The same term is also used in the legislation.

of the capacity for work corresponds to total incapacity for work.

Since 2000 a new system for determining the degree of disability and the incapacity for work was adopted in Estonia[9].

Up to 2000 disability assessment committees determined the incapacity for work in three categories of disability. These **three categories** (1st group, 2nd group and 3rd group of disability) were the grounds for receiving the disability pension.

From 2000 medical assessment committees[10] determined the incapacity for work in per cents (10%, 20%, 30% and etc up to 100%) and disability in **three degrees of severity of a disability** (profound, severe or moderate).

Due to differences between the previous and the new system, the time series on persons declared disabled according to the categories of disability (1985–1999) and the new time series of persons incapacitated for work in per cents were started from 2000. However, these data are still partly comparable:

- 100% incapacity for work corresponds to the 1st disability category,
- 80–90% incapacity for work corresponds to the 2nd disability category and
- 40–70% incapacity for work corresponds to the 3rd disability category.

The pension for incapacity for work is not granted if the incapacity for work is less than 40%. However as revealed in the interviews, even a new disability assessment system is based on a narrow medical perspective that is too narrow to facilitate the change in understanding of the disability from the disability as inability to disability as restricted ability[11].

What is the population of women and girls with disabilities in the country?

Quantitative data[12]

As on 1 January 2008, there were a total of 117 600 persons with an established degree of disability in Estonia. 111,900 of these people were aged 16 years or older. The persons with an established degree of disability amounted in 2007 to 8.3 % of the entire Estonian population, which represents an increase by 0.3 per cent in comparison to 2005. The majority of them are senior citizens – 60 % of all disabled persons are

[9] Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/05Health/02Disability/PHV01.htm.

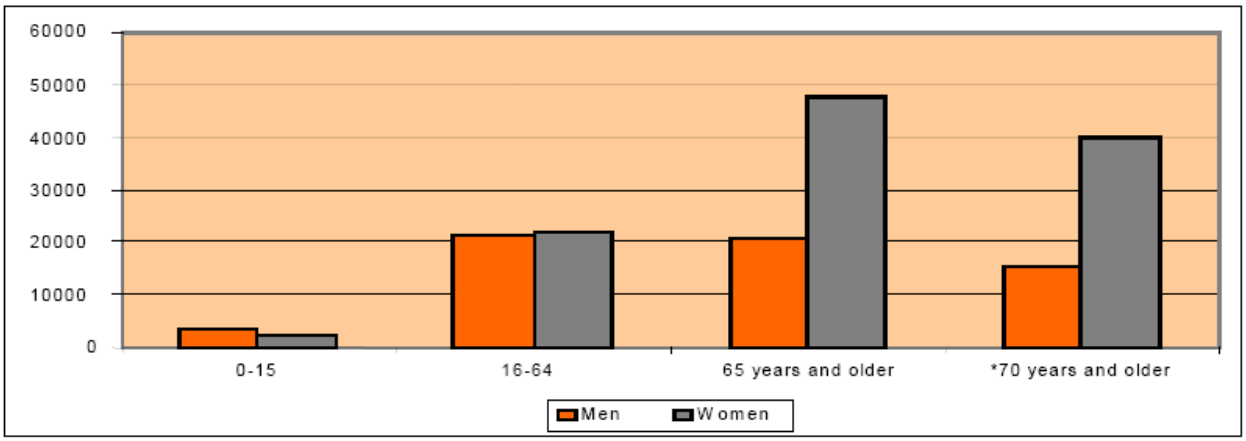
[10] Disability assessment committee — committee at a health care institution whose task is to determine the degree of the incapacity for work, category and cause of disability. In: Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/05Health/02Disability/PHV01.htm.

[11] Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from: http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.

[12] Most of the data about women and men with disabilities was kindly provided by Ms. Tiina Linno, Adviser, the Department of Social Information and Analysis of the Ministry of Social Affairs of Estonia.

63 years or older. The increase in the percentage of disabled persons is partially due to general ageing of population (the number of disabled children, aged 0-15, was 5,810 in 2005 and 5,699 in 2007). More than half of persons with established degree of disability had severe disability, nearly one third had moderate disability and slightly less than one eighth had profound disability[13].

Figure 8. Distribution of disabled persons by sex and age group, 01.01.2008, %



Source: Social Insurance Board
* Persons aged 70 years and older are also included in the age group of persons aged 65 years and older.

(extracted from the National Report on Strategies for Social Protection and Social Inclusion)

	Women with Disabilities	Women	Men with disabilities
Size of population[14], 01.01.2008. For comparison: Total Population as of 1 January 2007 is 1 342 409[15]	71,793	723,525	45,853
% of total population	5.4	54.0	3.4
% of female population	11.6	100.0	n/a
Disaggregate by age if possible as follows:	71,793=100%	723,525=100%	45,853=100%
< 15 year olds For comparison: As of 1 January 2007[16], there were:	3.1%	14.5%	7.5

[13] National report on Strategies for Social Protection and Social Inclusion – Estonia
[14] By the definition of the Estonian Social Benefits for Disabled Persons Act (PISTS - in Estonian);
Source: Social Insurance Board.
[15] Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/05Health/02Disability/PHV01.htm.

- female: 96 989 in total - male: 102 755 in total			
16-64year olds For comparison: As of 1 January 2007[17], there were[18]: - female: 473 888 in total - male: 439 408 in total	30.5%	64.2%	47.1%
> 65 year olds For comparison: As of 1 January 2007[19]: there were: - female: 153 176 in total - male: 75 982 in total	66.4%	21.3%	45,4%
Disaggregate by ethnicity[20] For comparison: As of 1 January 2007, there were (largest ethnic groups)[21]: Female in total: - Estonians: 491 764 - Russians: 191 116 - Ukrainians: 14 501 Male in total: - Estonians: 429 298 - Russians: 153 164	No information	No information	No information

[16] *Ibid.*
[17] *Ibid.*
[18] Age group is 15-64 as 16-64 is not available.
[19] Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/05Health/02Disability/PHV01.htm.
[20] **Breakdown by ethnicity is of special importance in Estonia, because large minority groups (e.g. Russian ethnic minority) exist in Estonia (and especially in certain areas, such as Tallinn and the Northeast of Estonia) and, as mentioned, they are in less favorable situations than other disabled people in Estonia – this is mainly due to their poor knowledge of Estonian language and lower participation in organizations representing their interests and needs.** In Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from: http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.
[21] *Ibid.*

- Ukrainians: 13 657									
Disaggregate by type/severity of disability	100%=Women with disabilities			100%=Women			100%=Men with disabilities		
Degree of disability 1 - Moderate 2 - Severe 3 – Profound	1	2	3	1	2	3	1	2	3
Psychic disorder, %	3.1	10.1	2.4	0.3	1.0	0.2	3.4	14.6	3.4
Speech impairment, %	0.1	0.1	0.0	0.0	0.0	0.0	0.3	0.3	0.0
Hearing impairment, %	1.0	0.6	0.0	0.1	0.1	0.0	1.3	0.8	0.0
Visual impairment, %	0.8	2.0	0.9	0.1	0.2	0.1	0.8	1.7	0.8
Moving impairment, %	15.0	23.9	5.1	1.5	2.4	0.5	13.2	18.6	5.4
Other (incl. general illness and multiple impairment), %	14.6	17.0	3.2	1.5	1.7	0.3	14.6	17.3	3.6
Is there information on the size of the household where they live?	No data			No data			No data		
	100%=Women with disabilities			100%=Women			100%=Men with disabilities		
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability) Degree of disability 1 - Moderate 2 - Severe 3 – Profound	1	2	3	1	2	3	1	2	3
0-15, %	1.0	1.9	0.4	0.1	0.2	0	2.4	4.5	0.9
16-17, %	0.2	0.3	0.1	0.0	0.0	0.0	0.4	0.7	0.1
18-64	13.8	14.4	2.5	1.4	1.5	0.3	17.6	23.3	5.6
65 and older	19.6	37.1	8.7	2.0	3.8	0.9	13.2	24.8	6.6

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

There is no legislation or policies specifically recognising the right of women with disabilities to work.

Quantitative data[22]

Several specialised statistical surveys in relation to employment are planned under the European Social Fund (ESF) programmes "Improving the quality of working life 2007-2008" and "Welfare measures to support employment 2007-2009" for the period 2008-2009[23]:

- **The survey on disabled persons** - should map the changes in the coping and employment of disabled persons since 2005 to evaluate the implementation and efficiency of the policies and measures for disabled persons;
- **The survey on employment support measures for disabled persons** - will collect in-depth information on the employment barriers and motivators of disabled persons and assess the efficiency of employment support measures offered to disabled persons. The data collected in the survey will serve as an input for developing and improving the measures to support employment of disabled persons, including professional and vocational rehabilitation, and improve the quality of social and labour market services;
- **The survey on care burden on the families of disabled persons** - will be used to address the gap in information on the care burden of the family members of disabled persons, the associated restrictions on employment and participation in social life, as well as the need for and availability of services that reduce the care burden;
- **The survey on the provision and organisation of rehabilitation services** - will map the current situation and problems of the providers of rehabilitation services and rehabilitation teams. The conclusions of the survey will be used to develop the rehabilitation system, including vocational rehabilitation and training of rehabilitation teams and specialists;
- **The survey on the attitudes of employers** - will identify the attitudes and practices of employers when employing people from different social groups (including disabled persons) and managing their professional lives.

The following indicators and target levels will be used to evaluate the efficiency of existing and additional measures[24]:

INDICATOR	BASELINE (2007)	PLANNED (2010)
Employment rate of persons (age group 15-64) with restricted capacity for work due to long-term illness	32.6% (2006)	38.5%
Percentage of disabled persons on 24-hour welfare services of all adults with disabilities	6,4%	6,2%

However there is no indication that specific attention is paid to the employment statistical data on women with disabilities.

[22] Most of the data about women and men with disabilities was kindly provided by Ms. Tiina Linno, Adviser, the Department of Social Information and Analysis of the Ministry of Social Affairs of Estonia.

[23] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

[24] *Ibid.*

	Women with disabilities: with long-term health problem — long-term (6 months or longer) illness or disability, 2006. annual average, Aged 15-64, %	Women[25]		Men with disabilities: with long-term health problem — long-term (6 months or longer) illness or disability, 2006. Annual average, Aged 15-64 (%)
		2006 Aged 15-64. Annual average, %	2007 AGED 15-64. Annual average, %	
Employment rates[26] Although there is inconsistency between different data: for instance, According to the Survey on Coping and Needs of the Disabled, only 14% of disabled persons of employable age were employed[27]. The 2006 Labour Force Survey indicated that the employment rate of disabled persons (age group 15-64) was only 32.6% while the general population employment rate in the same period was 67.7%[28]. For comparison: Female: 68,67% (Estonian and non-Estonian females from the total number of women of age 15-64) Men:	34.2	65.1	65.7	31.1

[25] Estonian Labour Force Survey. Retrieved 2 October 2009, from: http://pub.stat.ee/px-web.2001/temp/ML335200892463615.xls.

[26] Employed — a person who during the reference period
- worked and was paid as a wage earner, entrepreneur or a free-lancer;
- worked without direct payment in a family enterprise or on his / her own farm;
- was temporarily absent from work.
Estonian Statistics: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/09Labour_market/12Unemployed_persons/02Annual_statistics/ML04.htm

[27] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010. PrepareduUnder the Open Method of Coordination of the European Union. Retrieved 2 October 2008, from: http://ec.europa.eu/employment_social/spsi/strategy_reports_en.htm.

[28] *Ibid.*

75,10% (Estonian and non-Estonian males from the total number of men of age 15-64)				
Unemployment rates[29] For comparison: Female: 15-24 years of age – 7.1 25-49 years of age - 4,5 50-69 years of age – 1.8 16 until pension age – 4.2 15-64 years of age 4,0 Male: 15-24 years of age – 12,1 25-49 years of age – 4,1 50-69 years of age – 5,2 16 until pension age[30] – 5,5 15-64 years of age 5,5	13.7	5.8	4.0	12.3
Long-term unemployment rates (%) For comparison: Female: In total[31]: 13.1 thousands Less than 6 months – 5,9 6 to 11 months - 1.4 12 months or more – 5,9 24 months or more – 3,2 Males: Total[32]: 18.9 thousands Less than 6 months – 7,5 6 to 11 months – 1,5 12 months or more – 10,0 ..24 months or more – 5,7	No data	2.6 (aged 15-74)	1.7 (aged 15-74)	No data

[29] Officially registered as unemployed and seeking work.
[30] Working-age / labour-age population — the part of the population that is used as the basis when examining the economic activity of the population, or in other words, the population of the age that is the object of a labour force survey (population between the ages of 15 and 74).
Estonian Statistics: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/09Labour_market/12Unemployed_persons/02Annual_statistics/ML04.htm
[31] Unit: thousands annual average, 2007.
[32] Unit: thousands annual average, 2007.

Part-time work rates[33] On the other hand, there is lack of flexible working arrangements in Estonia - according to the Survey on Coping and Needs of the Disabled, 60 % of the disabled persons who were willing to work preferred part-time work, but this type of work is not common is Estonia[34]. For comparison: Employed persons working part-time in 2004 – 47,6 thousands only[35]	24.1	9.7 For comparison: 31,5 thousands of all employed part-time (2004)	10.6	11.5 For comparison: 16,1 thousands of employed part-time (2004)
Self-employment rates	No data	4.7[36] (aged 15-74)	5.4[37] (aged 15-74)	No data
Poverty rates[38] (please disaggregate by the following age groups where possible: 0-15. 16-64. 65+) (%) For comparison: Males and females: 19,5%	No data	Total: 21.7 0-15: 17.4 16-64: 17.0 65 and older: 39.4 For comparison: 0-15 – 17,4% of all	No data	No data For comparison: 0-15 – 17,3% of all

[33] Proportion of the employed (full/part-time job total=100). %. Part-time worker — an employed person whose usual working time per week is less than 35 hours. except the occupations where a shortened working time is prescribed by the law.

[34] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

[35] Estonian Labour Force Survey. Retrieved 2 October 2009, from: http://pub.stat.ee/px-web.2001/temp/ML335200892463615.xls.

[36] Proportion of the employed (status in employment total=100). %. (Incl. employers. own-account workers. unpaid family workers), Source: Statistical Office of Estonia.

[37] *Ibid.*

[38] Please provide the definition of 'poverty' used in your country. The percentage indicates the share of persons with equalised disposable income lower than the at-risk-of-poverty threshold. Statistics Estonia. Retrieved 20 August 2008, from: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/13Social_exclusion_Laeken_indicators/HHS00.htm.
At-risk-of-poverty threshold — 60% of the median equalised yearly disposable income of household members.
Disposable (net) income — a sum of income from wage labour, benefits and losses from self-employment, property income, social transfers, regular inter-household cash transfers received and receipts for tax adjustment of which inter-household cash transfers paid, taxes on wealth and repayments for tax adjustment have been subtracted.
Equalised income — total household income, which is divided by a sum of equivalence scales of all household members.

from the whole population Females: 21,7% of all females; Males: 16,8% of all males		females in this age group 16-64 – 17,0% of all females in this age group 65+ - 39,4% of all females in this age group	males in this age group 16-64 – 15,9% of all males in this age group 65+ - 20,7% of all males in this age group
Inactivity[39] rates (thousands) For comparison: As of 1 January 2007[40] (thousands, annual average, man and women from the total population): 15-74: Total – 359,0 Studies – 117,7 Illness or disability – 51,8 Pregnancy, maternity or parental leave – 26,5 Need to take care of children or other members of family – 13,6 Retirement age – 132,9 Discouraged workers (lost hope to find work) – 7,3 Other reason – 9,2 15-24: Total – 128,5 Studies – 114,5 Illness or disability – 2.7 25-49: Total – 53,7	15-69: Due to illness or disability – 23,3 thousand comparing to total number of inactive people of this age - 305,8 thousand and the total number of inactive female of this age – 183,3 15-74: Due to illness or disability – 24,1 thousand comparing to total number of inactive people of this age - 359,0 thousand and the total number of inactive female of this age – 218,7	15-69: Total – 183,3 Studies – 62,4 Illness or disability – 23,3 Pregnancy, maternity or parental leave – 26,3 Need to take care of children or other members of family – 11,1 Retirement age – 53,8 Discouraged workers (lost hope to find work) – 2,5 Other reason – 3,8 15-74: Total – 218,7 Studies – 62,4 Illness or disability – 24,1 Pregnancy, maternity or parental leave – 26,3 Need to take care of children or other members of family – 11,3 Retirement age – 87,7	15-69: Due to illness or disability – 26,7 thousand comparing to total number of inactive people of this age - 305,8 thousand and the total number of inactive male of this age – 122,5 15-74: Due to illness or disability – 27,7 thousand comparing to total number of inactive people of this age - 359,0 thousand and the total number of inactive male of this age – 140,3

[39] The Estonian Labour Force Survey is based on the definitions devised by the International Labour Organisation.
Discouraged persons — non-working persons who would like to work and would be available for work as soon as there was work, but who are not actively seeking work because they do not believe in the chance of finding any.
Economically active population / labour force — persons who wish and are able to work (total of employed and unemployed persons).
Economically passive / inactive population — persons who do not wish or are not able to work.
[40]

Studies – 3,2 Illness or disability – 15,5 Need to take care of children or other members of family – 9,0 Discouraged workers (lost hope to find work) – 72,8 <u>50-74:</u> Total – 176,8 Illness or disability – 34,1 Need to take care of children or other members of family – 3,6 Retirement age – 132,9 Discouraged workers (lost hope to find work) – 3,4 <u>16-until pension age:</u> Total – 208,6 Studies – 103,7 Illness or disability – 42,1 Pregnancy, maternity or parental leave – 26,5 Need to take care of children or other members of family – 12,5 Retirement age – 9.0 Discouraged workers (lost hope to find work) – 6,6 Other reason – 8,3		Discouraged workers (lost hope to find work) – 2,6 Other reason – 4,2	
Qualitative data The **income** of households with at least one member with disability amounted to only 76% of the Estonian average in 2005. As the level of employment of disabled persons was low, the percentage of salaries in their income was also very small. Consequently, income of disabled persons largely depends on social transfers[41]. There were several initiatives specifically targeted at women with disabilities mainly implemented by NGOs in Estonia, for instance, a project called 'Developing entrepreneurship among disabled women in the Baltic States – Estonia (2003)' implemented by the Estonian Union of Disabled Women[42], but not that many			

[41] National Report on the strategies for Social Protection and Social Inclusion

[42] Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from:

undertaken by the governmental institutions (national, local or job centres).

At the moment there are 13 active labour market measures provided under the Labour Market Services and Benefits Act, four of which are specifically designed for disabled persons [43]:

- **Reasonable adjustments** - support to the employer employing a disabled person: 50% compensation of the cost of adaptation of premises and equipment but not exceeding the upper limit established for the support and free-of-charge special aids and equipment required for work (application shall be submitted by a disabled person or their employer);
- **Wage subsidies** - an employer can apply for a wage subsidy of up to 50% of the salary of a disabled employee, but not more than the minimum wage established by the Government;
- **Personal assistance** - a disabled person can receive communication support at work interviews and work with a support person, if necessary.
- **Labour market measures** - like all unemployed persons, unemployed disabled persons have access to market services, as well as unemployment allowance, grants, and transport and accommodation benefits for participation in labour market training.

There are many structural obstacles that affect poor participation of disabled people in the labour market in Estonia, for instance[44]:

- Restricted access to further education and vocational training opportunities;
- Not accessible public transport and public spaces;
- Accessibility lack of buildings;
- Lack of assistive technologies;
- Lack of specialised labour market services, such as training, induction and counselling support;
- Attitudes of employers and the public at large.

http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.
Information provided by Ms. Mare Abner, The Estonian Chamber of Disabled People.

[43] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

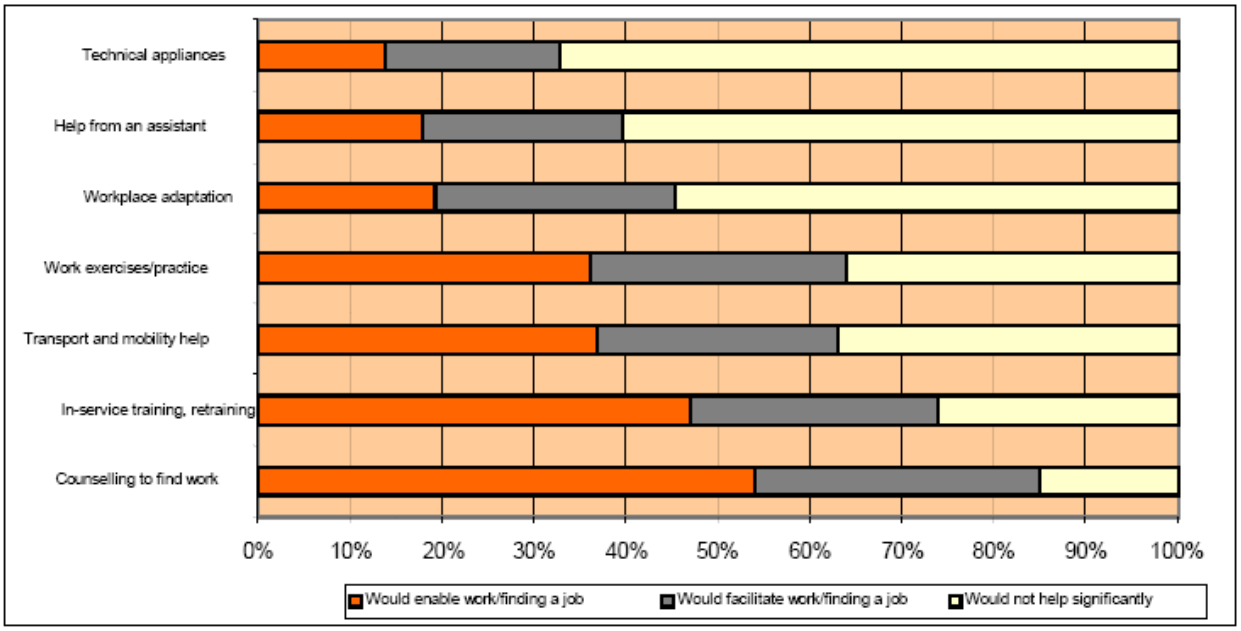
[44] *Ibid.* As well as:
In Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from: http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.
Interview with Ms. Mare Abner, Estonian Union of Disabled Women. 21 August 2008.

[45] National Report on Strategies for Social Protection and Social Inclusion – Estonia

[46] Interview with Ms. Mare Abner, Estonian Union of Disabled Women. 21 August 2008.

[47] Material provided by Ms. Tiina Linno, Adviser, the Department of Social Information and Analysis of the Ministry of Social Affairs of Estonia.
Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010. Prepared under the Open Method of Coordination of the European Union. Retrieved 2 October 2008, from: http://ec.europa.eu/employment_social/spsi/strategy_reports_en.htm.

Figure 9. Types of assistance required for finding and maintaining a job, 2005, %



Source: Ministry of Social Affairs

(extracted from the National Report on Strategies for Social Protection and Social Inclusion)

Generally, disabled persons are motivated to work by a desire for economic welfare (88 % of disabled persons) and for self-accomplishment (80 % of disabled persons). However, 60 % of the disabled persons who were willing to work preferred part-time work, which is not very common type of employment in Estonia. In addition, a frequent obstacle to participation of disabled persons in the labour market is lack of sufficient transport opportunities. Many local governments do not provide transportation for the disabled. According to the 2002 Labour Force Survey, 25 % of disabled persons believed that their opportunities for commuting between home and work were restricted. The survey on disabled persons indicated that, in order to start employment, they need primarily assistance to develop human capital – training, induction and counselling, as well as transport opportunities and a work environment that facilitates coping with work. Figure 9 shows the types of assistance required by disabled persons for participation in the labour market[45].

Many disabled women are engaged in handicrafts at home[46]. There are new opportunities offered by adjusted information and communication technologies (ICT), e.g. computers etc.

FURTHER ACTIONS:
The Ministry of Social Affairs is coordinating the implementation of new measures in relation to employment of disabled people as part of the activities under the Estonian ESF programmes[47]:

Development of services to support the rehabilitation system and independent coping of disabled persons by implementing the *ESF programme "Welfare measures to support employment 2007-2009"*, the new *Social Welfare Act* and *"Estonian Housing Development Plan 2008-2013"*. Period: 2008-2013, such as:

- **Further development of the rehabilitation system** (e.g. the development of implementation principles and processes; establishment of clear assessment criteria for the need for rehabilitation services; the development of guidelines for the rehabilitation process etc. as well as the development

of capacity building to deliver these services, e.g. the development of a methodological plan, guidelines and tools for training of rehabilitation specialists and their training);
- **Further development of social services** to facilitate more disabled people to work (e.g. supporting independent living, such as the development of daily life support services, supported living services, employment support services, living in community services, 24-hour care services, home care services, personal assistant services, care services (24-hour and day care in social welfare institutions, long-term nursing care services), adapted dwelling and transportation services);
- **The development of the network of counselling services and establishing of disability information and equipment centre** which will be part of the counselling centres network providing information on technical aids, adaptation of homes and workplaces;
- **Supporting housing adaptation and developing of guidelines on adaptation of dwellings for disabled persons** for local governments and construction companies.

Supporting income and employment opportunities of disabled persons by implementing the *ESF programme "Increasing the supply of qualified labour 2007-2013"*, the new *Social Welfare Act* and the new *Social Benefits for Disabled Persons Act*. Period: 2008-2013, such as:

- **The development of the delivery capacity and range of labour market services** - for employed disabled persons - adaptation of workplaces, appliances required for work, career counselling, specialist training and support person services for further on-job training; for unemployed disabled persons - career counselling, specialist training, work practice, work exercises for disabled persons, psychological counselling associated with employment, social rehabilitation and customised solutions.
- **A system of professional evaluation** of competences of disabled persons will be launched in 2010.
- **The development of specialised transport services** for the purpose of studying, working and using public services for persons disabilities;
- **Compensation of additional costs** occurred due to disability in relation to employment activities.

4. Education, training and life long learning

What are the participation rates in different forms of education? **What are the key legislation / policies in relation to the education of women and girls with disabilities?**			
Quantitative data: Available disability data is not disaggregated by gender[48].			
	Women and girls with	Women and girls[49]	Men and boys with disabilities

[48] Statistics Estonia, *Esg07: Female Pupils and Students in Formal Education by Type and Level of Education* http://pub.stat.ee/px-web.2001/Dialog/.
Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/02Education/04General_data_of_education/ESG01.htm.
Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

[49] Statistics Estonia, *Esg07: Female Pupils and Students in Formal Education by Type and Level of Education* http://pub.stat.ee/px-web.2001/Dialog/. Enrolment at the beginning of the academic year.

	disabilities		
Participation rates in general education[50] As of September 2005: - Number of compulsory[51] school aged pupils (including those with special education needs (SENs) - 138,680 (2005) (Including those pupils who studied 01.09.2005 in basic schools and were older than 17); - Number of compulsory school aged pupils who have SENs (in all educational settings) – 25,778 This number includes all pupils who receive a certain learning support (e.g. IEP, speech therapy, remedial teaching etc) at school; - Pupils with SENs in segregated settings – 6,358; - Pupils with SENs in inclusive settings – 19,420 (this shows all the pupils who receive a certain learning support (e.g. IEP, speech therapy, remedial teaching etc) at school).	Available data is not disaggregated by gender	General education – 82,0 thousands (50,6% comparing to all students and pupils) - Basic school[52] level – 58,9 thousands (48,0% comparing to all pupils and students) - Gymnasium[53] level – 23,1 thousands (58,9 %comparing to all pupils and students)	Available data is not disaggregated by gender
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[54]	Available data is not disaggregated by gender	Vocational education – 12,2 thousands (44,6% comparing to all pupils and students) - vocational courses with non-defined basic education[55] – 0,0	Available data is not disaggregated by gender

[50] European Agency for Development in Special Needs Education, Estonian National Pages. Retrieved 15 August 2008, from: http://www.european-agency.org/nat_ovs/estonia/8.html.

[51] Compulsory education begins in the first full school year after children have reached the age of 7. It continues until they have satisfactorily completed basic school, or reached the age of 17.

[52] Includes primary school. Primary school — a general education school offering basic education up to 6th grade. The concept comprises nursery schools with the primary education level and the schools for children with special needs. From Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/02Education/04General_data_of_education/ESG01.htm

[53] Gymnasium — a general education school that offers general secondary education. Must have grades from 10 to 12, but may have grades from 1 to 9. The concept comprises schools for children with special needs, does not comprise evening schools. From Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/02Education/04General_data_of_education/ESG01.htm.

[54]

[55] Vocational courses with non-defined basic education — vocational education programmes without basic education requirement (4-0), for people with special needs (3-0), for youngsters without basic education (3-0) and for prisoners (3-

		(9,8% comparing to all pupils and students) -vocational courses after basic education – 6,4 thousands (34,5% comparing to all pupils and students) - vocational courses after secondary education – 5,8 thousands (67,5% comparing to all pupils and students) Higher education – 42,1 (61,7% comparing to all pupils and students) - professional higher education – 14,2 thousands (62,0% comparing to all pupils and students) - vocational higher education – 0,0 (55,0% comparing to all pupils and students) - diploma study – no data (no data)	

9); ISCED 2C3. From Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/02Education/04General_data_of_education/ESG01.htm

[56] Integrated Bachelor's/Master's courses — single-step Bachelor's/Master's course as in medicine, veterinary, pharmacy, dentistry, architecture, civil engineering and grade teacher studies, (ISCED 5A1 +) ISCED 5A2. From Statistics Estonia: http://pub.stat.ee/px-web.2001/I_Databas/Social_life/02Education/04General_data_of_education/ESG01.htm

		- Bachelor studies – 17,0 thousands (60,7% comparing to all pupils and students) - integrated Bachelor's /Master's studies[56] – 2,2 thousands (57,2% comparing to all pupils and students) - Master's studies – 7,4 thousands (66,5% comparing to all pupils and students) - Doctoral studies – 1,3 thousands (55,6% comparing to all pupils and students)	
Number and type of specialist schools (i.e. level, for which target groups) There are 48 schools for students with special needs in Estonia[57]: - 3 for students with hearing impairment; - 1 for students with physical disabilities; - 1 for students with visual impairment; - 5 for students with behavioural problems; - 3 for students with health disorders; and - 35 for students with learning disabilities.	n/a	n/a	n/a

[57] Estonian Ministry of Education and Research. http://www.hm.ee/index.php?149404

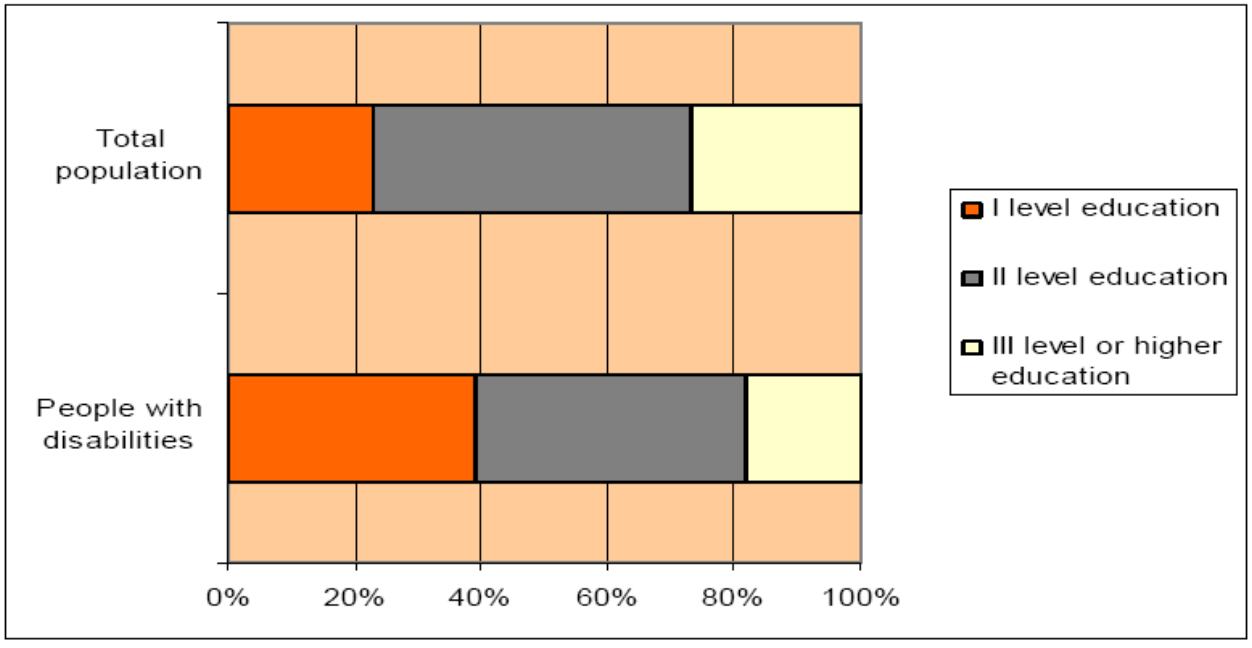
	Data available				
Number of compulsory school aged pupils (including those with SENs)	**Public Sector**	**Private Sector**	**Total**	**Year of reference**	**Notes and Source**
	132,220* 135,616**	3,001* 3,064**	135,221* 138,680**	2005	Source: Estonian Educational Information System. All data is of 1st September 2005 *Those pupils who studied 01.09.2005 in basic schools and were younger than 17. **Including those pupils who studied 01.09.2005 in basic schools and were older than 17.
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	24,541* 25,393**	361* 385**	24,902* 25,778**	2005	Source: Estonian Educational Information System. This shows all the pupils who receive a certain learning support (e.g. IEP, speech therapy, remedial teaching etc) at school.
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	5,674* 6,222**	117* 136**	5,791* 6,358**	2005	Source: Estonian Educational Information System.
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	18,867* 19,171**	244* 249**	19,111* 19,420**	2005	Source: Estonian Educational Information System. This shows all the pupils who receive a certain learning support (e.g. IEP, speech therapy, remedial teaching etc) at school.
Compulsory age phase	Compulsory education begins in the first full school year after children have reached the age of 7. It continues until they have satisfactorily completed basic school, or reached the age of 17.				
Clarification of Public - Private sector education	Public schools are state and municipality schools. A private education institution is an educational institution based on the ownership of a legal person in private law and which shall operate pursuant to law, the legislation issued on the basis of law and the articles of association if the founder is a legal person in private law and to its statute. (Private Education Institution Act § 2 (1). Passed on 3 June 1998). All schools (public and private schools) get money from the State for teachers' salary, in-service training and buying school books.				
Legal Definition of	In the Basic School and Upper Secondary School Act SEN has not been clearly defined. At				

SEN	present SEN has been stipulated as follows (Basic School and Upper Secondary School Act § 4 15.09.1993). - Depending on the need of pupils to receive special education, special support, intervention due to behavioural problems, or treatment, a basic school or an upper secondary school may be a school for students with special needs or be a sanatorium school. - Schools for pupils with special needs are intended for pupils with physical disabilities, speech impairments, sensory or learning disabilities, or mental disorders, and for pupils who need intervention due to behavioural problems (10.02.1999 entered into force 21.03.1999). - Sanatorium schools are intended for pupils with health disorders where pupils study. - In the case of special education, arising from a curriculum differentiation, the number of academic years may differ from that established in § 2 of this Act. The specific number of academic years, list of subjects and number of lessons in schools for pupils with special needs and sanatorium schools shall be established by a regulation of the Minister of Education. (10.02.199 entered into force 21.03.1999).

Source: European Agency for Development of Special Needs Education

According to the Survey on Coping and Needs of the Disabled, nearly one fifth of the disabled adults reported receiving less education than they would have liked. In comparison to general population, the group of disabled persons includes more people with basic or lower level of education and less people with vocational secondary or higher education.

Figure 10. The highest completed level of education among disabled persons aged 16-74, 2005, %



urce: Statistics Estonia, Ministry of Social Affairs

(extracted from the National Report on Strategies for Social Protection and Social Inclusion)

The level of participation of disabled youth in qualification studies was nearly half in comparison to their peers. For example, 19 % of disabled people aged 16-34 participate in qualification studies while the level is 40 % in the same age group in general population. 8% of disabled persons aged 16-74 took part in some form of in-service training[58].

[58] National Report on Strategies for Social Protection and Social Inclusion

Qualitative data:

Poor possibilities to access further education beyond basic education are among the key issues concerning disabled people in Estonia. According to the Survey on Coping and Needs of the Disabled, nearly one fifth of the disabled adults reported have acquired lower education level than they would have liked[59]. Compared to the general population there are more people with basic or lower levels of education among those with disabilities and less people with vocational secondary or higher education. For example in 2005, almost 40% of all disabled people between 16-74 years of age only had I level of education compared to 22% of able-bodied people; 44% had II level of education (50% of able-bodied people) and only 18% had III level or higher education (28% of able-bodied people)[60].

The main obstacles to acquiring further education beyond basic education are[61]:

- Segregation of basic education (specialised education setting, teaching at home);
- Poor physical accessibility of educational establishments;
- Lack of adjusted learning material and means;
- Lack of specialised knowledge by general education providers;
- Limited range of professions for disabled people in vocational training;
- Discriminating attitudes that persist in the society;
- Lack of support and counselling to further education;
- Often education attainment level of a child directly depends on the efforts and energy of their parents, however there is no counselling support available to parents of a disabled child in Estonia.

As amended, Education Law adopted in March 1992 is the main legal act regulating education system in Estonia including education for people with disabilities.

Article 10. Teaching of children with special needs[62]:

(1) Local governments shall provide persons with physical disabilities, speech impairments or sensory or learning disabilities and persons who need special support with the opportunity to study at a school of their residence. If suitable conditions are not found, the state and local governments shall provide such persons, pursuant to the procedure and under the conditions prescribed by legislation, with the opportunity to study at an educational institution established for that purpose.

(2) The state and local governments shall provide children who need special treatment due to behavioural problems with the opportunity to study at an educational institution established for that purpose and shall ensure full state maintenance for such children pursuant to the procedure and under the conditions prescribed by legislation.

(3) The type of educational institution and the form of study shall be determined for or recommended to children with special needs on the basis of medical, psychological and pedagogical assessments.

[59] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

[60] *Ibid.*

[61] *Ibid.* as well in Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from: http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.

[62] Republic of Estonia Education Act, http://www.legaltext.ee/text/en/X70039K2.htm.
State obligations, http://www.hm.ee/index.php?149404.

Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:

- Personalised measures at school (individual classes, extra support, mentors, peer group support, etc.);
- Integrative measures;
- Providing or promoting the use of assistive technologies;
- Financial subsidies, loans etc.

There are no initiatives specifically targeting girls and women with disabilities. But there are special measures available for both genders. According to the Education Act, children with special needs have the right to attend the school of their residence.

Special educational needs are[63]:

- general or special talent;
- learning disabilities (specific and general);
- sensory disability (deafness and hearing impairment, blindness and visual impairment);
- physical disabilities;
- emotional problems and conduct disorder;
- speech impairment;
- intellectual disability and multiple disabilities;
- addiction disorder.

In a state or municipal school shall be established the following classes, if necessary[64]:

- classes for children with physical and sensory disabilities, speech impairments, sensory disabilities and mental disorders;
- opportunity classes for teaching children with learning difficulties;
- supplementary learning classes for teaching children with slight learning disabilities;
- coping classes for teaching children with moderate learning disabilities;
- nursing classes for teaching children with severe and profound learning disabilities.

The following support systems[65] are available in schools[66]:

- individual curriculum;
- remedial groups for providing learning support for students with learning difficulties;
- speech therapy;
- long day groups;
- studying at home (with possibility to attend lessons of music, arts, handicraft and physical education);
- classes for students who have behavioural problems;
- boarding school facilities for children who have social problems.

[63] Estonian Ministry of Education and Research. *Special educational support*, Retrieved 20 August 2008, from: http://www.hm.ee/index.php?149404.
[64] *Ibid.*
[65] The aim of support systems is personal development of a student, considering his or her individual peculiarities in organising schooling and education.
[66] *Ibid.*

Depending on the needs of students to receive special education, special support and a special treatment a student may study at school for students with special needs.

Schools for students with special needs are intended for students with physical disabilities, speech impairments, sensory or learning disabilities, or mental disorders, and for students who need special treatment due to behavioural problems.

Sanatorium schools are intended for students with health disorders where students study on the basis of friendly regulation of study and receive the necessary treatment. The obligation to attend school may also be fulfilled by studying at home.

FURTHER ACTIONS:

The Ministry of Education and Science is coordinating the implementation of new measures in relation to education of disabled people as part of the activities under the Estonian ESF programmes[67]:

- Promoting education of disabled persons with the help of the *ESF programme "Development of the content of vocational education 2008-2013"* and the *"Estonian Higher Education Strategy Implementation Plan 2008-2010"*. Period: 2008-2013[68].

- The content of vocational education should correspond to the needs of the society, economy and labour market as well as personal development. Study and methodological resources (e.g., workbooks, textbooks, etc.) for students with special needs will be developed and/or improved in the course of developing the vocational education system. Materials from abroad will be adapted and translated as needed. Pedagogic and methodological in-service training will be provided to the teachers in vocational education institutions to foster their professional success and skills, including skills to support students with special needs and to direct them towards lifelong learning.

- Flexible opportunities that take account of the needs of the student and society will be created when securing opportunities for vocational education and a modern learning environment will be developed in vocational education institutions to support the development of students. For example, the state commissioned education will be restructured and the cost rate of one study place will be increased, the teacher in-service training system and national curricula will be developed together with the supporting study resources. A benefits system will be developed for vocational students from difficult economic background. Educational opportunities and support services for students with special educational needs, with learning difficulties and behavioural problems, and for students in penal institutions will be expanded.

[67] Material provided by Ms. Tiina Linno, Adviser, the Department of Social Information and Analysis of the Ministry of Social Affairs of Estonia.

[68] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community? **What are the rates of independent living among women with disabilities?**
Qualitative data: There is no definition of independent living in Estonia. In some of the reports of the Ministry for Social Affairs independent living is understood as a right to housing. Due to the uncertainty of how high the required standard of the housing should be Estonia did not ratify Article 31 (Right to housing) and Article 23 (The Right of Elderly to Social Protection) of the European Social Charter[69]. Estonia has fully ratified Article 15 (The Right of the Disabled to Lead Independent Life, Integrate Socially and Take Part in Social Life), which protects the living conditions and social integration of the disabled to lead independent life, integrate socially and take part in social life, including their access to decent housing. At the same time is recognised that the level of income, welfare and opportunities for active participation in a social life for disabled persons, largely depends on their close social network, in particular the household[70], but single parent families, families with three and more children and households with a disabled person are among the poverty risk groups in Estonia with problematic access to housing[71]. Community services for disabled people are not developed in Estonia and are among the new measures planned to be implemented under the ESF programmes (see above).
Quantitative data: No data was available

[69] Ministry for Social Affairs of the Republic of Estonia. *The European Social Charter*. Retrieved 5 August 2008, from: http://www.sm.ee/eng/pages/index.html.

[70] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010. PrepareduUnder the Open Method of Coordination of the European Union. Retrieved 2 October 2008, from: http://ec.europa.eu/employment_social/spsi/strategy_reports_en.htm.

[71] Kährik, A., Tiit, E.M., Kõre, J. and Ruoppila S. *Access to Housing for Vulnerable Groups in Estonia*. Retrieved August 2003, from: http://www.sm.ee/eng/pages/index.html.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities? **Is access to social and health services the same for women with disabilities as for non-disabled women?**
Qualitative data: Although there is no data specifically addressing gender and disability issues there is 'official communication' that gender specific medical screenings are available both to disabled and able-bodied people. Qualitative data indicates that health services related to sexual / reproductive health are often treated as being not relevant for disabled people, especially disabled girls and women as well as sexual education[72]. In addition, many healthcare establishments are not accessible for disabled people, there is lack (if at all) of special training of healthcare professionals and lack of adjusted medical instruments[73].
Quantitative data: No data available.

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?
Qualitative data:
There is no legislation, policies or measures specifically recognising and facilitating the right of disabled women to an adequate standard of living in Estonia. With the aim to provide more customised services and reduce care burden on family members, the organisation of welfare for disabled adults was transferred from the state to the local governments in 2005. Under **the Social Welfare Act**, local governments are now responsible for providing social services to disabled people, such as counselling, rehabilitation services and provision of technical appliances, domestic services, housing services, foster care and care in social welfare institutions (including day centres). In addition, local governments also can establish other social services such as transportation service, personal assistance service, support person service, catering service, laundry service, etc., but this depends on their financial resources[74]. On the other hand, most of these services are not available yet or maturity level is yet very low[75].

[72] Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from: http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.

[73] *Ibid.*

[74] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

[75] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from:

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

The main general legal act providing types of social benefits for disabled persons, the conditions of entitlement, the amounts of benefits and the procedure for the grant and payment is **Social Benefits for Disabled Persons Act**[76], adopted in January 1999.

Under the **State Pension Insurance Act and the Social Benefits for Disabled Persons Act**, social benefits paid to people with disabilities depend on the extent of their disability, which is determined in accordance with their state of health (e.g. whether the person needs personal assistance 24 or 12 hours a day or at least once a week), functional capacity and living environment, the help that is available to them, depends on the level of their dependency, and the additional costs incurred by the disability. The level of disability could change due to rehabilitation, use of technical aids, adaptation of life environment or other circumstances[77]. The social benefits for the disabled are not interrelated with receiving pension for incapacity for work or its amount.; the benefit is paid regardless of whether the disabled person is employed or not[78].

Persons between the age of 16 and the pensionable age and persons who are declared permanently incapacitated for work with 40-100% loss of the capacity for work and persons who have earned the pension qualifying period required for grant of a pension for incapacity for work are entitled to the pension for incapacity for work. The pension for incapacity for work is not granted if the incapacity for work is less than 40% (see above on the degrees of disability).

In order to compensate the additional costs of disabled children (e.g. purchase of technical aids, transport, additional costs related to learning), the disabled child allowance, the caregiver's allowance for taking care of a disabled child and the education allowance are paid. The assessment means for the assessment of the need of care and social services of disabled children is used to assess the need for assistance by disabled children and caregivers. A rehabilitation plan is composed for disabled children. To support the learning of disabled children several local governments provide the service of a support person and/or a personal assistant. The disabled parents are paid the disabled parents allowance.

http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.

[76] Social Benefits for Disabled Persons Act, available from: http://www.legaltext.ee/et/andmebaas/tekst.asp?loc=text&dok=X30031K6&keel=en&pg=1&ptyyp=RT&tyyp=X&query=social%20benefits.

[77] The Ministry for Social Affairs. Retrieved 20 August 2008, from: http://www.sm.ee/eng/pages/index.html.

[78] *Ibid.*

[79] The Ministry of Social Affairs of the Republic of Estonia. Social Protection of the Disabled. Retrieved 12 August 2008, from: http://www.sm.ee/index.php?id=268&L=1.

[80] National report on Strategies for Social Protection and Social Inclusion – Estonia

[81] Working and Rest Time Act of the republic of Estonia, available from: http://www.legaltext.ee/et/andmebaas/tekst.asp?loc=text&dok=X40079K4&keel=en&pg=1&ptyyp=RT&tyyp=X&query=working+and.

[82] National report on Strategies for Social Protection and Social Inclusion – Estonia

[83] Ministry of Social Affairs of the Republic of Estonia (2008). National Report on Strategies for Social Protection and Social Inclusion. 2008-2010.

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

These are types of benefits available both for women and men[79]:

- The **disability allowance for adults** is paid to people with disabilities who are 16 years of age or older. The allowance is designed to cover additional costs incurred as a result of a disability and for activities related to personal rehabilitation plans. From 1 October 2008 the principles of paying **disabled people allowances** are altered[80]. The basis of calculating the amount of an allowance of an adult disabled person is now the additional costs of a disabled person. The basis of calculating the amount of an allowance before October 2008 was the level of the seriousness of a disability. The change was made in order to achieve the more precise target by what a person with bigger additional costs shall get bigger allowance. The experiences of the people with disabilities have shown that very often the people with not very serious disabilities bigger expenses in order to overcome difficulties than the disabled people with more serious level of disability.

- The **disabled child allowance** is paid to children with disabilities up to the age of 16. The allowance is designed to cover additional costs incurred as a result of a disability and for activities related to personal rehabilitation plans. Allowance depends on the degree of disability;

- The **disability allowance for working-aged people** is paid to people from the age of 16 until they reach retirement age. Allowance depends on the degree of disability;

- The **disability allowance for old-age pensioners** is paid to people with disabilities who have reached retirement age. Allowance depends on the degree of disability;

- Parents who are unable to work because they must care for a child with a disability receive a monthly **caregiver's allowance** that depends on the age of the disabled child and the extent of their disability. Caregivers for disabled adults are assigned by the local government of the person with the disability. If required, a caregiver's allowance is paid to a caregiver, with the amount paid and the method of payment determined by the local government;

- One of two disabled parents or a disabled parent raising a child or children alone is paid a **disabled parent's allowance** until the child or children reach the age of 16. If the child or children are enrolled in an institution of basic, secondary or vocational education, the allowance is paid until they reach the age of 19;

- Disabled people between the ages of 16 and 65 can apply for a **rehabilitation allowance**, designed to partially cover costs incurred in rehabilitation;

- An **education allowance** is available to young disabled people enrolled in secondary school (grades 10 to 12) or an institution of vocational or higher education in accordance with the additional costs they incur due to their disability. This allowance is not paid during July and August of the year;

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

- In the event of work-based training, disabled people can apply for an **in-service training allowance** – certain amount over a period of three calendar years;
- A **working allowance** - certain amount over a period of three calendar years is paid to people with disabilities who are employed and additional cost were incurred due to their employment;
- Parents or caregivers who are unable to work because they must care for a child or adult with a disability receive a monthly **caregiver's allowance**, depending on the age of the disabled person and the extent of their disability;
- In addition to social benefits, the state compensates disabled people for loss of income resulting from incapacity to work through the **pension for incapacity for work**. An incapacity percentage is determined for each person. The deciding factors in the determination of this figure are the state of health of the disabled person and the extent of their incapacity to work and earn a living (i.e. partial or complete). A loss of capacity of between 40 and 100% makes a person eligible for this pension. The amount of the pension depends on how long the disabled person had worked and their incapacity percentage (see abobe).
- Families with disabled members have the right to apply for a **subsistence benefit** on the same basis as all others if their income remains below subsistence level once housing costs have been paid.
- With the exception of caregiver's and disabled parent's allowances, the social benefits paid to people with disabilities are not summed up as family income when determining eligibility for the subsistence benefit.
- Disabled people have the same rights to state **old-age pensions** on the same conditions as able-bodied people. They must have worked for a total period of at least 15 years. Disabled people who have not worked for a total period of 15 years have the right to receive a national pension.
- **Other benefits** – under the Working and Rest Time Act, passed in January 2001 and entered into force 1 January 2002, as amended[81]:
- Creation of a network of counselling centres is expected to start in 2008-2009 as a pilot project in Ida-Virumaa and Pärnu and to solve the problem where offering of counselling services to persons with special needs and their family members is fragmented, the services are unevenly distributed across the country, several services are provided for a fee, there is no trained professional staff and diversity of services is ensured only in larger centres. The standards for Estonia-wide counselling services and counseling centres and information materials will be developed and cooperation with different sectors will be improved in the course of the pilot project of counselling centres. Creation of a centre for disability information and equipment helps to relieve the need for a centre of competence. The centre of competence will be one of the chains in the future network of counselling centres, providing information on technical aids, adaptation of homes and workplaces and universal design. Information will be distributed to disabled persons through a web portal as well as counselling services and

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

training[82].

- Article 8 **Restriction on overtime**

A person raising a child under twelve years of age or a disabled child, or a person taking care of a person with total incapacity for work may only be required to work overtime with his or her consent, except in some cases (described in subsection 7 (4) of this Act).

- Article 11 **Work during evening or night time**

(4) A person raising a child under twelve years of age or a disabled child, or a person taking care of a person with total incapacity for work may be required to work during night time only with his or her consent.

- § 22. **Requiring employees to work on days off**

(4) A person raising a child under twelve years of age or a disabled child, or a person taking care of a person with total incapacity for work may only be required to work on a day off in the cases prescribed in subsection (2) of this section with his or her consent.

As it is mentioned above, it is recognised that the level of income, welfare and opportunities for active participation in social life of disabled persons, largely depend on their close social network and in particular the family[83].

Quantitative Data

A total of EEK 598.5 million were used for social support of disabled persons in 2007. Recipients of adult benefits (110 495 persons) were the largest group among different categories of supported persons. The amount of this type of benefits in 2007 was EEK 501.3 million, which accounted for 83.8% of the total expenditures on social support of disabled persons. The next highest expenditure category was disabled child allowance, which accounted for 14.1% of the total expenditures on social support of disabled persons[84].

22,600 disabled adults received caregiver services at the end of 2007, with 73% of them aged 65 years or older and 99% being either old-age pensioners or persons receiving pension for incapacity for work. Approximately one fifth of all disabled persons had been appointed a caregiver. Domestic care services were used in 2007 by 3,500 disabled persons, accounting for 57% of all users of domestic services and the percentage of disabled persons among service users has been constantly increasing. The personal assistant service was used in 2007 by 126 persons, including 67 women and 59 men, and more than half of the users of the personal assistance service (59%) were persons in employable age[85].

Please provide comparative data (for non-disabled women and men with disabilities), if available.

[84] National report on Strategies for Social Protection and Social Inclusion – Estonia
[85] National report on Strategies for Social Protection and Social Inclusion – Estonia

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?			
	Women with disabilities	**Women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	Data is not disaggregated by gender.	Data is not disaggregated by gender.	Data is not disaggregated by gender.

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?
Qualitative data: There is no legislation, policy or measures in place to facilitate access to goods and services that are specifically target at women with disabilities. The Estonian housing fund has not been built or adapted to be accessible to and usable by disabled persons. In order to adapt the housing to the needs of disabled persons, adaptation of dwellings will be supported and guidelines on adaptation of dwelling for disabled persons will be developed for apartment associations and local governments[86].

[86] National report on Strategies for Social Protection and Social Inclusion – Estonia

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities? **What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?** **What is the extent of abuse faced by the women with disabilities?**
There is no information available. Qualitative data indicates that access to justice might be hindered because many of the help and justice establishments (such as police stations, shelters, help centres etc.) are not accessible for disabled people (in terms of physical, information etc. accessibility), there is a clear lack of special training of help and justice professionals and lack of general awareness by the disabled people and the public at large [87]. In addition, the legal framework does not permit a shift of the burden of proof from the complainant to the respondent in the cases of discrimination on the grounds of disability and this also hinders ability to protect rights of the disabled people. A disabled woman who wishes to turn to the police or a shelter is likely to encounter serious difficulties, because neither the shelters' personnel nor the police is prepared to deal with a woman having, say, a learning disability or a speech impairment[88].
Quantitative data: No data available.

[87] Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from: http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.

[88] Abner M., The Estonian Chamber of Disabled People and Kaplinski M., Estonian Union of Disabled Women (September 2008) Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society, Madrid, November 2007. Retrieved 3 June 2008, from:

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport? What are the levels of participation?
There are no political, sporting and cultural associations or interest groups that specifically would be dedicated to women with disabilities. Women with disabilities can participate in the activities organised for women or for disabled people at large. There is no visibility of disabled women in political life, although there are sport activities specially dedicated to disabled people (e.g. volleyball), but special facilities or support services for disabled people in these fields are relatively poor. Public transport is not accessible and there are no affordable alternatives yet.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Finland

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- **Civil rights in the Finnish Constitution** (reformed in 2000). According to this constitution everyone is equal before the law.[1]
- **Equality Act** (2004) – This Act strengthens legal protection for victims of discrimination. Public administrations have a duty to promote equality. The Act prohibits direct and indirect discrimination and harassment or the giving of orders to discriminate (including in relation to disability)[2]
- **The Non-Discrimination Act** (2004) states that "no one shall be discriminated against on the basis of age, ethnic or national origin, nationality, language, religion, belief, opinion, health, **disability**, sexual orientation or any other reason related to a person." This Act established a general framework for equal treatment between persons irrespective of race, or ethnic origin in employment[3],[4]
- **Act on Equality between Women and Men** (reformed 2005) This act prohibits discrimination based on gender, promotes gender equality and prohibits indirect discrimination. It aims to improve the position of women particularly in the labour market.[5]
- The **Act on the Position and Rights of a Customer of Social Welfare Service** (2000) strengthened the rights of the disabled as users of social welfare services.[6]
- Finnish national legislation relating to non-discrimination is based on international agreements on human rights including the UN Convention on Human Rights.[7]
- Since July 2008 the Finnish government has adopted a 4 year Gender Equality Action Plan with a view to advancing the rights of women and promoting gender equality.[8]

[1] Equality Finland (2008) www.yhdenvertaisuus.fi
[2] Equality Finland (2008) www.yhdenvertaisuus.fi
[3] EU (2008) Report on Measures to Combat Discrimination - Country Report Update,2006
[4] EU (2008) Report on Measures to Combat Discrimination - Country Report Update,2006
[5] Equality Finland (2008) www.yhdenvertaisuus.fi
[6] The United Nations (2004) Convention of Elimination of All Forms of Discrimination against Women, Finland.
[7] Equality Finland (2008) www.yhdenvertaisuus.fi
[8] UN (2008) Report from the Committee on Elimination of Discrimination against women. www.un.org/news/press/docs/2008/wom/693.doc.htm

- Since the 1980s legislation in Finland has been shaped by the UN Standard Rules terminology with a shift from a medical model to a social model of disability. The Finnish term "invalidi" has now largely been replaced with 'vamma' (disability) and 'vammainen' (disabled)[1]

- The Finnish government actively support the UN Convention on the Rights of Persons with Disabilities. Ministerial responsibility lies with the Finnish Ministry of Foreign Affairs and the Finnish Ministry of Social Affairs and Health.[2]

- The **National Action Plan** on disability was formulated in 1995 with the aim of incorporating Standard Rules into national policy and this included women with disabilities and children as target groups. Responsibility for implementation was via the ministries. However, no budget was allocated to this activity.[3]

- There are legislative protections targeting specific populations such as the **Act on Special Care of the Mentally Handicapped** (519/1977) which stipulates the special care of people with intellectual and psychosocial disabilities should be provided with, including for example special housing services[4]

- According to the information in the National Strategy Report on Social Protection and Social Inclusion 2008-2011, The disability legislation will be reformed during 2009-2010. The objective is to combine the Services and Assistance for the Disabled Act and the Act on Special Care for Mentally Handicapped and to develop the system of personal assistants for people with disabilities, in order to guarantee the equality of people with disabilities and to promote their social inclusion.[5]

Legislation specifically addressing disabled women

- A Finnish Government report on Disability Policy (2006) states that it has the central objective of supporting equal treatment for people with disabilities and that disability policy is based on 3 main principals:
    1. The right of people with disabilities to equality and the promotion of a society that is open to all.
    2. The right of people with disabilities to inclusion, taking into account their needs and the barriers that they face.

[1] IDRM (2007) IDRM Regional Report of Europe
[2] IDRM (2007) IDRM Regional Report of Europe
[3] IDRM (2007) IDRM Regional Report of Europe
[4] Provisions presented in English in Guide for Disabled Immigrants. Helsingin Invalidien Yhdistys, HIY. In Finnish Laki kehitysvammaisten erityishuollosta. English translation not available in Finlex data bank
[5] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf
[6] Ministry of Social Affairs and Health (2006) Government report on Disability Policy. At: www.stm.fi
[7] Written communication from Pirkko Mahlamäki, Secretary General, Finnish Disability Forum

[8] UN (2008) Concluding observation of the Committee on the Elimination of Discrimination against Women: Finland.

3. The right of people with disabilities to necessary services and supportive measures.[6]

- There is no legislation that specifically protects the rights of women with disabilities[7]
- The UN Committee on the Elimination of Discrimination against Women noted that in Finland there is insufficient information and statistical data on women with disabilities, in particular in relation to the impact of legislation and policies in the social sector on this group.[8]

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

Legal and general definition: "a person who, because of his/her disability or illness, has special long-term difficulties in managing the normal functions of everyday life."[1] For the purposes of the Services and Assistance for the Disabled Act (1987) the definition is: "A person with disability is a person who has special and long-term difficulties due to a disability or an illness in coping with functions in normal life."[2]

- At December 2007 the total population of Finland was 5,300,484 people of whom 2,703,697 were women and 2,596,787 were men.[3]
- Compiling data on the population of disabled people is complicated by the fact that in Finland disability and/or health information is deemed as sensitive personal data and collection of such data is prohibited under the Personal Data Act[4]. Therefore data is based on estimates.
- It has been noted that in Finland there is little statistical information concerning the number of persons with disabilities.[5]
- The Government Review on Disability Policy provides an estimate of the population of those with disabilities in Finland: 10 per cent of the total population have some disability. The estimate for people with severe disabilities ranges from 38, 000 to 50, 000. There are no statistics that aggregate gender and disability. So it is not possible to give a definite answer.[6]
- There are an estimated 80,000 persons with visual impairment in Finland, which means about 1.5 % of the population. Some 10,000 of them are blind. The estimated number of deaf people is about 8,000 of whom 5,000 use Sign Language as their native or first language. There are some 850 deaf-blind people. There are several thousands of persons with speech impairments, according to

[1] IDRM (2007) IDRM Regional Report of Europe
[2] Konttinen, J (2006) Discrimination of Person with Disabilities in Finland: The Threshold Association The Centre for Human Rights of Persons with Disabilities.
[3] Statistics Finland (2008) www.stat.fi
[4] IDRM (2007) IDRM Regional Report of Europe
[5] Konttinen, J (2006) Discrimination of Person with Disabilities in Finland: The Threshold Association The Centre for Human Rights of Persons with Disabilities
[6] Written communication from Pirkko Mahlamäki, SecretaryGeneral, Finnish Disability Forum
[7] Government report on Disability Policy (2006). At: http://www.stm.fi/Resource.phx/publishing/store/2006/07/hl1151320765410/passthru.pdf

some estimates as many as 10,000 persons.[7]			
	Women with Disabilities (those claiming disability pensions)[1]	**Non-disabled women**	**Men with disabilities (those claiming disability pensions)**
Size of population	119,600	N/A	136,600
% of total population	2.25%	N/A	2.6%
% of female population	4.4%	N/A	n/a
Disaggregate by age if possible as follows:			
< 15 year olds	N/A	N/A	N/A
16-64 year olds Number claiming disability pensions: Proportion of people aged 16.64 years with a long standing health problem or disability (as % of total population)[2]	119,600 33.6% of the total population	N/A	136,600 30.7% of the total population
> 65 year olds (>60 years[3])	36,457	N/A	39,976
Disaggregate by ethnicity	N/A	N/A	N/A
Disaggregate by type/severity of disability[4] Mental disorders = 37.3% Disease of the circulatory system = 8.7% Disease of the musco-skeletal system = 29.1% Other diseases = 24.9%	N/A	N/A	N/A
Is there information on the size of the household where they live?	N/A	N/A	N/A
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[5]	**16-24 years** Considerably restricted: 1.5% [arms/legs/back =	N/A	**16-24 years** Considerably restricted: 1.4% [arms/legs/back =

[1] 2006 Statistical Yearbook of Pensions in Finland http://www.etk.fi/Binary.aspx?Section=42108&Item=61078
[2] Applica and CESEP and Alphametrics (2007) Men and women with disabi8lities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.
[3] Finnish Centre for Pensions (2008) Recipients of disability pensions at the end of 2006 over the age of 60 years. http://www.etk.fi/Binary.aspx?Section=42097&Item=61060
[4] Finnish Centre for Pensions (2008) data not available by gender percentages shown here relate to all recipients of disability pensions. http://www.etk.fi/Binary.aspx?Section=42097&Item=61060
[5] Applica and CESEP and Alphametrics (2007) Men and women with disabi8lities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	13.2% See/hear/speech/skin = 14.3% chest/heart/stomach/ diabetes = 25.9% epilepsy/mental = 37.5% other = 9.1%] To some extent restricted: 7.8% [arms/legs/back = 22.6% see/hear/speech/skin = 11.1% chest/heart/stomach/ diabetes = 40.4% epilepsy/mental = 9.6% other = 16.3%]; Not restricted:90.7% **25-54 years** Considerably restricted: 6.6% [arms/legs/back = 41.3% see/hear/speech/skin = 7.7% chest/heart/stomach/ diabetes = 16.4% epilepsy/mental = 17.2% other = 17.3%]; to some extent restricted: 11.5% [arms/legs/back = 39.3% see/hear/speech/skin = 8% chest/heart/stomach/ diabetes = 30.8% epilepsy/mental = 6% other = 15.8%] Not restricted: 81.9% **55-64 years** Considerably restricted: 22.8% [arms/legs/back =		37% /hear/speech/skin = 11.9% heart/stomach/diabetes = 10.7% epilepsy/mental = 28.7% other =11.5%] To some extent restricted: 5.6% [arms/legs/back = 26.8% see/hear/speech/skin = 18.4% chest/heart/stomach/diabetes = 50.2% epilepsy/mental = 0% other = 4.6%] Not restricted: 93.1% **25-54 years** Considerably restricted: 6.6% [arms/legs/back = 47.4% see/hear/speech/skin = 5.4% chest/heart/stomach/diabetes = 21.3% epilepsy/mental = 15.5% other = 10.4%] To some extent restricted: 10% [arms/legs/back = 51.6% see/hear/speech/skin = 6.5% chest/heart/stomach/diabetes = 27.6% epilepsy/mental = 5.4% other = 8.9%] Not restricted: 83.3%

	49.4% see/hear/speech/skin = 2.8% chest/heart/stomach/ diabetes = 25.4% epilepsy/mental = 4.6% other = 4.7%]; To some extent restricted: 19.6% [arms/legs/back = 40.7% see/hear/speech/skin = 3% chest/heart/stomach/ diabetes = 41.2% epilepsy/mental = 2.1% other = 12.9%]; not restricted: 57.6%		**55-64 years** Considerably restricted: 24.3% [arms/legs/back = 42.9% see/hear/speech/skin = 2.5% chest/heart/stomach/diabetes = 39.3% epilepsy/mental = 5.9% other = 9.3%] To some extent restricted: 17.3% [arms/legs/back = 41.2% see/hear/speech/skin = 3.2% chest/heart/stomach/diabetes = 46.1% epilepsy/mental = 1.4% other = 7%] Not restricted:58.5%

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

- Only 17% of severely disabled people in Finland are employed[1] and at the end of June 2008 there was an increase in the number of unemployed women (up by 19,800 from the May figures).[2]
- In 2008/07 the unemployment rate for women was 6% compared to 4.5% for males and the labour force participation rate was 66.7% for females and 71.4% for males[3]
- The term 'disabled person' refers to an individual whose prospects of securing and retaining suitable employment is substantially reduced as a result of physical or mental impairment (verified by a doctor's statement about their disability).
- Official data on the number of disabled people in employment is not collected as it is regarded as sensitive personal data which is protected under the Personal Data Act.[4]
- 200 employment offices offer services to unemployed people, and disabled people are entitled to use these – they offer vocational rehabilitation and training and work solutions for the disabled e.g. work placement, training try-outs, labour market training etc.

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates	N/A	N/A	N/A
Unemployment rates: In 2005, 91,069 jobseekers were classified as having a disability or reduced capacity for work (people receiving disability pensions cannot be registered as jobseekers so are not included). Total number of people with disabilities eligible for statutory disability benefits in 2004 was 230,000 31% of whom were of working age [5]	N/A	N/A	N/A
Long-term unemployment rates	N/A	N/A	N/A
Inactivity rates	N/A	N/A	N/A

[1] CERMI (2008) *European conference: recognising the right of girls and women with disabilities. An added value for tomorrow's society.* Madrid, November, 2007.

[2] Ministry of Employment and the Economy (June 2008) Employment Bulletin for Finland www.tem.fi/files/19866/JUNE08.pdf

[3] Statistics Finland (2008) Key Indicators in the Labour Force Survey by sex http://www.stat.fi/til/tyti/2008/07/tyti_2008_07_2008-08-26_tau_001_en.html

[4] IDRM (2007) IDRM Regional Report of Europe

[5] IDRM (2007) IDRM Regional Report of Europe

Part-time work rates	N/A	N/A	N/A
Self-employment rates	N/A	N/A	N/A
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+) A significant proportion of those with disabilities live on a very low and basic income and as a result live permanently in poverty. In addition the net annual income of women with disabilities remained lower than that of other comparable groups of the same age[2]			

Qualitative data

- The Ministry of Employment and the Economy aims to ensure that there is no discrimination and diversity at work. The Non-Discrimination Act and the Act on Equality between Women and Men safeguards those in the work place against discrimination. The Employment Contracts Act requires fair treatment of employees by their employers and prohibits unjustified discrimination including in relation to gender and disability.[3]
- While there has been an increase in the number of disabled people in employment this not been at the same rate as for non-disabled. Raising employment levels among the disabled group is a key policy issue.[4]

- Finnish legislation requires employers to monitor the ability of disabled workers to work and to provide a safe and healthy workplace. Employers and occupational health professionals are required to draw up a healthcare plan that includes preventive measures and maintenance of work ability actions. Employers can request an assessment of their mental and physical workload. Finland provides comprehensive occupational health provision. Rehabilitation services are provided by seven providers: insurance companies, work pensions institutes, the Social Security Institution, Labour Administration, occupational health services, public health services, and social welfare agencies. It is illegal to discriminate on grounds of health or disability – as long as employees can do their job employers cannot discriminate against those with disabilities or ill-health. The law also requires employers to provide a safe and healthy workplace.[5]

- Reforms to the **Social Welfare Act**, legislation on social insurance and the **Employment Contracts Act** in 2002, have helped to promote the employment of disabled people. Further to Finland's participation in the Year of People with Disabilities, the government established a **Target**

[1] Please provide the definition of 'poverty' used in your country
[2] Konttinen, J (2006) Discrimination of Person with Disabilities in Finland: The Threshold Association The Centre for Human Rights of Persons with Disabilities
[3] Ministry of Employment and the Economy (2008) www.tem.fi
[4] IDRM (2007) IDRM Regional Report of Europe
[5] Wynne, R and McAnaney, D (2004) Employment and disability: back to work strategies. Luxembourg, office for official Publications of the European Communities. www.eurofound.europa.eu/pubdocs/2004/115/en/1/ef04115en.pdf

and Action Plan for Social Welfare and Healthcare in 2002-2003 - this made recommendations in relation to housing services and aid services for the disabled.[1]

- **Vocational Rehabilitation for Persons with Impaired Work Capacity** – entitlement is for people whose work capacity is significantly impaired by an illness, defect or injury. Measures include: assessment, trial work and training, training to enhance work capacity, job coaching, vocational training and skills updating, support for self-employment and devices/adaptations to assist with work and study. Rehabilitation needs must be assessed when sickness allowance has been received for 60 days.[2]

- Employment Service Centres (a one stop shop service), part of the national employment service, offer a rage of rehabilitation and activating services for clients. They provide a service for a range of target groups including people with disabilities or illnesses offering: general guidance, work placements, training, job searches, financial support and advice, and environmental adaptations.[3]

- Finland's **social enterprise** initiative addresses the need to improve employment opportunities and available support for people with disabilities and the long term unemployed. Creation of new jobs is a key aim with the social enterprise acting as a transitional job, helping to prepare people for the open labour market or providing permanent employment. Social enterprise employees are paid a normal wage and employers receive a wage subsidy. In 2005, 251 people were employed by 26 social enterprises (this number increased to 100 enterprises by 2007) – 30% of this group were people with disabilities. The programme is overseen by the Ministry of Labour and is currently expanding across Finland. Standards for the social enterprise initiative are provided for in the **Act of Social Enterprises** (2004).[2]

- The **Non-Discrimination Act** prohibits discrimination at work or in education due to disability[4]

- Sheltered workshops offer special services for people with intellectual disabilities including work experience and day services to maintain and improve functioning, autonomy and social interaction. This is regarded as social welfare provision so does not offer the same rights as an employee and those attending receive a pension income and other incentives. In 2003 there were 290 special employment units with 13,100 clients[5]

1 Written communication from Pirkko Mahlamäki, Secretary General,Finnish Disability Forum
[2] EU (2008) The Finland Country Report of the Study of compilation of disability statistical data from administrative registers of the Member States. http://ec.europa.eu/employment_social/index/country_report_en.pdf
[3] European Foundation of the Improvement of Living and Working Conditions (2008) www.eurofound.europa.eu/areas/socialcohesions/egs/EGSbycountry3.htm
[4] IDRM (2007) IDRM Regional Report of Europe
[5] IDRM (2007) IDRM Regional Report of Europe
[6]
[7] EU (2008) The Finland Country Report of the Study of compilation of disability statistical data from administrative registers of the Member States. http://ec.europa.eu/employment_social/index/country_report_en.pdf

[8] UN (July 2008) UN Convention on the Elimination of All Forms of Discrimination against Women: concluding observations of the Committee on the Elimination of Discrimination against Women: Finland.

- The legislations does not specifically target women. Although mainstream legislation on daycare for all children under 7 years of age is equally available for women with disabilities.[6]

– **Key bodies responsible for enforcement / delivery**

- The labour administration is the body that has responsibility for promoting the employment of disabled people with support from the social care system which arranged support activities, rehabilitation and training. Disabled people are prepared for work at work centres (municipal or private).[7]

- It has been noted that women with disabilities suffer from discrimination in relation to access to employment.[8] Women with disabilities are not seen as a particular group with particular needs.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

In 2005 estimated number of students in vocational special needs programmes (after primary school) was 14,500 students of whom:

- 10,600 were in general vocational education institutions, and
- 3,900 were in vocational special education institutions[1]

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
Participation rates in general education: (data only available disaggregated by age)[2]	16-19 years – 85.5% 20-24 years – 58.6% 25-49 years – 26.5% 50-64 years – 12.6%	N/A	16-19 years 86% 20-24 years – 49.7% 25-49 years – 20.6% 50-64 years – 9.2%

[1] IDRM (2007) IDRM Regional Report of Europe

[2] Applica and CESEP and Alphametrics (2007) men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC.

Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[1]: Low = ISCED 1 + 2 Med = ISCED 3 + 4 High = ISCED 5	**25-54 years** Considerably restricted: low = 31.5%; med = 47.6%; high = 20.9% To some extent restricted: low = 19.4%; med = 47.4; high = 33.2 Not restricted: low = 15.1%; med = 42.5%; high = 42.5% **55-64 years** Considerably restricted: low =58.4%; med = 30%; high = 11.6% To some extent restricted: low = 48.4%; med = 34.5%; high = 17.1% Not restricted: low = 43.1%; med = 29.2%; high = 27.7%	N/A	**25-54 years**: Considerably restricted: 8.9%; Med = 48.8; high = 12.3% To some extent disabled: low = 26.1%; med = 49.2%; high = 24.7% Not restricted: low = 20%; med = 48.1%; high = 31.9% **55-64 years** Considerably restricted: low = 62.7%; med = 27.2%; high = 10.1% To some extent restricted: low = 49.6%; med = 30%; high = 20.4% Not restricted: low = 39.2%; med = 27.3%; high = 33.5%
Number and type of specialist schools (i.e. level, for which target groups)		N/A	
Qualitative data: • The law in Finland determines that in relation to special educational needs (arranged for pupils with a disability, delayed development, emotional disturbance or other reason) in comprehensive schools a personal plan for organisation of teaching for each individual must be drawn up. This also applies to vocational education.[2] Special education refers to education that is arranged for school pupils as a result of disability, delayed development, emotional disturbance or other comparable reason. The law outlines that a personal plan for the pupil's teaching must be drawn up			

[1] Applica and CESEP and Alphametrics (2007) men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC.

[2] EU (2008) The Finland Country Report of the Study of compilation of disability statistical data from administrative registers of the Member States. http://ec.europa.eu/employment_social/index/country_report_en.pdf

and any other special arrangements required e.g to support communication.

- Key objectives of the strategies and policies of the Ministry of Education include: “To secure equal opportunity in education” and “to promote participation and inclusion”[1]

- The **Comprehensive Instruction Law** (1999) legislates that everyone receives education in accordance with his/her age, potential and Special Educational Needs (SEN). Everyone has a right to a high quality education. Since reforms of the 1990s there has been a decrease in the number of special schools but special classes have been founded in mainstream schools. In Finland special education is provided to all pupils who experience difficulties with mainstream education due to intellectual or physical disability or a learning difficulty. The duty to include pupils with SEN in the mainstream schooling system lies with the municipality, and co-operation is required between the educational, social and health authorities to arrange education for this group. In addition, disabled pupils have a right to pre-school education for 2 years. The policy approach is underpinned by the principles of quality education, equal opportunities and lifelong learning.[2]

- The "Lukibussi" project implemented in 2002-2004 was an awareness raising campaign targeting teachers, health-care, social welfare workers, employment authorities, parents and those with learning difficulties on the subject of learning difficulties. It also aimed to create a support and advice network for different learners.[3]

- The **Basic Education Act** Section 17 special needs education entitles students with moderate learning or adjustment difficulties to special needs education organised alongside other education[4]

- None of Finland's universities have full programmes in Disability Studies, resulting in fragmented academic study of this area. However, courses are available and a part of the curriculum for law, education and social studies.[5]

- A government report on disability policy (2006) suggested that all children with disabilities receive basic education – the key barriers to education are access to buildings, a lack of instructional material and translation of technical assistance. However, this level of education has not been achieved for students at a higher level, with accessibility to universities being an issue where barriers include negative attitudes.[6]

[1] Ministry of Education (2008) www.minedu.fi
[2] EU (2008) The European Agency for Development in Special Needs Education – Finland National Page. www.european-agency.org/site/national_pages/finalnd/general.html
[3] The United Nations (2004) Convention on the Elimination of All Forms of Discrimination against Women, Finland.
[4] IDRM (2007) IDRM Regional Report of Europe
[5] IDRM (2007) IDRM Regional Report of Europe
[6] Konttinen, J (2006) Discrimination of Person with Disabilities in Finland: The Threshold Association The Centre for Human Rights of Persons with Disabilities

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

- Finland has a compulsory tax-based health care system which covers all the residents of Finland[1]
- Finland's Pensioners' Care Allowance supports disabled people to live at home and promotes home-based care. The allowance is granted if '…the pension recipient's functional ability has diminished to the extent that the recipient's capacity to look after him/herself and to handle ordinary everyday activities without assistance has declined on account of the illness or injury.'[2]
- People with disabilities are eligible for public housing on an equal basis with the rest of the population. Subsidies and support for housing for people with disabilities are available under the "Services and Assistance for the Disabled Act" provisions e.g. serviced accommodation, equipment and conversions.[3]
- Support for informal care consists of a care remuneration for ensuring care at home for the person in question and services and support needed for such care. The legislation on informal care support was amended on January 1, 2006, when the new Act on Support for Informal Care (937/2005) entered into force.[4]

Quantitative data:

- Approximately 8,400 disabled people live in supported housing or serviced housing in the community. The number of individuals living in institutionalised care is 2,629.[5]
- There are 6 Independent Living Centres (which provide training and support for people with different disabilities) in towns and one in Helsinki[6];
- Close to 50% of all people with intellectual disabilities live with their parents. Some live in various types of housing units and a diminishing proportion of them, some 10%, still live in institutions.[7]
- In 2004, roughly 8,500 people with intellectual disabilities were covered by service housing and a

[1] WHO Regional Office for Europe (2008) www.euro.who.int/eprise/main/WHO/Progs/
[2] EU (2008) The Finland Country Report of the Study of compilation of disability statistical data from administrative registers of the Member States. http://ec.europa.eu/employment_social/index/country_report_en.pdf
[3] Written communication from Pirkko Mahlamäki, Secretary General, Finnish Disability Forum.

[4] Government report on Disability Policy (2006). At: http://www.stm.fi/Resource.phx/publishing/store/2006/07/hl1151320765410/passthru.pdf
[5] IDRM (2007) IDRM Regional Report of Europe
[6] Written communication from Pirkko Mahlamäki, Secretary General, Finnish Disability Forum
[7] Government report on Disability Policy (2006). At: http://www.stm.fi/Resource.phx/publishing/store/2006/07/hl1151320765410/passthru.pdf
[8] Government report on Disability Policy (2006). At: http://www.stm.fi/Resource.phx/publishing/store/2006/07/hl1151320765410/passthru.pdf

good 1,000 were in family care.[8]

- According to the statistics for 2004, about 4,000 people had a personal assistant, some 8,000 people were granted housing alterations, equipment and devices, and service housing covered some 2,600 persons with severe disabilities.[1]
- The deaf-blind are entitled to 240 hours and others to 120 hours of interpretation a year.[2]

Services provided under the Act on Services and Assistance for the Disabled:

- Housing alterations: 7,032 (2000); 7,857 (2005); 8,072 (2006)[3]

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Personal Assistance

- Home-based services have been described as 'rigid' resulting in disabled women not receiving the assistance that they require and that is relevant to their age and circumstances. Finland has not passed legislation that guarantees the provision of personal assistants for those disabled people who need them[4] .

Accessibility for disabled women

- Overall accessibility for disabled women is good in Finland, although some places are still deemed inaccessible and this includes access to health services e.g. maternal clinics.[1]

- There have been some reported cases of disabled women experiencing difficulties in accessing reproductive health services[5]

Good practice example

- **City of Tampere project: Promoting Health and Functional Capacity**. One of the objectives of the project is to provide services to disabled people. It includes disabled persons' independent coping, while promoting equality and removing disadvantages and obstacles to participation due to

[1] Government report on Disability Policy (2006). At: http://www.stm.fi/Resource.phx/publishing/store/2006/07/hl1151320765410/passthru.pdf

[2] Ministry of Social Affairs and Health (1999), Independent living – Challenge for disability policy. At: http://pre20031103.stm.fi/english/pao/publicat/paocontents14.htm

[3] Ministry of Social Affairs and Health (2008), National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf

[4] CERMI (2008) *European conference: recognising the right of girls and women with disabilities. An added value for tomorrow's society.* Madrid, November, 2007.

[5] Written communication from Pirkko Mahlamäki, Secretary General, Finnish Disability Forum

disability. The emphasis has been laid on developing outpatient care and supporting independent coping among the disabled. The service entity includes services and supportive measures for the disabled, housing services, supportive measures and day centre activities as well as outpatient and inpatient services provided for the mentally disabled. The operational unit providing services for disabled people is The social welfare office for the disabled, which is responsible for organising services under the Services and Assistance for the Disabled Act and for granting financial support to disabled persons.

Quantitative data:

Services provided under the Act on Services and Assistance for the Disabled:

- Personal assistant services: 2,817 (2000); 4,322 (2005); 4,548 (2006);
- Sheltered housing for seriously disabled people: 1,894 (2000); 2,775 (2005); 3,088 (2006)[1]

Institutional care and housing services for the disabled[2]

	2000	2005	2006
Institutions for intellectually disabled*	2 960	2 515	2 496
Home help, intellectually disabled	3 344	4 874	-
Assisted housing: intellectually disabled	2 476	2 649	-
Group homes for disabled people: 24-hour assistance	-	-	5 355
Group homes for disabled people: part-time assistance	-	-	2 341
Service housing and supportive housing for disabled people**	1 510	1 861	1 758
Intellectually disabled in family care***	1 270	1 095	1 253

*As of 2006, data has been collected on 'institutions for the disabled', including disabled people other than the intellectually disabled.
**Data was collected separately on the intellectually disabled and other disabled until 2005. Here, the figures have been totalled.
***As of 2006, data has been collected on those 'disabled in family care', including disabled people other than those intellectually disabled.

The **Primary Health Care Act** (1972) and the **Act on Specialised Medical Care** (1989) have provisions regarding the maximum time-frames for arranging patient access to treatment – from 2005 guaranteeing immediate access to a health centre on working days. Waiting time from primary care to treatment is 3 months and in specialised healthcare 3 weeks from assessment. Where this cannot be arranged within timescales the treatment can be bought from other providers without charge to patients.[3]

[1] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf
[2] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf
[3] IDRM (2007) IDRM Regional Report of Europe

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

According to the Constitution of Finland all people resident in Finland have a statutory right to social security and equal treatment. The statutory social insurance forms the core of the Finnish income security system. Its purpose is to provide insurance cover for all citizens against loss of income arising from social risks which includes disability.[1] There is no specific legislation in relation to gender.

Disability Pensions

- A disability pension may be granted to a person under the age of 65 (and who made the claim before January 2006) 'who has an illness which reduces the person's work ability and whose incapacity for work is expected to last for at least a year.' The person's ability to earn a living is also taken into account (in relation to manageable work in line with skills and qualifications). Where a claim has been made after 1st January 2006 a disability pension may be awarded to people aged 18-62 years. Since 2004 assessment for entitlement to a disability pension for those who are 60 or over and who have a long history of work places an emphasis on the occupational nature of their incapacity for work.

- Under the national pension scheme a disability pension can be granted to those aged 16-64 years, but it is not awarded to people in the 16-19 year age range until the possibility for rehabilitation has been investigated. Under the national scheme a person who is permanently blind or without mobile ability is always considered incapable of work. In Finland the disability pension can be awarded until further notice or as a cash rehabilitation benefit for a specified period (where a person is regarded as likely to be able to work again further to treatment or rehabilitation). Cash rehabilitation benefit always requires a treatment or rehabilitation plan. The disability pension may be either full or partial.

- There are other state pensions but only one pension from the National Pension Scheme (Kansaneläke) may be paid. If it is combined with a statutory earning-related pension (Työeläke) or an employment injuries or occupational diseases pension , then the national pension is reduced. In addition, the disability pension (Työkyvyttömyyseläke) is not usually granted until the individual has been paid sickness benefit for a maximum 300 day period.[2]

- A Disability Allowance (non means tested) is available in Finland to assist disabled people of working age (16-64 years) to undertake work and studies and to manage daily activities. However, this is not available to those claiming other benefits including the disability pension. Over and above the Disability Allowance disabled people may qualify for other special services and an informal local authority care allowance[2]

[1] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf

[2] EC (2008) The Finland Country Report of the Study of compilation of disability statistical data from administrative registers of the Member States. http://ec.europa.eu/employment_social/index/country_report_en.pdf

Prevention measures

- National Strategy Report on Social Protection and Social Inclusion 2008-2011, provides the information on the measures planed in order to reduce sickness absence and early retirement due to disability for work. Some of the measures are introduction of **partial sickness allowance**, making it statutory to provide **vocational rehabilitation**, and the **project to reduce sickness leaves and disability in particular due to depression**.[1]
- **Partial Sickness Allowance** was introduced at the beginning of 2007. It is provided for people after long disability in order to encourage staying at work after lengthy absence. It provides sickness allowance for part of the day.[2]
- **Vocational rehabilitation** is a statutory right in Finland and it may be appealed. The Social Insurance Institution and authorised pension institutions have been obliged since 2004 to organise vocational rehabilitation for persons who are at risk of becoming unemployed. As a method of rehabilitation is usually used rehabilitation at work or training for a new job or occupation.[3]
- Disability caused by depression is one of the most important reasons for early retirement, long sickness absence spells and disability for work. The number of people who are retiring early and take sickness leave due to disability caused by depression increased since the middle of 1990s. Although the number of people with depression has not changed a lot. In 2006, more than 4000 people retired due to disability caused by depression. More than half of them were women. In order to reduce the disability caused by depression Ministry of Social Affairs and Health has introduced MASTO project in 2007. The project aims to increase the wellbeing at work, to return to work in the context of depression and to reduce depression related disability for work. The project should be running till the year 2011.[4]
- **Occupational health care services** play an important role in the prevention of disability for work.[5]

[1] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf
[2] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf
[3] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf
[4] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf
[5] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf

Quantitative Data

Please provide comparative data (for non-disabled women and men with disabilities) if available

According to the National Strategy Report on Social Protection and Social Inclusion 2008-2011, in total 256,276 persons have been receiving disability benefits in 2006. The three most important reasons for retirement on disability pension were the following:

- Mental health disorders (43.9%);
- Diseases of the musculoskeletal system (24%);
- Diseases of the circulatory system (7.3%).[1]

	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	N/A	N/A	N/A
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	Number of females claiming disability pension (2006) = 125,507[2] % of females aged 16-64 years claiming disability pension (2006) = 6.8%[1]	N/A	Number of male claiming disability pension (2006) = 141,876[1] % of males aged 16-64 years claiming disability pension (2006) = 7.7%[1]

[1] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf

[2] Official Statistics of Finland (2008) 2006 Statistical Yearbook of Pensioners in Finland. www.etk.fi

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

- In general access for disabled people in Finland is good but there are still issues in some locations e.g. shop fitting rooms
- The **Services and Assistance for the Disabled Act (1986)** requires municipalities to "ensure that services and assistance for people with disabilities are provided in the form and on the scale needed in the local community" and also that services for people who have disabilities should be available in their 'mother tongue'. The planning of services should assist people to lead independent lives.[1]
- Municipalities are required to provide a reasonable transport service for severely disabled people including escorts, interpreters, and serviced housing. This also includes financial reimbursement for alterations to housing and for equipment and appliances in the home.[2]
- Government web-sites state that they are accessible and the Ministry of Transport and Communications in 2005 published an action programme to promote accessibility in communications.[3]
- Helsinki's public transport system has become increasingly accessible via the metro system and low-level buses (98%). Where public transport is not available disabled people use private cars or adapted taxis – limited financial support is available for private cars.[4]
- Increasingly public buildings have been made accessible primarily due to the introduction of legislative measures.[5]

Quantitative data:

- Services provided under the Act on Services and Assistance for the Disabled:
  - Transport services for seriously disabled people: 66,568 (2000); 80,937 (2005); 84,064 (2006);
  - Interpreter services: 3,137 (2000); 3,530 (2005); 3,791 (2006).[6]
  - Transport services covered more than 80,000 people in 2004. During the same period, some 4,000 people received interpretation services.[7]

[1] IDRM (2007) IDRM Regional Report of Europe
[2] IDRM (2007) IDRM Regional Report of Europe
[3] IDRM (2007) IDRM Regional Report of Europe
[4] IDRM (2007) IDRM Regional Report of Europe
[5] IDRM (2007) IDRM Regional Report of Europe
[6] Ministry of Social Affairs and Health (2008) National Strategy Report on Social Protection and Social Inclusion 2008-2011. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf
[7] Ministry of Social Affairs and Health (2006) Government report on Disability Policy. At: www.stm.fi

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Disabled Women and Violence

- Services and accommodation (for example places of refuge) for women facing violence are regarded as not being accessible to disabled women despite disabled women facing violence more often than the non-disabled. The Finnish Disability Forum has commenced discussions regarding this issue with professionals working in this field and through education has aimed to raise awareness.[1]
- Some evidence suggests trafficking may affect disabled women and that this is an issue that disability organisations should be alert to[1].
- The UN Committee on the Elimination of All Forms of Discrimination against Women concludes that in Finland disabled women suffer from discrimination with respect to protection from violence and that there is a lack of available data or sufficient information on violence against women with disabilities.[2]
- Abuse taking place in institutions for the disabled is dealt with via an independent reporting mechanism, but in 2005 there were no investigations of incidents of abuse or death at any Finnish institutions. Due to accessibility and a lack of readiness to receive disabled people shelters are rarely used and thus the problem of abuse is invisible. However, women with disabilities are three times as likely to be the victims of violence and abuse as their non-disabled counterparts[3]

Quantitative Data: no quantitative data is available. However, disabled women suffer from violence at around three times the rate of non-disabled women (this is a taboo area in Finland).[4]

[1] CERMI (2008) *European conference: recognising the right of girls and women with disabilities. An added value for tomorrow's society.* Madrid, November, 2007.
[2] UN (July, 2008) Concluding observations of the Committee on the Elimination of Discrimination against Women: Finland.
[3] IDRM (2007) IDRM Regional Report of Europe
[4] The Coalition of Finnish Women's Associations (2008) Submission to the United Nation's Committee on the Convention on the Elimination of All Forms of Discrimination against Women.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

- Finland's Disabled Women's Network has been established for 5 years. This network includes disabled women from 14 different disability organisations. This network has produced an action plan for disabled women and organised seminars[1].

- There is female representation on decision-making bodies relating to disability. In the executive council (2006-2009) of the Finnish Association of People with Mobility Disabilities 2 of the 3 chairpersons are women, and of the 10 members 4 are women. In the executive committee (2006-2009) of the Finnish Association of People with Mobility Disabilities there are 18 female representatives (of the 56 in total).[1]

- Disabled people have the right to vote and places for polling must be accessible (80-100% of Polling places have been regarded as accessible) but there are still issues regarding access due to older buildings. A lack of information in accessible formats has been identified as a barrier to participation in the political process for those with learning, visual or communication disabilities.[2]

- In 1983 Finland's first disabled parliamentary member was elected to the Finnish Parliament (a male). People with disabilities are employed at the middle levels of government e.g. the National Council of Disability.[3]

- Via the Finnish Paralympics committee there has been an emphasis on greater co-operation to develop disability sports at a high level and more attention is being paid to accessibility issues in relation to sport. As a result there are now more opportunities for disabled people to participate in cultural and recreational activities. However, these are more limited for those with severe disabilities as not all municipalities meet the costs of tickets for personal assistants. In sport a major barrier is a lack of expertise with respect to adapted sports.[4]

- The Finnish Association of Sports for the Disabled (FASD) is a national sports organisation for people with mobility disabilities – these associations have a total of 40,000 individual members. They promote accessibility and organise sporting events[5]

- In 2002, the Culture for All working group of the Ministry of Education carried out a survey of independent cultural activities by disability organizations and their members. The survey showed that, apart from some functioning systems, there were multiple problems in access to culture.

[1] CERMI (2008) *European conference: recognising the right of girls and women with disabilities. An added value for tomorrow's society.* Madrid, November, 2007.
[2] IDRM (2007) IDRM Regional Report of Europe
[3] IDRM (2007) IDRM Regional Report of Europe
[4] IDRM (2007) IDRM Regional Report of Europe
[5] Written communication from Pirkko Mahlamäki, Secretary General, Finnish Disability Forum

Barriers to participation included defects in the physical environment of museums, scarcity of tactile art and recorded guidance, inoperability of induction loops, lack of assistants, availability of assistive technology and lack of information.[1]

- In 2006, the Ministry of Education completed an action programme entitled Access to Art and Culture for implementation by 2010. The focus of the programme is on access to public cultural services.[2]

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

- It has been suggested that there are not enough mechanisms and sources of support available to disabled women in Finland to help them move into and undertake the role of motherhood. Disabled women due to their condition are regarded as less capable in the role of parent and mother[3]

[1] Government report on Disability Policy (2006). At: http://www.stm.fi/Resource.phx/publishing/store/2006/07/hl1151320765410/passthru.pdf
[2] Government report on Disability Policy (2006). At: http://www.stm.fi/Resource.phx/publishing/store/2006/07/hl1151320765410/passthru.pdf
[3] The Coalition of Finnish Women's Associations (2008) Submission to the United Nation's Committee on the Convention on the Elimination of All Forms of Discrimination against Women

Country fiche: France

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

– What obligations exist in the legislation?

The French Constitution of 1958, directly referring to the 1789 Declaration of the Rights of Man and Citizen and the Preamble of the 1946 Constitution, rests on the principle that all human beings are born and live equal in rights. Preamble of the 1946 Constitution states that 'each human being, irrespective of race, religion, or belief, possesses inalienable and sacred rights',

The Preamble also establishes equal rights for women in all spheres of life to those of men.
Article 1 of the Constitution of 1958 states: 'France guarantees equality before the law to all citizens without distinction on the basis of origin, race or religion', and adds that 'the law favours equal access of women and men to electoral offices and functions, as well as professional and social responsibilities'.
The Constitution does not include provisions on the prohibition of discrimination on the basis of disability (nor age, health or sexual orientation) even if the list of discriminatory grounds has not been deemed to be exhaustive by the Constitutional Council.[1]

The Law on the Equality of Rights and Opportunities, Participations and Citizenship of Persons with Disabilities[2] (Law on Disability) of 11 February 2005 puts forward the following principles:

- Generalised accessibility for all the spheres of social life (education, employment, transport, etc.)
- The right to compensation for the consequences of disability
- Participation and proximity realised by the creation of Departmental Houses of Persons with Disabilities (*Maisons départementales des personnes handicapées* – MDPH)

It has been noted that the new Law modifies the definition of 'disability' by articulating the rights of the disabled around the principles of non-discrimination, access to the built and urban environment and integration in society. It proposes a timetable for the implementation of all necessary measures to ensure a right of access to local schools and higher education, access to public buildings and housing, access to public transport and urban mobility.[3]

– Are they divided between national and local levels, and if so, how?

The Law on Disability assigns important functions to MDPHs and CDAPHs at the departmental level in relation to various aspects of disability including education, employment, benefits, access to justice, etc.

– How is the legislation enforced?

The Law on disability structures all national and local structures involved in establishing policies concerning

[1] Latraverse, S. (2008) Report on Measures to Combat Discrimination: Directives 2000/43/EC and 2000/78/EC. Country Report: France. European Commission (http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/frrep07_en.pdf)

[2] *Loi No. 2005-102 du 11 février 2005 pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées*, JORF no. 36 du 12 février 2005, pp. 2353, texte no.1

[3] Latraverse (2008)

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

the disabled and enforcing their rights, such as the National Consultative Council of the Disabled and its local counterparts, as well as the NGOs representing the disabled (Article 1). It further creates a Departmental Commission for the Rights and the Autonomy of the Disabled competent for all decisions relating to the orientation of persons with disabilities. Its members are representatives of public service, NGOs, trade unions and social partners and at least 30% of representatives of the disabled (Article 66).[1]

– Is there a specific government body or agency responsible for women with disabilities?

The High Authority against Discrimination and for Equality (*Haute Autorité de Lutte contre les Discriminations et pour l'Egalité, HALDE*), established by a Law in 2004,[2] is an independent administrative body with competence in all forms of discriminations, direct and indirect, forbidden by the laws of the Republic, therefore readily adaptable to any future legal evolutions, to cover discrimination on the grounds of race or origin, sex, disability, age, health, religion, sexual orientation, opinions, appearance, and trade union activities in all domains regulated by law. In addition to decision-making powers, HALDE has competence in investigating individual and collective complaints, allowing it to request explanations from any public or private person. In the case of a criminal offence, it may transmit the claim to the penal courts or proceed with penal transaction. In addition, HALDE ensures the promotion of equal treatment, has the power to make recommendations on all issues relating to discrimination, to identify and promote good professional practices and to coordinate and conduct studies and research.

– Legislation specifically addressing disabled women

Penal Code (Article 225-1 and 2), Labour Code (Article L122-45 and Article L123-1), law on the rights and obligations of civil servants (Article 6), the Law establishing HALDE (Article 19) and similar legislation prohibiting discrimination establish an identical list of prohibited grounds without defining them: origin, appearance of origin, race, sex, family situation, physical appearance, last name, health, disability, genetic characteristics, mores, sexual orientation, age, union activities, religion, political and religious convictions.

There is no legal rule addressing multiple grounds of discrimination.[3]
It has also been noted that there is no global and specific approach to specific groups of people with complex needs in France. Any person with disability, mild or severe, simple or complex, is covered by the Law on Disability.[4]

The Law on Disability establishes that 'All persons with disabilities shall have the right to the solidarity of the nation, which guarantees them access to fundamental rights recognised for all citizens as well as the full exercise of their citizenship', and that 'the State shall be the guarantor of the equality of treatment of persons with disabilities on its territories and shall define the multi-annual objectives of action. To this end, action shall aim to ensure the access of children, adolescents or adults with disabilities to institutions open to the whole population and their support in schooling, employment and life. The State shall guarantee the assistance and support of families and relatives of persons with disabilities' (Article 2).

[1] Ibid.
[2] Loi No. 2004-1486 du 30 décembre 2004 portant création de la haute autorité de lutte contre les discriminations et pour l'égalité
[3] Latraverse (2008)
[4] Sanchez, J. (2008), Study on the Specific Risks of Discrimination Against Persons in Situation of Major Dependence or with Complex Needs - Country Report: France. European Commission (www.non-discrimination.eu)

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

Law on Disability revised the definition of disability provided by Article L114 of the Code of Social Welfare, to apply for the purpose of implementing all relevant dispositions on the equal opportunities for persons with disabilities. **Disability** is defined as follows: 'all activity limitations or restrictions of participation in the social life faced by a person in his/her environment by reason of a substantial, enduring or definitive alteration of one or more physical, sensory, mental, cognitive or psychological functions, multiple disabilities or a disabling health problem'.

It is noted that in France, as the group of people with complex needs is not defined, there are no specific statistical data relating to it.[1] A national population survey on disability, incapacity and dependence, was held in 1998, 1999, 2000 and 2001 (*Handicap, Incapacité et Dépendance* – HID), covering all people with disabilities, mild or severe, simple or complex, at any age, living in institutions and ordinary homes.

Definitions used in this survey are as follows:[2]
Disability (defined according to the International Classification of Functioning, Disability and Health (ICF) of WHO) consists of two components: a component of organism (organic functions and anatomical structures), and a component of activity and participation. The form of disability taken, for any given individual, by each of these components, is the outcome of the interaction between problems of health on the one hand, and environmental and personal factors on the other.

Incapacity: difficulty or impossibility to realise elementary acts like standing up, getting dressed, speaking. In general, they result from one or more deficiencies.

Deficiency: problems in organic functions (physiological functions of organic systems, including psychological functions) or anatomical structures (anatomical parts of the body such as organs, limbs and their components) such as discrepancy or loss.

Activity limitation: difficulties felt by a person in the execution of a task or an action. This limitation is generally estimated in terms of the capacity of doing, if the environment is supposed to be normalised. Includes limitations in fixing attention, driving a vehicle or carrying objects.

Restrictions in participation: problems faced by person in getting involved in daily life. These restrictions often relate to the notion of performance in the sense of concrete realisation. More than the preceding notions, they are influenced by the environment, which could render more difficult or, to the contrary, help fixing attention or driving a vehicle, but also educational or professional insertion or having a family life.

The below figures are mostly derived from the HID survey:

- Persons with disabilities constitute a population of 5 million, that is, 10% of the total population, in France (2005 figures)[3]
- 52.6% of persons with disabilities are women
- In 2007, women constitute 51.4% of the total population (31 631 156 women) in France.[1] 23.5% of those are younger than 20, 52.8% are in the 20-59, and 23.7 are above 60 years of age.

[1] Sanchez (2008)
[2] Brouard, C (ed.) (2004) Le Handicap en Chiffres, Février 2004. CTNERHI. The figures that follow are derived from the HID survey conducted by INSEE at the end of 1999 in metropolitan France by civil population.
[3] www.handicap.gouv.fr

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

- 42% of civil population aged 16 and above declare to face physical (13% motor deficiencies, 10% organ deficiencies), sensory (11%), intellectual or mental (7%) difficulties in daily life.
- 12% of these deficiencies are caused by accidents, 10% are congenital (pregnancy or confinement complications, congenital malformations, genetic diseases), 26% are caused by ageing.
- More than 20% of civil population aged 16 and above declare at least one incapacity and 10% declare activity limitations.
- Seven groups of persons with disabilities are discernible in metropolitan France, among persons aged 16 or above, overlapping with each other as follows

1. Isolated or minor incapacities: persons declaring one (or more) limitation of activity, without incapacity or administrative recognition (5 300 000 persons, 11.9%)
2. Non-marked diffused incapacities: persons declaring one limitation of activity, without incapacity or administrative recognition (800 000 persons, 1.8%, over-represented by those aged under 30)
3. Recognition modes with mixed criteria: persons declaring a recognition of an invalidity or incapacity rating, without incapacity or limitation (1 200 000 persons, 2.7%, over-represented by those aged under 40)
4. Dependent elderly persons: persons declaring one (or more) incapacities and an activity restriction, without administrative recognition) (2 300 000 persons, 5.1%, increases with age)
5. Hard core of disability: persons declaring one or more incapacities, one activity restriction and one recognition of incapacity or invalidity rating (1 200 000 persons, 2.7%, over-represented by persons aged 30-59)
6. Persons with intellectual or mental deficiencies: persons declaring one (or more) incapacities with recognition of an invalidity rating but without limitations (650 000 persons, 1.5%, over-represented by those aged under 70)
7. Limiting illnesses: persons declaring a limitation with recognition of an incapacity or invalidity rating, without incapacity (325 000 persons, 0.7%, over-represented by those aged 30-59).

	Women with Disabilities	**Women**	**Men with disabilities**
Size of population	n/a	31 631 156	n/a
% of total population	n/a	51.4	n/a
% of female population	n/a	n/a	n/a
Disaggregate by age if possible as follows:			
16-64 year olds As a percentage of the total population[2]	24.8% of the total population	-	24.3% of the total population

[1] INED (Institut National d'Etudes Démographiques), Population par sexe et âge: données définitives, www.ined.fr

[2] Applica and CESEP and Alphametrics (2007) men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC

What are the national definitions of disability (used in the legislation)? What is the population of women and girls with disabilities in the country?			
< 20 year olds	n/a	23.5	n/a
20-59-64 year olds	n/a	52.8	n/a
> 60 year olds	n/a	23.7	n/a
Disaggregate by ethnicity	n/a	n/a	n/a
Disaggregate by type/severity of disability[1]	Back or neck = 20.8% Mental, nervous or emotional problems = 10.1% Heart, blood or circulation problems = 9.8%	n/a	Back or neck = 21.8% Legs or feet = 11.7% Heart, blood or circulation problems = 11.5%
Is there information on the size of the household where they live?	n/a	n/a	n/a

Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)
Share of persons in exclusive deficiency groups, by place and age[2]
Home: 57.4 million; Institution: 660 000

HOME:
Mono-deficiency:
Intellectual/Mental: 0-19 (4%); 20-39 (2%); 40-59 (3%); 60+ (2%); Total (3%)
Motor: 0-19 (1%); 20-39 (5%); 40-59 (8%); 60+ (13%); Total (6%)
Physical (other than motor): 0-19 (8%); 20-39 (5%); 40-59 (9%); 60+ (17%); Total (9%)

Multiple deficiencies:
Motor and Intellectual/Mental: 0-19 (0%); 20-39 (1%); 40-59 (2%); 60+ (6%); Total (2%)
Physical (except motor) and Intellectual/Mental: 0-19 (1%); 20-39 (1%); 40-59 (2%); 60+ (3%); Total (2%)
Physical and Motor: 0-19 (0%); 20-39 (0%); 40-59 (3%); 60+ (17%); Total (5%)
Multiple physical (except motor): 0-19 (0%); 20-39 (0%); 40-59 (1%); 60+ (5%); Total (1%)

Unspecified: 0-19 (12%); 20-39 (10%); 40-59 (11%); 60+ (11%); Total (11%)

INSTITUTION:
Mono-deficiency:
Intellectual/Mental: 0-19 (63%); 20-39 (56%); 40-59 (50%); 60+ (12%); Total (24%)
Motor: 0-19 (5%); 20-39 (8%); 40-59 (7%); 60+ (16%); Total (14%)

[1] Applica and CESEP and Alphametrics (2007) men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC
[2] Brouard (ed.) (2004)

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Physical (other than motor): 0-19 (6%); 20-39 (2%); 40-59 (2%); 60+ (5%); Total (4%)

Multiple deficiencies:
Motor and Intellectual/Mental: 0-19 (13%); 20-39 (20%); 40-59 (22%); 60+ (30%); Total (27%)
Physical (except motor) and Intellectual/Mental: 0-19 (6%); 20-39 (8%); 40-59 (11%); 60+ (7%); Total (8%)
Physical and Motor: 0-19 (1%); 20-39 (2%); 40-59 (2%); 60+ (23%); Total (17%)
Multiple physical (except motor): 0-19 (0%); 20-39 (0%); 40-59 (1%); 60+ (2%); Total (1%)

Unspecified: 0-19 (2%); 20-39 (2%); 40-59 (2%); 60+ (3%); Total (3%)

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

- Before the new law, in 2004, the active disabled population was 900 000 of whom 527 000 was in mainstream employment and a third were seeking employment. The activities for people with severe disabilities remain particularly low: 29.9% when they experience two severe impairments and 66.1% when they experienced a single severe impairment according to the HID 1999 survey.

- Since January 2007, guaranteed wages allowed to disabled workers comprised between 55 to 110 % of the legal minimum wage. The guaranteed wage is financed partly from the State, partly from work support services.

- At the end of 2006, the active disabled population was 715 000, of whom 610 000 had a job in regular working places and 105 000 in sheltered environments. 175 0000 people with disabilities had a job in public services and 35 000 are self-employed. [1]

- In the 15-64 age group, one person out of four declares to have a long-term health problem or disability. One out of eight declares to be limited in his/her work capacity due to a health problem (5 million individuals). 44% among them are in employment. This ratio significantly decreases with age. This employment is often part-time. 80% of this population do not benefit from any assistance at work. This is less common in establishments subject to the obligation of employing persons with disabilities.

- Health problems and disabilities do not uniformly affect different groups. Although there is no significant gender difference, ageing has a major impact. Only 14% of persons aged 20-30 declare such problems, while this rate is 37% for persons aged 50 and above.

[1] Sanchez (2008)

- Women who are subject to limitations in their work capacities have a lower rate of employment compared to men in the same situation (38% against 50%), but this difference is equal to that observed for non-disabled persons

- Part-time work is much wider for women with limitations in their work capacities than men in the same condition (40% against 15%), but the scale of difference is the same for rates for persons without disabilities.

- Only one woman out of five obtain the status of employee with disabilities, against one man out of three. In total 1.34 million people benefit from this administrative recognition of disability. [1]

- The law of February 11, 2005 has stepped up measures in favour of the employment of the disabled. The measures related to the employment obligations for disabled workers have been stepped up. It has more incentives as well as more constraints and should lead to an improvement in the employment rate of disabled workers. In 2004, in the private sector, 244,800 disabled individuals were employed (+4.5 % in comparison to 2003), or 2.67 % of the equivalent full-time workforce and 4.38% in 'beneficiary units16' compared with a legal obligation of 6%[2].

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates	38%	n/a	50%
Unemployment rates	n/a	n/a	n/a
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates	n/a	n/a	n/a
Part-time work rates	40%		15%
Self-employment rates	n/a	n/a	n/a
Poverty rates[3] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

Qualitative data

The Preamble of the 1946 Constitution establishes that 'Each has the duty to work and the right to obtain employment. No one can be attacked, in his work or employment, on the basis of his origins, his opinions or his beliefs'.

All employees and civil servants are protected against discrimination on the grounds of sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation, covered by Article 13 of the Amsterdam Treaty. The extent of the protection and the legal regime varies according to whether the situation is covered by the Penal Code, the Labour Code or administrative law.[4]

The Labour Code (Article L.323-10) defines an employee with disability as any person whose possibility to

[1] DARES(2003) 'L'emploi des personnes handicapées ou ayant des problèmes de santé de longue durée', Premières Synthèses Informations', No. 41.3, October 2003.

[2] Report on the employment of disabled people in European countries (France), ANED (2007).

[3] Please provide the definition of 'poverty' used in your country

[4] Latraverse (2008)

obtain or keep a job is effectively reduced by reason of an insufficiency or a diminution of his/her physical or mental capacity. The quality of the employee with disability shall be recognised by the Technical Commission of Orientation and Professional Reclassification.

Article 24 of the Law on Disability adds article L122-45-4 to the Labour Code which provides: 'No salaried employee can be sanctioned, dismissed or be subject to a discriminatory measure by reason of his or her disability as the law guarantees the principle of equal treatment towards disabled workers'.

The new Law favours the employment of disabled persons in the mainstream labour market while stressing the importance of sheltered environments. The Law contains provisions on subsidized employment with a minimum wage in adapted businesses and sheltered employment centres for disabled persons. Adapted companies are considered as mainstream employment and allow people with disabilities to be paid on the basis of the legal minimum income wage. Those companies receive from the State a fixed financial support by any provision of job. The disabled worker is considered as a full worker with a common right employee status. Currently, around 20 000 disabled workers are employed in adapted companies[1]. Such activities are considered as employment and as such are covered by the Labour Code, subject to the principle of non-discrimination. People, who cannot properly work in the mainstream environments because they are severely disabled can be guided towards work support services (ESAT, see below).

The Law states that positive action measures targeting persons with disabilities and aiming to favour equality of treatment do not constitute discrimination. The Law provides that, in order to guarantee the respect for the principle of equal treatment of employees with disabilities, employers shall take the appropriate measures allowing that these employees accede to a job or keep a job corresponding to their qualification, exercise or progress in their jobs, and are offered training adapted to their needs. These aids include the adaptation of machines or equipments, adjustment of work places, including individual equipment necessary for employees with disabilities to occupy these posts, and access to work places. Refusal to take appropriate measures constitutes discrimination in the sense of Article L.122-45-4 of the Labour Code. Employees with disabilities can also benefit from adjusted personalised work hours to facilitate their access to the job, their professional exercise or their maintenance in their jobs. The family and relatives of persons with disabilities may benefit under the same conditions from personalised adjustment of their work hours in order to facilitate their accompaniment of the person with disabilities (Article 24). Disabled workers also enjoy special protection in the event of dismissal, with an extension of the period of notice if it does not amount to at least three months and, since March 2004, they can take early retirement in advantageous terms.

A quota of 6% was established by the Law on the Employment of Persons with Disabilities[2] of 1987, making it obligatory for any undertaking with at least 20 employees. This quota can be fulfilled by full or part time employees (Article L323-1 of the Labour Code). The Law on Disability creates a fund for the integration of persons with disabilities in both private and public employment as well as sanctions if the employment quota is not respected (Article 36). The same Article maintains the possibility to comply with the quota obligation by making a financial contribution to the AGEFIPH[3] (*Association de Gestion du Fonds pour l'Insertion Professionnel des Personnes Handicapés*), which was established in 1987 and which finances the integration of disabled workers in the private sector, but increases the maximum penalty from 600 to 1500 times the minimum hourly wage for undertakings that have not employed any disabled worker

[1] Sanchez (2008)
[2] *Loi No. 87-517 du 10 juillet 1987 en faveur de l'emploi des travailleurs handicapés*
[3] Agefiph also campaigns for action by business to promote the employment of people with disabilities and helps finance dedicated job placements structures (Sanchez 2008).
[4] *Loi No. 83-634 du 13 juillet 1983 portant droits et obligations des fonctionnaires*. Version consolidée au 19 juin 2008
[5] Eurofound (European Foundation for the Improvement of Living and Working Conditions) Employment guidance services for people with disabilities database (France). http://www.eurofound.europa.eu
[6] Sanchez (2008)
[7] Report on the employment of disabled people in European countries (France), ANED (2007).

for more than three years. One of the innovations of the new law is the creation of a public sector fund similar to AGEFIPH. Article 26 of the Law creates an additional reporting obligation on the employer by imposing an annual evaluation of measures taken to integrate the disabled into the workplace.

In the public sector, Article 6 of the Law on Civil Servants[4] prohibits direct or indirect distinctions amongst civil servants by reason of political, philosophical or religious opinion, union activities, origin, sexual orientation, age, family name, health, physical appearance, disability, race or ethnicity. Nevertheless, it allows for distinctions made to take into account eventual physical inaptitude to exercise certain functions. The Law on Disability creates an obligation to adapt examination processes necessary for civil service jobs to the benefit of persons with disabilities (Article 19).

– Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments[5]

ESAT *(Les établissements ou services d'aide par le travail)* aims to facilitate the integration of persons with disabilities into the mainstream labour market. It includes the development of individual plans for participants. ESAT represents a mainstreamed or integrated service with no disability-specific options. In 2004, 114 811 disabled people worked in 1400 ESAT.[6] The services offered by ESAT include onward referral to vocational training; individual career planning; assessment and exploration; job preparation; job matching and placement; post-placement support and job coaching; advice on reasonable adaptations in terms of accessibility and workplace reorganisation; employment incentive schemes for jobseekers; guidance for employers. The service favours social inclusion in healthy common life environments.

The **Delta Insertion** project aims to help those with disabilities to build and maintain a career in mainstream employment after they have taken part in ESAT. Its key objective is to connect several organisations that help people with disabilities around a common project – the integration of disabled persons into the mainstream labour market – through building partnerships to implement common initiatives on employment and social inclusion by raising awareness among employers about the integration system and the legislation that applies to people with disabilities. While providing guidance for employers, it also offers psychiatric care, psychological support and social support to persons with disabilities. So far, 125 candidates have used the service (66% men and 34% women).

The **Isatis** project aims to provide individual support for people with disabilities by identifying and improving their technical and social skills and helping them accept and live with their physical and/or mental limitations. Isatis organises workshops and offers customised training, company-based vocational courses, accommodation for a number of participants, as well as personalised support and regular assessments. The service offers work activities in the fields of light assembly, packaging, order preparation and landscaping, as well as training programmes as a means of labour market preparation. Overall, it caters for 50 people with disabilities a year, taking into account equality between men and women.

The **CMRRF** (*Centre Mutualiste de Rééducation et de Réhabilitation fonctionnelles*) is a functional re-education and rehabilitation centre, providing support to 500 people who require re-education and rehabilitation care. Its aim is to help people with disabilities to integrate or reintegrate into the labour market and to support them in realising their projects concerning education, training or remaining in employment. The centre aims to meet the following needs of its clientele: to avoid gaps due to illness in education or training and to provide continuous support during the employment process; and to help people with disabilities cope with difficulties in terms of accessing and keeping their jobs, The centre is funded by the French network of rehabilitation centres Comète (comprising 28 establishments for mental health and rehabilitation), the European Social Fund and AGEFIPH .

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The **Messidor** initiative targets people who have a mental illness and aims to support their return to employment by placing them in small work teams in factories that are suitably adapted to their needs. An employee in charge of the manufacturing unit and a job integration advisor work closely with these workers and regularly evaluate their progress. The initiative's target group consists of individuals who have been assessed as disabled workers by the Commission of Rights and Autonomy for Disabled People (*Commission des droits et de l'autonomie des personnes handicapées*, CDAPH). The initiative ultimately

aims to place these people in the mainstream labour market. The initiative caters for about 400 people a year, of whom about one third are women. It focuses on three main areas of implementation: economic support; organising a transition pathway which is embedded in an economic activity; and assigning employee support officers. The programme also provides incentives for employers

The **Passmo** project aims to encourage disabled workers who are working in sheltered employment services (ESAT) to gain employment in a company. In implementing this initiative, funding is provided for the companies involved in the project in order to compensate for lower productivity and the time required by disabled workers to adapt to their new employment circumstances. The project addresses the need to support people with disabilities in the transition from sheltered to open labour market employment and aims to establish 300 placements in the labour market each year for disabled workers.

The **Sickness insurance fund** of the Île-de-France region aims to allow people with disabilities to access or return to reliable and sustainable employment. The initiative seeks in particular to give people with disabilities the chance to use new information and communication technologies, gain experience in a professional environment and avail of employment services. It aims to fill the gap between the skills held by disabled people and employers' skills requirements. The services provided under the initiative aim to give people with disabilities a chance to take on some kind of employment and further their academic skills. People aged 18–55 years old who have been recognised as disabled workers are eligible to participate in the programme, as are those who have been the subject of a decision by the French commission on the rights and autonomy of people with disabilities. Responsibility for the programme rests with the Ministry of Labour, Social Relations and Solidarity.

- Key bodies responsible for enforcement / delivery (including state, private and third sector) See above
- Type and quality of jobs[7]

Employment in the open labour market and sheltered employment
With the quota system, many PWD are employed in the open labour market (581,000 (409,000 in the private sector + 172,000 in the public sector) + 33,000 self employed), many are jobseekers (206,000) but the sheltered workshops take an important share (111,000).

Different industries or employment sectors
More in big companies than in small companies (3.2% if >500 employees ; 2.3% if 20-49 employees)
More in industry (3.3%), than in agriculture (2.7%), building (2.6%), trade and services (2.5), or transports (2.1%).

Full-time or part-time work
More and more often, workers with disabilities are working with short term contracts and more than 50% among them were working less than half-time.

Public or private sector employment
The public sector has approximately the same rate of employment for PWD than the private sector.

'Training' placements vs 'real' (paid) jobs
The 'training' placements are not very used in France. Only for young people or for a short period as a trial.

Employment in the social economy / social enterprises
Social enterprises are used for people with social integration problems. For PWD the sheltered workshops play this role.

Supported employment
Supported employment is less developed in France than it is elsewhere (AT, NOR, UK, SE, even DE). Some sheltered workshops try to propose alternative work positions in ordinary settings. But it is still underdeveloped.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

In June 2006, 104,500 disabled students are integrated at the primary level, 45,000 at the secondary level in individual (64 994) or group (39 830) schooling.[1]

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
Participation rates in general education: Data is only available disaggregated by age[2]	16-19 years = 90.1% 20-24 years = 46.5% 25-49 years = 4.5% 50-64 years = 0.6%	n/a	16-19 years = 87.9% 20-24 years = 38.7% 25-49 years = 3% 50-64 years = 0.5%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[3] Low =ISCED 1 + 2 Med = ISCED 3+4 High = ISCED 5	**25-54 years** Considerably disabled = low – 52.5%; med – 33.7%; high – 13.8% To some extent disabled = n/a Not restricted = low – 31.1%; med – 41.3%; high – 27.6% **55-64 years** Considerably disabled = low – 68.1%; med – 23.1%; high – 8.8% To some extent disabled = n/a	n/a	**25-54 years** Considerably disabled = low – 51.5%; med – 38.8%; high – 9.8% To some extent disabled = n/a Not restricted = low – 28.2%; med – 46.5%; high – 25.3% **55-64 years** Considerably disabled = low – 57.2%; med – 36.1%: high – 6.7% To some extent disabled = n/a

[1] European Agency for Development in Special Needs Education: National Pages, www.european-agency.org/site/national_pages/index.html

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC

[3] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC

	Not restricted = low – 55.1%; med – 30%; high – 14.9%		Not restricted = low – 42.7%; med – 39.2%; high – 18.1%
Number and type of specialist schools (i.e. level, for which target groups)		2892 institutions offering services to 131 070 children and adolescents with disabilities (2001)[1]	

Qualitative data:

Description of legislation and policies to recognise right of disabled persons to education

According to the French Constitution, "The State has the responsibility to organise free and secular public education at all levels."

The Law on Disability underlines the right of disabled students to education and the responsibility of the educational system in guaranteeing the continuity of their individual schooling routes. The Law establishes that the public service of education shall ensure a scholarly, professional or superior education to children, adolescents and adults with disabilities or with disabling illnesses. In its domains of competence, the State shall put in place the financial and human means necessary for schooling in the ordinary environment of children, adolescents or adults with disabilities.

All children, adolescents with disabilities or with disabling illnesses shall enroll in a school or establishment closest to their home, which shall constitute their reference establishment.

In the framework of their personalised plans, if their needs necessitate that they are trained within adapted organisations, they may also be enrolled in another school or establishment by the competent administrative authority upon the proposition of their reference establishment and with the agreement or their parents or legal representatives. This enrollment does not overrule their return to the reference establishment

If necessary, equipped distance learning modalities are offered by an establishment under the auspices of the Ministry of National Education. This training can be received before obligatory schooling age if the family demands. If needed, it is complemented by pedagogical, psychological, educative, social, medical and paramedical actions coordinated within the framework of a personalised project (Article 19).

Article 75 of the law recognises the French sign language and establishes that all students with hearing disabilities shall be able to receive an education on this language, which can also be selected in examinations including those for professional training.

In short, the Law establishes the obligations to:

- provide the student, whenever possible, with mainstream school access as close as possible to his home;
- closely associate parents in the decision process of orienting their child and in all phases of the definition of his personal schooling project (*Projet personalisé de scolarisation* – PPS);
- guarantee the continuity of the schooling career, adapted to the capacities and needs of the student;
- guarantee equality of opportunities for disabled and other candidates, by ensuring a legal basis for the adjustment of examination conditions[2]

For this purpose, the Law creates a number of new authorities:
The Departmental House of Disabled Persons (*Maison Départementale des Personnes Handicapées* – MDPH): placed under the authority of the Chair of the General Council, this is a one-stop office which

[1] Brouard. (ed.) (2004)

[2] European Agency for Development in Special Needs Education

improves efficiency of reception, information and assistance to disabled students and their families by means of personalised plans developed for persons with disabilities.[1] The evaluation of needs, to which every disabled child is entitled according to the law, is performed by a multidisciplinary evaluation team, which decides upon the applicable legal measure(s) of assistance

The Rights and Autonomy Commission (*Commission des droits et de l'autonomie des personnes handicapées* – CDAPH): it decides on orientation in the fields of schooling and education and proposes conciliatory procedures in the event of disagreement. It closely associates the parents in the orientation decision process concerning their child and in all phases of defining his/her personal schooling project.[2]

Primary level students with severe and persistent learning difficulties are identified by their teacher, who implements a personalised educational success programme (*Programme personalise de réussite educative* – PPRE) with the help of specialised educators from the assistance networks for students with learning difficulties. When these students reach secondary school age and if their learning difficulties persist, they are registered by the departmental orientation commission, which will refer them to the adapted general and professional schooling sections (Sections d'enseignement general et professionnel adapté – SEGPA). The adapted schooling sector can be divided into three large areas:

- Prevention mechanisms for students with serious schooling difficulties: at the primary level, these include specialised assistance networks (*Raiseau d'aides specialises élèves en difficulties* – RASED) to prevent schooling difficulties in mainstream education; at the secondary level, adapted general and professional schooling programmes are implemented in two types of institutions: SEGPA and EREA (*établissements régionaux d'enseignement adapté*); in addition, relay classes can be offered to intermediate students who entered the school rejection cycle to facilitate their re-entry to the school system, organised in partnership with local governments and organisations.

- Ways of schooling for disabled students: this takes place mainly in mainstream education. Actual schooling can be complemented by specialist education and home care service (*Service d'éducation specialisée et de soins à domicile* – SESSAD). There are individual or group schooling alternatives. In individual schooling, one or more disabled students are enrolled in a mainstream class (this is the primary goal of legislation). A personal schooling project (*Projet personalisé de scolarisation* – PPS) provides the framework for the schooling of the disabled child and a reference teacher is assigned to each student. Students can also be accompanied by a school carer (numbers of students with carers increased from 7400 in 2003 to 18.589 in 2006).Group schooling facilities exist for students who cannot follow mainstream education. There are different types of school integration classes (*Classe d'intégration scolaire* – CLIS) at the primary level, separately organised for children with mental, hearing, visual and motor disabilities. At the secondary level, disabled students can join integrated learning units (*Unité pédagogique d'intégration* – UPI) catering for children with all types of disabilities and including vocational training schools.

- Distance learning: the National centre for Distance Learning (*Centre National d'Enseignement à Distance* – CNED) is a public institution offering school and vocational curricula for students who are not able to physically attend mainstream education institutions. Students can also benefit from home

[1] Décret No. 2005-1587 du 19 décembre 2005 relatif à la maison départementale des personnes handicapées et modifiant le code de l'action sociale et des familles, JORF no. 295 du 20 décembre, pp 19589, texte no. 51

[2] Décret No. 2005-1589 du 19 décembre 2005 relatif à la commission des droits et de l'autonomie des personnes handicapées et modifiant le code de l'action sociale et des familles, JORF no. 295 du 20 décembre 2005, pp 19594, texte no. 53.

[3] European Agency for Development in Special Needs Education

[4] Sanchez (2008)

[5] Brouard (ed.) (2004)

[6] European Agency for Development in Special Needs Education

[7] Sanchez (2008).

learning assistance by a CNED staff member. There are also medico-social facilities for children in this category, offering balanced educational and therapeutic care. These include care facilities (medico-educational centres) and prevention, treatment and home care services.[3]

Persons with disabilities have access to the whole range of vocational training programmes offered to workers and job seekers. Persons who are eligible to the status of an employee with disabilities (see above) can also have access to particular vocational programmes and benefit from specific arrangements as far as wages are concerned. Since January 2006 vocational training agencies in regular workplace or sheltered environment, those responsible for life-long vocational training (State, local authorities services, public and private institutions, job placement institutions, trade unions) have to take any measure to facilitate part time work in order to adapt vocational training duration, and to find way to validate vocational training certificates for disabled persons.[4]

Specialist institutions:[5]
IME (*Instituts medico-éducatifs*): Special education establishments for children and adolescents with intellectual disabilities, regardless of the severity of their disability. A number of types can be outlined: Specialised learning and education sections (*sections d'éducation et d'enseignement specialisés* – **SEES**), also called medico-pedagogic institutions (*instituts medico-pédagogiques* – **IMP**) for younger; sections of initiation and first vocational training (*sections d'initiation et de première formation professionnelle* – **SIPFP**) also known as medico-professional institutions (*instituts medico-professionnelles* – **IMP**) can be proposed to young persons starting from 14 years of age. (1208 such institutions in 2001 with 71 207 placements)

Establishments for children with multiple disabilities: offered to children with severe restrictions of autonomy (159 such institutions in 2001 with 4 387 placements)

IR (*Les instituts de rééducation*, Re-education institutions): offered to young people whose behavioural difficulties require the use of specialised medico-educational means despite their normal or quasi-normal intellectual capacity. (342 such institutions in 2001 with 15 617 placements)

IEM (*Instituts d'éducation motrice*, institutions of motor education): Establishments of special education for children with motor disabilities. (123 such institutions in 2001 with 7 363 placements)

Institutes of sensory education for children with visual or hearing disabilities. (149 such institutions in 2001 with 9 661 placements)

SESSAD: (911 such institutions in 2001 with 22 835 placements)

In total, 2892 special education service establishments existed in 2001 offering services to 131 070 children and adolescents with disabilities.

- Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:
  - Personalised measures at school (individual classes, extra support, mentors, peer group support, etc.)
  - See above
  - Integrative measures
  - See above
  - Financial subsidies, loans etc

Special education allowance (**L'Allocation d'éducation spéciale –** AES): is a benefit available for families without resource conditions, aiming for the education of young people under 20 years of age presenting a disability causing permanent incapacity of at least 80% or between 50-80% when they benefit from special education. AES comprises a basic allowance to which complements can be added if the nature or degree of disability imposes the assistance of a third person or particularly costly expenses: there are six such

complements.

Education benefit for disabled children (AEEH, see below)
Invalidity cards: are provided for children with an incapacity rate of at least 80%, without resource conditions. It offers some financial advantages i.e. in transport
Specialised transportation.

Educational, therapeutic or orientation measures, either in specialised classes or units in ordinary schools, or through placement in specialised schools under the authority of the Ministry of Education or of the medico-educational sector.

Special education and care services at home (*Services d'éducation special et de soins à domicile* – SESSAD): structures which are autonomous or attached to medico-education establishments, ensuring educative, pedagogical and therapeutic services for children and adolescents of any age and with any degree of disability. They intervene in different places of life including home, school, leisure, crèche etc. In order for the family to be able to benefit from financial assistance or other services, the child's degree of disability must be officially assessed on the basis of the reference scale created by decree no. 93-1216 (04/11/1993).[6]

In 2006 there were160 000 beneficiaries of the educational allowance, which is allocated to children with disabilities whose rate of incapacity is at least 50%.[7]

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

the Law on Disability states that a person endurably prevented from accomplishing by him/herself acts linked to treatment prescribed by a doctor, due to functional limitations linked to physical disability, may designate a natural or chosen assistant to favour his/her autonomy (Article 9).

Quantitative data:

- Rates of women with disabilities in care
  - 2.6 million people in France need help to go out of home, 280 000 are confined to bed or chair (11% of which are younger than 60 years of age).
  - 9% of the civil population (5.4 million out of a total of 54.7 million) benefit from regular help from a third person due to a health problem. This rate is less than 7% for persons younger than 60 and exceeds 20% after 70 years of age.
  - 8% of civil population aged 16 and above declare that they benefit from administrative recognition of their disability and 4% (2.3 million) from an allowance, pension or other benefits due to health problems.
  - 30% of women above 60 years of age need help for mobility (16% of men)
  - 23% of women above 60 years of age need help for housework (17% of men)[1]

[1] Source: Brouard (ed.) (2004)

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

The Law on Disability establishes that the State, local governments and social protection organisations put in place policies for the prevention, reduction and compensation of disabilities and the necessary means for their realisation with the aim to create the conditions for the limitation of the causes of disability, prevention of additional disabilities, development of the capacities of persons with disabilities and research on the best possible autonomy for these persons.

Policies for the prevention of disability notably include: actions directly addressing persons with disabilities; actions aiming to inform, form, accompany and support families and assistants; actions aiming to favour the development of mutual aid groups; actions of formation and support of professionals; actions of information and awareness of the public; actions of prevention concerning maltreatment of persons with disabilities; actions allowing the establishment of concrete ties of citizenship; actions of specific psychological support offered to families; pedagogical actions of care in educational and professional environments as well as in all environments for the needs of persons with disabilities; actions for the improvement of life taking into account all environments, products and services targeting persons with disabilities and putting in place the rules of conception for universal application (Article 4).

The Law also establishes that 'persons with disabilities shall benefit from medical consultations for specific supplementary prevention. Health care professionals shall receive a medical expertise which allows persons with disabilities to ensure for themselves that they benefit from the evolution of therapeutic and technological innovations for the reduction of their incapacity' (Article 8).

People with disabilities are usually eligible for Social security as ordinary members or automatically as affiliated members due to the recognition of their disability. Mostly, being affiliated to health insurance depends on one's needs and one's financial resources. A specific additional healthcare insurance called '*Intégrance'* was created in 1980 to meet the needs of people with disabilities, including those with severe disabilities and high dependency needs, as well as their families.

According to the Report prepared for the 2007 Madrid Conference ' Recognising the Rights of Girls and Women with Disabilities', the current situation in France is the following: "there are no measures in place for women with disabilities who wish to have children, no adaptations in maternity hospitals, no accessible gynaecology services and so on. Women with disabilities who give birth are still often considered incapable. Social services are prepared to remove custody of her children. Very little is done to accompany the woman/mother, and in fact they are soon singled out".

Quantitative data: This data is not available

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

The Law on Disability states that a person with disability shall have the right to compensation for the consequences of his/her disability notwithstanding the origins and nature of his/her deficiency, his/her age or his/her lifestyle. This compensation shall meet his/her needs including education, employment, housework, etc. to enable him/her to fully exercise his/her citizenship and his capacity for autonomy; development or adjustment of service offers allowing his/her family and relatives to benefit from breathing space; formation of mutual help groups or places in specialised establishments; all kinds of assistance to the person or institutions to live in an ordinary or adapted environment; or in access to disability-specific procedures and institutions, or to the means and benefits accompanying the realisation of juridical protection (Article 11).

The same Law establishes that all persons with disabilities permanently residing in metropolitan France or in the departments, having surpassed the age of opening of the right to the education allocation of the child with disabilities, whose age is younger than a limit fixed by decree and whose disability responds to the criteria defined by decree taking into account the nature and importance of the needs for compensation with regard to their life plan, have right to a compensation benefit, which can be paid, upon the choice of the beneficiary, in kind (Article 12).

The Law also envisages the extension of the compensation benefit to children with disabilities in the three years following the coming into force of the Law. In a maximum of five years of delay, the provisions of the law operating a distinction amongst persons with disabilities in terms of age criteria concerning the compensation of disability and minimum fares of accommodation in social and medical establishments will be abolished (Article 13).

This right to compensation is inscribed in the personalised plan of compensation set up for each person with disabilities who apply to it. It establishes a compensatory disability benefit (*Prestation de compensation du handicap* – PCH) which can be received at home or in an institution. It is envisaged to finance individual assistance determined on the basis of needs and 'life project' of the person with disabilities and is allocated without resource conditions.

The Law also guarantees an allocation for adults with disabilities, having fulfilled the conditions of residence, age, and disability criteria (Article 16).
According to the Law, persons with disabilities who have simple or complex needs shall contact MDPH (see Section 4 on Education). A multidisciplinary team estimates the person's disability, needs and rights in every area of life and elaborates with the person a plan of compensation. This plan is then submitted to the acceptance of the CDAPH. This makes it possible for all persons with disabilities to benefit from payments for all their costs relating to their disability. These benefits can be paid for costs linked to need for human or technical aid, adaptation of accommodation or vehicle, and costs of transport.

AAH (*allocation aux adultes handicapés*): It is accorded by CDAF for a duration of 1 to 5 years. The new Law revised the AAH by creating two new complements: resource complement (targeting persons with disabilities who are incapable of work) and improvement of autonomous life (targeting those who could work but who do not).

The law also improves a number of already existing rights and created new ones: invalidity, parking or priority cards for persons with disabilities; improvement for lone parents of children with disabilities; improvement of the pensions of workers with disabilities benefiting from a lower age of retirement (see below).

The Law contains provisions on an invalidity pension to compensate a loss of earnings resulting from a reduction of work capacity following an accident or illness of non-professional origin. The conditions to obtain it include being below 60 years of age; fulfilling certain conditions of registration and wage; having at least 2/3 reduction of work or earning capacity; having completed 800 hours of work during the preceding 12 months on a wage at least equal to 2030 times the hourly minimum wage, including periods of unemployment. It is provided up until 60 years of age, after which it is replaced by an old age pension.

Other measures for elderly and disabled:[1]
APA (*allocation personnalisée d'autonomie*, personalised autonomy allowance): Created in 2001 and modified in 2003, this benefit is provided for elderly persons. It does not have a condition of resource, and it is provided on the basis of conditions of residence (stable and regular), age (60 and older) and loss of autonomy. 61% of beneficiaries receive it at home: 90% of this goes to financing of professional assistants; 5% to financing of autonomy assistance (technical aid, transport, etc.); and 5% to temporary or day stays in institutions. 60% of its beneficiaries are moderately dependent, while 3% are completely dependent.

ASH (*aide sociale à l'hébergement*, social assistance for accommodation): to be hosted by an institution

ACTP (*allocation compensatrice pour tierce personne*, compensatory allowance for third person): It is provided for persons with disabilities whose conditions necessitate effective help from a third person for essential acts of life. It accounts for 37% of assistance offered to persons with disabilities. This is the most common benefit for persons with disabilities living in their home (77 000 beneficiaries by end of 2007).

PCH (*prestation de compensation du handicap*, compensatory disability benefit): created in 2006 by the new Law. It is provided for all persons with disabilities to compensate their (human or material) needs for assistance linked to their disability. It accounts for 13% of assistance offered to persons with disabilities. The conditions to claim PCH are residing stably and regularly in France, being younger than 60 (or younger than 65 for those whose disability existed before 60 years of age), and having an absolute difficulty in the realisation of an essential activity of daily life. PCH covers 5 types of assistance: human assistance; technical assistance; assistance for specific or exceptional needs; adaptation of accommodation or vehicle, animal assistance contributing to the autonomy of person with disabilities.

Household help (***aide ménagère***) from a service employee and allowance to employ a person at home are the remaining two alternative forms of benefit provided for persons with disabilities and elderly. In these two cases, the claimant must present a permanent incapacity rate (of at least 80%). This accounts for 7% of persons with disabilities benefiting from departmental social assistance initiatives (17 000).

Measures for children:[2]
ASE (*aide sociale à l'enfance*, social assistance for children): this has three principal benefits: educative actions (at home or institutions); measures of placement; and financial measures. ASE is provided when the health, security or education of the child is concerned. In the year 2007, the number of beneficiaries were 281 000 persons under 21 years of age; half of those from educative actions and the other half from placement measures.

Less than 25% of beneficiaries of social assistance for persons with disabilities are under 35 years of age, while 25% are in the 50-59 age group.

Around 135 000 persons with disabilities benefit from one of these assistance in institutions.

– Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources)

[1] Bailleau, G. And F. Trespeux (2008) 'Les bénéficiaires de l'aide sociale départementale en 2007', *Etudes et Résultats*, No. 656, September 2008, DREES.
[2] Ibid.

There are provisions in the French Labour Code offering parents the possibility to obtain leave of absence to take care of sick children (article L122-28), to accompany the end of life (article L225-15), extension of parental leave after having a disabled child (article L122-28-1) and adaptation of work hours for caring for disabled family members (article L212-4-1-1).

The new Law establishes a benefit for lone parents of children with disabilities (*majoration pour parent isolé*), which is provided without resource conditions for each child of a lone parent necessitating recourse to a third person, whose parent shall stop or reduce his/her professional activity. The law also contains provisions on early retirement for workers with disabilities at 55 years of age. All persons having at least 80% disability can benefit from it.

Disabled employees and employees caring for a disabled child can also benefit from the possibility of early retirement. The pension reform of 2003[1] lowered the retirement age giving right to full pension from 60 to 55 years of age in the private sector for disabled persons with a recognized disability rate of 80%. Employees caring for a disabled child can benefit as well from the possibility for early retirement108

For children in the 0-6 age group who have sensory, motor, mental, severe or complex impairments, actions of early detection, prevention, treatment and rehabilitation may be undertaken by multidisciplinary teams of the early medico-social action centres (Centre d'action medico-sociale précoce – CAMSP). These centres offer support (one-to-one interviews with a psychologist or group therapy) to families. They also bring support by facilitating inclusion or orientation in specialised settings. They are financially supported by Health Insurance (80%) and by regional councils (20%). There are more than 200 CAMSP in France. They are examples of good practice for the whole world of disabled children.[2]

The admission of disabled children is part of the missions of day-nurseries (for children between 2 months to 3 years) and day-care centres (for children between 2 months to 6 years), except if the child has health problems which require specialized care. In this last case, the child's admission is however possible in a sanitary nursery.

Allowances are provided for parents who are living with their disabled child to cover the additional costs linked to the disability such as human assistance, technical helps, transport and housing adaptations. Parents, who are in charge of a child with disability under 20, are eligible to the allowance for a child with disability (*allocation d'éducation de l'enfant handicapé* – AEEH) if his permanent disability rate is at least of 80% (or between 50% and 80% with specific conditions of follow-up). Persons receiving AEEH may also ask for the new PCH since the entry into force of the new Law in 2006 to assist in costs such as housing improvements or extra cost for transportation.

– Assistance with disability-related expenses

See above

[1] Loi No. 2003-75 du 21 août 2003 portant réforme des retraites, JORF No. 193 du 22 août 2003, pp 14310, texte no. 1

[2] Sanchez (2008)

Quantitative Data Please provide comparative data (for non-disabled women and men with disabilities) if available			
	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	84[1]	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

The Law on Disabilities provides that architectural dispositions, interior and exterior constructions and equipments of residential places, owned by private or public persons, establishments and facilities open to public and work places shall be accessible to all, notably to persons with physical, sensory, cognitive, mental or psychological disabilities, whatever the type of disability (Article 41).

The Law states that the mobility chain including sidewalks, buildings, streets, public facilities, must allow total accessibility for the disabled within ten years of publication of the Law on disability. Public transport shall offer complete accessibility within three years, or offer substitute transport services to the disabled.

Although regulation of building and infrastructure accessibility existed before the Law on disability, the innovation of the new Law is the duty to modify existing buildings and reasonable accommodation requirements. These provisions give rise to administrative remedies. The failure to provide reasonable accommodation could give rise to remedies in discrimination in access to housing and constitute discrimination in access to employment.[2]

Online public communication services under the services of the State, local governments and dependant public establishments shall be accessible to persons with disabilities (Article 47). The Law also requires adaptations to be made in order to facilitate access to new technology of information, voting and television.

Examples of measures:
Invalidity card: delivered by CDAPH to persons with an incapacity rate of at least 80% with a limited or

[1] INSEE (Institut national de la statistique et des études économiques), Espérance de vie, taux de mortalité et taux de mortalité infantile dans le monde, 2007, www.insee.fr
[2] Latraverse (2008)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?
unlimited duration. It provides priority access to seating places in public transport and waiting rooms; priority in establishments open to public and in queues. **Parking card**: it is provided for persons who are addressed by the Code of military invalidity and war victims pensions, having a disability reducing their capacity and autonomy of mobility; as well as for organisations using a vehicle of transport for persons with disabilities. **Priority card**: introduced by the new law, it provides priority in waiting queues. It is delivered by MDPHs The prohibition of discrimination in access to goods and services is also provided by Article 225-2 of the Penal Code. Moreover, Article L111-7 of the Code of Construction requires public and residential buildings to be designed and built in a way accessible to the disabled. A building which does not conform to requirements of accessibility could be shut down by administrative order (article 111-8-3 of the Code of construction). Public subsidies to building construction and renovation projects are conditional upon respecting accessibility requirements (article 111-26 of the Code of construction).

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities? What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse? What is the extent of abuse faced by the women with disabilities?
The Law on Disability recognises the right of persons with hearing disabilities to a sign language interpreter before the civil and penal courts, and the right of persons with visual disabilities to the reading in Braille of civil and penal court records (Article 76), all these measures being financed by the State. Public buildings and courts must be accessible to the public (article L111-7 of the Code of construction). Article L152-4 of the Code of construction foresees enforcement of this principle through penal fines and injunctive relief. MDPH created by the Article 64 of the new Law is intended to centralise all administrative procedures to enforce rights of the disabled person. It further creates a claim referee within these Houses to transmit the disabled person's claim to the competent authority or jurisdiction. The Law also creates Article L122-45-5 in the Labour Code providing standing to NGOs acting for the rights of persons with disabilities before the Courts in matters of discrimination
Quantitative data: This data is not available

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

There is not a special law in France for leisure time but consent on the principle of full accessibility and non-discrimination consolidated by the Law on Disability, as well as volunteered action from the State. Holidays and leisure centres collectively accommodate children and young people from 2 to 18 years old for educational activities and relaxation. They are organised around specific educational and teaching projects. The admission is regulated by the State (especially by the Ministry for youth, sports and community life) and framed by a qualified team. Holiday centres welcome groups of at least 12 children and\or teenagers for a period up to 5 nights during the school holidays. They also welcome without accommodation groups of 8 to 300 children or teenagers. The centres function at least 15 days a year. Today, more and more leisure centres provide activities for disabled children and teenagers with complex needs within a group of children without disabilities. An ethical charter on the admission of disabled young people and adults in holidays and leisure centres that are not specialised in disability accommodation was launched in 1997,[1] underlining the necessity to offer an admission of quality to disabled people.[2]

The Law on Disability foresees the organisation of a national conference on disability every three years starting from 1 January 2006, including the participation of the representative associations of persons with disabilities, management mechanisms of establishments or social or medical services targeting persons with disabilities, departments and branches of social security, social partners and qualified organisations, in order to debate the orientations and means of policies concerning persons with disabilities (Article 3).

– Existence of political, sporting and cultural associations or interest groups for disabled women

FDFA (*Femmes pour le dire, femmes pour agir*) aims to fight against the double discrimination of being a woman and being disabled. It organises workshops around different themes to bring together members, to exchange, create and develop their potentials.

RIFH (*Réponses Initiatives Femmes Handicapées*) aims to support initiatives from women with physical disabilities particularly in the area of health care and sexual health, raise awareness and create dialogue among women with disabilities. It organises forums and seminars to bring various stakeholders together.

– Provision of special facilities or support services for disabled people in these fields

The Ministry of Culture and Communication set up a national Commission on Culture and Disability in 2001. The aim of the Commission is to create dialogue and consultation amongst ministries in charge of culture and of persons with disabilities, associations for persons with disabilities, and persons with disabilities in the fields of culture and art. Its mission is to propose measures relating, in particular, to access to equipment, artistic practice, training and occupations on culture.[3] The Ministry organises or co-organises various cultural events and activities for persons with disabilities, including concerts, festivals, seminars, etc.

The State Secretary responsible for Consumer Affairs and Tourism engages an action which aims to strengthen operations in the field of accommodation and access to leisure, to culture and to holidays for disabled people whose integration into a traditional service of consumers represents both a social and an

[1] *Charte de déontologie pour l'accueil des personnes handicapées dans les structures de vacances et de loisirs non specialises*, www.halde.fr
[2] Sanchez (2008)
[3] www.culture.gouv.fr/handicap/commission.html

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

economic challenge. The action is oriented towards awareness raising and mobilisation of tourism professionals for the accommodation of disabled people in their holidays, their leisure and cultural places through the national campaign 'Tourism and Disability', as well as through conferences and exhibitions on accessibility issues.[1]

In order to prevent some abuse towards disabled people, some outdoor activities have been defined as excursions specially adapted for the disabled population. The activities are intended to last for five days or more, with access for a group of three disabled adults or more. These excursions have to be recognised by local authorities for the quality of their services and security.[2]

The Law on Disability states that people under guardianship are allowed to vote. According to the law, polling stations and voting device should be accessible to disabled voters whatever their disability is physical, sensory, intellectual or mental.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Most NGOs, whether anti-racist or promoting the rights of the disabled, of gays, of the sick, of the aged are subsidized by the State and pursue dissemination activities including the diffusion of their own website presenting legal precedents and legal tools, many of which are adapted for the visually impaired, as well as seminars and events. In November 2002, the MRAP and APAHF have published legal guides for victims of discrimination, for rights in matters related to access of disabled children to schools, etc. All these structures, as well as trade unions and the FASILD (now ANCSEC), organise seminars and training for actors and the general public.[3]

Article 25 of the Law on Disability modifies articles L132-12 and L132-27 of the Labour Code, which concern mandatory annual negotiations among social partners, to create the obligation to hold annual negotiations concerning measures necessary for the professional integration of the disabled. Social partners also participate in the Departmental CDAPHs.

For a discussion of the problematic aspects and shortcomings of the majority of initiatives targeting persons with disabilities (educational, employment, social protection, services, etc.) leading to discrimination, see Sanchez (2008).

[1] Sanchez (2008)
[2] Ibid.
[3] Latraverse (2008)

Country fiche: Germany

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

There are several social law regulations as well as an Act on Equal Opportunities for Disabled Persons (2002) and a General Equal Treatment Act (2006). The new Book 9 of the Social Code (2001) and the Act on Equal Opportunities for Disabled Persons (2002) contain special paragraphs and references relating to women with disabilities.

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

At the end of 2007 the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth commissioned two experts to write an expert paper about the meaning for states parties of article 6 and the other references to women with disabilities in the UN Convention.

Now the process of ratification is ongoing. Germany will probably ratify the Convention in early 2009. Therefore the process of implementation has hardly started.

Nevertheless the Federal Government Commissioner for Matters relating to Disabled Persons has initiated a campaign named “alle inklusive!” The campaign will be operated together with the disability organisations included in the German Disability Council. Between January and March 2009 there will be 8 conferences relating to 8 topics of the UN Convention. One of the conferences will take place around the 8th of March and will focus on women with disabilities. It will be organised by “Weibernetz”, the German network of women with disabilities. The conferences intend to identify the legislative and other need for action in Germany under the UN Convention.

– What obligations exist in the legislation?

To date the legislation hasn't been changed under the UN Convention.
In Book 9 of the Social Code there are several appeals to employ women with disabilities and to consider their situation (maybe as mothers). Measures of rehabilitation should be offered - stationary as well as ambulatory - as full time measures and as part-time measures. One provision in Book 9 obliges the employment agency to initiate special programmes to enhance the employment rate of women with disabilities. Book 9 contains also provisions for the acceptance of child care costs and a provision for the acceptance of the costs of self-assertion training for women and girls with disabilities (a measure to protect women and girls with disabilities against violence).

The Act on Equal Opportunities for Disabled Persons contains a provision to take actions for the advancement of women. It also contains an obligation for the Federal Government Commissioner for Matters relating to Disabled Persons to consider the different living conditions of women and men with disabilities and to take actions to abolish disadvantages.

– Are they divided between national and local levels, and if so, how?

The mentioned laws apply at the national level. In the 16 federal states of Germany there are 16 Acts on Equal Opportunities for Disabled Persons. In most of those laws there are similar provisions relating to

women with disabilities as in the national law. This is not the case with the laws of the federal states of Sachsen, Sachsen-Anhalt, Thüringen and Schleswig-Holstein.

– How is the legislation enforced?

The legislative provisions are good – but the reality of daily life for women with disabilities hasn't changes significantly. There are a few court decisions relating to the provisions of Book 9 of the Social Code that are positive for women with disabilities. However, with regards to the national and federal Acts on Equal Opportunities for Disabled Persons nothing has yet happened in favour of women with disabilities.

– Is there a specific ministerial responsibility for women with disabilities, and if so, who holds it?

In the women's department of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth there is one administrator responsible for several topics, including women with disabilities and another women is working exclusively on women with disabilities.

– Is there a specific government body or agency responsible for women with disabilities?
See above
– Is there a dedicated focal point / coordination mechanism within the government for matters relating to the implementation of the UN Convention?

Not yet. All matters relating to the UN Convention are coordinated within the Federal Ministry for Labour and Social Affairs.

– Has a framework been established for the promotion, protection and monitoring of the Convention?
Not yet
– Are women with disabilities consulted / involved in the processes of promoting, protecting and monitoring the Convention, and if so, how?

“Weibernetz”, the network of women with disabilities, had the opportunity to comment on the law that is necessary to ratify the UN Convention. In the future probably the German Disability Council will be more involved in all processes relating to the UN Convention. As Weibernetz is a member of the German Disability Council it will have the opportunity to participate.

– What statistical and research data is collected in relation to the Convention?
Nothing yet
– Does your Government publish information on public expenditure at national level on women with disabilities? If yes, provide the numbers.
No it doesn't

– Anti-discrimination laws, disability legislation, etc.
See above
– Legislation specifically addressing disabled women
See above

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

The definition introduced in Book 9 of the Social Code and repeated in the Act on Equal Opportunities for Disabled Persons is influenced by the concept of participation in the International Classification of Functioning, Disability, and Health (ICF). According to section 2 (1) of Book 9 of the Social Code, people with disabilities are defined as persons whose physical functions, mental capacities or psychological health are highly likely to deviate for more than six months from the condition which is typical for the respective age and whose participation in the life of society is therefore restricted. According to section 2 (2) "severely disabled persons" are disabled persons whose degree of disability is at least 50 – from a possible degree of 100.

What is the population of women and girls with disabilities in the country?

According to the Federal Statistical Office in the end of the year 2007 in Germany there were 6,9 million persons living who had been classified as severely disabled by the responsible authorities. This means that 8,4% of the German population is severely disabled. Around 52% of them were men.

Quantitative data

For all data, please indicate the definition of disability used and the source of the data (research definitions may differ from legal definitions).

Definition - see above. Source: Statistisches Bundesamt: Schwerbehindertenstatistik 2007 and Statistisches Bundesamt, Wiesbaden, 2008

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population	3.330.922 ~4 m[1]	41.943.545	3.587.250
% of total population	4,05%	51,02%	4,36%
% of female population	7,94%	92,06%	n/a
Disaggregate by age if possible as follows:			
< 15 year olds	49.701	5.493.189	70.526
16-65 year olds	1.378.262	26.876.566	1.663.613
> 65 year olds	1.902.959	9.573.790	1.853.111
Disaggregate by ethnicity	127.350 (non-German)	3.530.100 (non-German)	190.585 (non-German)
Disaggregate by type/severity of disability	See below		
Is there information on the size of the household where they live?	See below		
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)	See below		

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid, P155.

What are the national definitions of disability (used in the legislation)?
See above

What is the population of women and girls with disabilities in the country?

According to the Federal Statistical Office in the end of the year 2005 in Germany there were 8,64 million persons classed as mild or severely disabled by the responsible authorities. This means that 10,5% of the German population were mild or severely disabled.

Quantitative data

For all data, please indicate the definition of disability used and the source of the data(research definitions may differ from legal definitions). Definition - see above. Source: Statistisches Bundesamt: Mikrozensus 2005. Behinderte Menschen 2005

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population	4.013.000	42.098.000	4.627.000
% of total population	4,87%	51.07%	5,61%
% of female population	9,5%	90,5%	n/a
Disaggregate by age if possible as follows:			
< 15 year olds	57.000	N/A	77.000
16-64 year olds	1.919.000	N/A	2.487.000
> 65 year olds	2.037.000	N/A	2.063.000
Disaggregate by ethnicity			
Disaggregate by type/severity of disability	Severely disabled: 3.214.000 Mild disabled; 799.000		Severely disa. 3.514.000 mild disabled 1.113.000
Is there information on the size of the household where they live?	1-person-household 37,9% 2-p.-household 44,2% >3-p.-household 17,9%	1-p.-h. 17,4% 2-p.-h. 31,7% >3-p.-h. 50,9%	1-p.-h. 19,1% 2-p.-h. 56,1% >3-p.-h. 24,8%
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability) s.d.: severely disabled m.d.: mild disabled	Age severely disabl. See above Age mild disabled < 15 6.000 16-64 561.000 > 65 230.000	N/A	s.d. see above m.d. 7.000 792.000 315.000

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?
Not many disabled women are employed, and therefore many live in poverty, see dates below.

What legislation and policies are in place to recognise the right of women with disabilities to work? Especially Book 9 of the Social Code, see above

Please provide the source of the data:
Source: Statistisches Bundesamt: Mikrozensus 2005. Behinderte Menschen 2005
and: Pfaff, Heiko und Mitarbeiterinnen: Behinderung und Einkommen. Ergebnis des Mikrozensus 2005. Statistisches Bundesamt, Wirtschaft und Statistik 2/2007 (dates relating to poverty rates)

Quantitative data

	Women with disabilities (wwd)	Non-disabled women	Men with disabilities
Employment rates	39,4% of wwd (age 15-65) are working		45,02 % of mwd are working
Unemployment rates	9,1%	9,4%	12,1%
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates	n/a	n/a	n/a
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+) Percentage of persons with a monthly income of less than 700 Euro. Persons without any income (22,2% of the non-disabled persons and 4,3% of the disabled persons) are not included	Age percentage < 15 : 24,7% 15-25: 55,5% 25-45: 37,2% 45-55: 32,4% 55-60: 33,7% 60-65: 33,0% 65-70: 38,6% 70-75: 37,4% > 75 : 24,0% together: 32,4%	 14,2% 42.6% 30,7% 29,5% 29,1% 33,0% 44,0% 41,6% 30,2% 31,0%	 24,2% 55,5% 29,4% 18,4% 14,0% 8,6% 6,3% 5,8% 4,4% 12,8%

According to the report of CERMI *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society,* the employment rates for people with disabilities have improved somewhat in 2007.[2]

Qualitative data
Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?
–

[1] Please provide the definition of 'poverty' used in your country
[2] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid, P155.

Women with disabilities: There is a law to ensure equal opportunities of men and women within the federal authorities. It contains a provision relating to women with disabilities. This means that the employment of women with disabilities has to be especially considered in relation to men with and without disabilities and in relation to women without disabilities.
Book 9 of the Social Code contains some appeals to employ women with disabilities.
All women: There are legislative provisions against sexual harassment at the workplace. These provisions apply to workshops for disabled persons as well.
All persons with disabilities: The Book 9 of the Social Code contains an employment obligation: Employers with a workforce of 20 or more are obliged to ensure that at least 5% of their workforce is made up of severely disabled persons. Otherwise they have to pay a compensatory levy.

– Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments

There are some activation programmes released by the Federal Ministry for Labour and Social Affairs or by the employment agencies of the federal states to reduce the unemployment of persons with disabilities. Although special programmes for women with disabilities are designated in Book 9 of the Social Code they don't exist in practice.
There are possibilities of financial support for workplace adjustment, for costs of a motor vehicle to get to the workplace and of financial support for assistance in the workplace. According to the law a disabled employee has a legal entitlement to workplace assistance. The other requirements are not always easy to enforce.
– Key bodies responsible for enforcement / delivery (including state, private and third sector)

Federal Ministry for Labour and Social Affairs; employment agencies; integration offices, local specialist services for integration

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Educational legislation and administration of the education system are primarily the responsibility of the federal states. This particularly applies to the school system, higher education and the continuing education sector. The right of disabled children to education and training appropriate to their needs is enshrined in the federal states constitutions and more detailed provisions are set out in the educational legislation of the federal state.

School education is regulated in the laws relating to schools and special schools of the federal states, in implementing regulations as well as in various decrees (of which the details may differ from federal state to federal state). There is no legislation or policies relating specifically to women and girls with disabilities. Most statistics are not gender disaggregated.

Quantitative data:

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	Non-disabled women and	Men and boys with disabilities

		girls	
Participation rates in general education[1]: Data is only available disaggregated by age.	16-19 years – 91.3% 20-24 years – 45.9% 25-54 years – 7.6% 50-64 years – 1.8%	n/a	16-19 years - 91.6% 20-24 years – 43.9% 25-54 years 8.5% 50-64 years 1.7%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[2] Low = ISCED 1+2 Med = ISCED 3+4 High = ISCED 5	**25-54 years** Considerably restricted: 33.7% (low); 56.3% (med); 10.1% (high). To some extent restricted: 23.6% (low); 59.7% (med); 16.7% (high). Not restricted: 17.2% (low); 62.7% (med); 20.1% (high). **55-64 years** Considerably restricted: 36.7% (low);53.7% (med); 9.6% (high). To some extent restricted: 31.6% (low); 56.7% (med); 11.7% (high). Not restricted: 31.3% (low); 56.6% (med); 12.2% (high).	n/a	**25-54 years** Considerably restricted: 25.1% (low); 64.3% (med); 10.6% (high). To some extent restricted: 15.6% (low); 65.2% (med); 19.3% (high). Not restricted: 11.6% (low); 60.7% (med); 27.7% (high). **55-64 years** Considerably restricted: 18.7% (low); 63.1% (med); 18.2% (high). To some extent restricted: 15.4% (low); 60.3% (med); 24.2% (high). Not restricted: 13.4% (low); 58% (med); 28.7% (high).
Number and type of specialist schools (i.e. level, for which target groups)		n/a	
Quantitative data: (Source: Sekretariat der Ständigen Konferenz der Kultusminister der Länder der Bundesrepublik Deutschland (Hg.): Sonderpädagogische Förderung in Schulen 1997 – 2006. Sekretariat der Kultusministerkonferenz, Bonn 2008			

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

In 2006, 484.400 boys and girls with special education needs were taught in German schools. Most of them (46,4%) were children with learning disabilities. Only 15,7% (76.300) of all children with special education needs visited schools within the general education system. Nearly 70% of them received primary education (ISCED level 1). The others (408.100 children) were taught in special schools. Germany has a differentiated system of special schools. In 2006: 189.941 children were taught in schools for children with learning disabilities; 5.074 children were taught in schools for seeing impaired children; 11.167 children were taught in schools for hearing impaired children; 37.178 children were taught in schools for children with speech disorders; 24.561 children were taught in schools for children with problems in the physical and motor development; 73.562 children were taught in schools for children with problems in the mental development; 32.603 children were taught in schools for children with problems in the emotional and social development; 10.061 children were taught in schools for sick children; and 23.938 children were taught in other special education schools. Children with mental development problems are placed in most cases in special education schools and only seldom schools in the general education system.

90% of all youngsters receive their vocational training inside a company. This applies to only 50% of youngsters with disabilities (Source: Deutscher Bundestag (Hg.): Bericht der Bundesregierung über die Situation behinderter und schwerbehinderter Frauen und Männer auf dem Ausbildungsstellenmarkt. Bundestagsdrucksache 15/5922, Berlin 2005). Most of the others are trained in vocational training centres. There are 52 vocational training centres in Germany. 35 % of the trainees are female (Source: Deutscher Bundestag (Hg.): Bericht der Bundesregierung über die Lage der behinderten Menschen und die Entwicklung ihrer Teilhabe. Bundestagsdrucksache 15/4575, Berlin 2004).

There are 28 re-training centres with 12.000 places in Germany. Less than 30% of the trainees are female (Source: BMFSFJ (Hg.): Einmischen. Mitmischen. Informationsbroschüre für behinderte Mädchen und Frauen. BMFSFJ, Berlin 2007)

In 2006, 19% of all students at German universities had health disorders. The data are not gender disaggregated (Source: Bundesministerium für Bildung und Forschung: Die wirtschaftliche und soziales Lage der Studierenden in der Bundesrepublik Deutschland 2006. BMBF, Bonn/Berlin 2007, S. 40/41)

Qualitative data:

Description of legislation and policies to recognise the right of disabled persons to education

All children with and without disabilities have the right to education.

Disabled pupils have been increasingly integrated into mainstream schools by school pilot projects. In addition, various forms of co-operation between general schools and special schools have emerged and approaches to integrated teaching have been developed in educational science. A focus on the institution, has given way to a focus upon the needs of the individual.[1]

Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:

To date there has been little awareness of the differences between female and male persons with disabilities in the education system.

[1] http://www.european-agency.org/nat_ovs/germany/9.html
[2] http://www.european-agency.org/nat_ovs/germany/9.html

– Personalised measures at school (individual classes, extra support, mentors, peer group support, etc.)

Pupils experiencing problems as a result of certain handicaps and/or in need of additional educational support because of problematic situations, as well as pupils with temporary learning difficulties (e.g. slow learners, reading and writing difficulties) are supported by a combination of measures of differentiation within the structure of the general system of support. Special support is provided inside the classroom, during the class lessons or, if necessary, outside classroom teaching; part-time or full-time depending on the individual, organisational, personal or institutional situation.[2]

– Integrative measures

Some years ago Weibernetz, the German network of women with disabilities, initiated an appeal to girls with disabilities to participate in the annual “girls' day”. At the “girls' day” girls are invited to go to companies and have a look at familiar and foreign vocational fields. Weibernetz tries to encourage girls with disabilities to participate in these activities.

– Providing or promoting the use of assistive technologies
– Financial subsidies, loans etc

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

Book 11 of the Social Code contains the Long-Term Care Insurance Act. The long-term care insurance is an obligatory insurance for all employees. In 2005 2.13 million people in Germany received benefits from the long-term care insurance. 67.6% of them were female (Source: Statistisches Bundesamt: Bericht: Pflegestatistik 2005 - Pflege im Rahmen der Pflegeversicherung - Deutschlandergebnisse. Statistisches Bundesamt, Wiesbaden 2007). Not everybody who is in need of care (and receives benefits from the insurance) is registered as a person with disability and not all persons with disabilities are in need of care. The benefits from the long-term care insurance are independent from earnings and the personal funds of individuals.
The benefits from the insurance are not sufficient for people with a great need of care. According to Book 12 of the Social Code, the benefits of the long-term care insurance are complemented by social benefits. Social benefits depend on the earnings and the funds of a person.

What are the rates of independent living among women with disabilities?

77% of the residents in nursing homes are female (Source: Statistisches Bundesamt: Bericht: Pflegestatistik 2005 - Pflege im Rahmen der Pflegeversicherung – Deutschlandergebnisse. Statistisches Bundesamt, Wiesbaden 2007). As 67,6% of the persons who received benefits from the long-term care insurance are female this means that women who are in need of care have a greater chance of living in a nursing home than men who are in need of care.

Qualitative data:

- What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention?

The definition used in the German independent living movement is a translation from the definition of the

US- American independent living movement. The German translation of independent living in the UN Convention is wrong because it suggests that independent living means to be totally self-sufficient.

- What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources?

There is the possibility for women (and men) with disabilities to live independently even if they are in need of care 24 hours a day. But all women (and men) with disabilities who realised this life style had to fight hard for it. The public authorities tend to refer people with disabilities to a nursing home if this solution is cheaper. It is a great problem for women with disabilities who are in need of care that they are sometimes maintained by men and they don't have a legal entitlement to choose a women. Women with disabilities fight for the right to be cared for by women only. They consider it as a violation of their human dignity to be maintained by a man if they oppose it.

Quantitative data:
– Rates of independent living of women with disabilities, compared to men with disabilities (Please disaggregate by age group: <15, 16-64, >65)
– Rates of women with disabilities in care

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

The health care policy in Germany does not take gender aspects into account. Not all social and health services are barrier free or accessible for women with disabilities. Most surgeries are not accessible and free of barriers. This is a problem for example with respect to gynaecologists. There are only a few barrier-free gynaecologists' surgeries in Germany.[1]

Is access to social and health services the same for women with disabilities as for non-disabled women? No, see above

Qualitative data:
- Is there recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services? No
- What services are available which are gender and disability sensitive?

- Some NGOs. There are networks of women with disabilities at federal state and national level. Some of these networks conduct projects with for example female gynaecologists to offer a gender and disability sensitive service.

- Please refer specifically to sexual / reproductive health services, rehabilitation support and screening programmes (e.g. screening for cancer)

According to the Book 9 of the Social Code the costs of self-assertion trainings for women and girls with disabilities are funded by public authorities. The rehabilitation institutions have become more and more

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid, P156.

sensitive to the vulnerability of girls and women with disabilities. Sometimes self-assertion and self-defence training is offered.

Quantitative data: Please compare access rates for women with disabilities and women without disabilities to the following:

– Availability of health and life insurances (including their affordability – e.g. the required expense in terms of percentage of total income)

For a long time persons with disabilities were not accepted by life insurance or private health insurance organisations. This changed by law a year ago. However, people with disabilities have to pay a higher amount than persons without disabilities.

Provision of childcare to mothers with disabilities:

– There are no special provisions. Provisions for women (and men) with disabilities who are employed are quite good (see above). But there is no analogical provision for mothers (and fathers) with disabilities in existence. They would need a personal assistant to perform their child-rearing responsibilities and they would need special aids. Relating to the personal assistance sometimes mothers with disabilities are successful and receive benefits by the social or youth welfare services. But those cases are very rare.

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

– Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)

No special provisions or measures for women with disabilities. Persons with disabilities are referred to in the legislation to ensure a basic standard of living. For example it is considered that they need more space in their flats.

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Quantitative Data

Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:
Legislation / Policy / Measures in place to facilitate access to goods and services, e.g.:

– Minimum standards and guidelines for the accessibility of facilities and services (public and private)
Transport, parking and mobility initiatives

– Persons with a certain degree of disability may use the public local transportation system free of charge. One accompanying person is free of charge as well. Many towns have a special transportation system for their disabled residents but this differs from town to town.
When travelling by train one accompanying person is free of charge. When travelling by aircraft inside Germany one accompanying person is free of charge unless it is a special rate.
Persons with disabilities do not have to pay the motor vehicle tax, they receive a special parking permit to use parking places for those with disabilities

– Are there any schemes or programmes in place which provide assistive technologies (specifically to women with disabilities, or to disabled people in general) and is there any data on take-up (by women with disabilities and men with disabilities)
Assistive technologies are paid by the health insurance or they are paid by other public authorities to support persons with disabilities in their working life.
– Are there any legal acts requiring public and private bodies to provide access to goods and services?

The Acts on Equal Opportunities for Disabled Persons on federal state and national level oblige the public authorities to be 'barrier free' accessible and to offer their services without barriers. They are for example obliged to offer accessible websites. By decrees on the federal state level private bodies are only to a small extent obliged to provide accessibility free of barriers. However, these obligations don't meet the provisions of the UN Convention.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

In court persons with visual and hearing impairments as well as persons with speech disorders have the right to get the aids or assistive technologies they need. Yet there is no analogical support provided for persons with learning difficulties.

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

Self-assertion trainings, see above

What is the extent of abuse faced by the women with disabilities?

Qualitative data might include:

- Requirements to make reasonable adjustments in the delivery of services
- Provision of procedural and age-appropriate accommodations
- Appropriate training for those working in the field of justice
- Helplines, help centres, (accessible) shelters, dedicated staff in the police and other law enforcement agencies

According to the data of CERMI report *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society* only 10% of shelters and information centres are not accessible.[1] Most helplines are not accessible for women with disabilities. Furthermore most helplines are not prepared to counsel for example women with learning difficulties.

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Quantitative data:

- Levels/rates of those suffering abuse (related to their age)

With regard to sexual violence in Germany there are no reliable statistics available. According to an EU resolution from April 2007 women with disabilities are three times as likely to be the victims of violence as women without disabilities

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Qualitative data might include:

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid, P156.

– Existence of political, sporting and cultural associations or interest groups for disabled women

There are networks of women with disabilities on a federal state and national level that are supported by public funding. As said before self-assertion trainings for girls and women with disabilities is also funded.

The networks of women with disabilities operating in Germany according to the report *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society* (2007) are the following:
• A nationwide Network of Women With Disabilities ("Weibernetz");
• 10 federal Networks of Women With Disabilities;
• Various Women's Groups in (social-) associations; and
• Cooperation with the German Disability Council and the National council of women's associations.[1]

– Awareness raising of disabled women's role and achievements in these fields
The existence of the networks of women with disabilities contributes to a certain extent to awareness raising in the "disability community" as well as in the context of women's politics. Weibernetz has a representative in the German Disability Council and in the German Women's Council. Consequences of the awareness raising processes are the provisions for women with disabilities in Book 9 of the Social Code and in the Acts on Equal Opportunities for Disabled Persons.

– Existence of appropriate public transport or affordable alternatives

Women with disabilities are less often employed compared to men with disabilities. If they are not employed they have less chance fo getting subsidies to buy a car. As the public transportation system is often inaccessible many persons with disabilities depend on a car to get around. In this respect women with disabilities are discriminated against compared to men with disabilities.

Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities)
More men than women with disabilities participate in political parties and achieve a political career. Women with disabilities sometimes have children, are often less mobile than men with disabilities and often have less money than men with disabilities (see above). These disadvantages may contribute to their poor participation in public life.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid, P155.

Country fiche: Greece

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

In Greece disability issues are dispersed in 6-7 Ministries with often duplicate responsibilities. This frequently presents delays in the implementation of measures and programmes. There is often confusion due to the different public bodies involved since they use different criteria, for example, one free transport ticket can be obtained for 50% disability and above, while disability pension is provided for disabilities of 67% and above.

There is a need to establish a coordinating body that will overcome the bureaucratic obstacles or the state machinery[1]. The **National Confederation of People with Disabilities** (***ESAEA***) interview pointed out that a Permanent Committee of Women with Disabilities and Mothers of children with disabilities will be created within ESAEA in the near future.

The **General Secretariat for Equality**, under the Ministry of the Interior, is the body responsible for all equality issues, but is more focused on gender-related issues. There is no specific government body or agency responsible for women with disabilities.

It should be noted that the UN Convention has been adopted, it has been translated but it is not yet ratified in Greece. The **Ministry of Foreign Affairs** is the Ministry currently following the process of adopting the Convention.

No statistical and research data is so far collected in relation to the Convention.

There is no specific legislation concerning women with disabilities at national level. However, the equality of men and women is protected by the Greek Constitution. The most frequent measures taken are unfortunately fragmentary and abstract. The existence of a holistic approach is absent.

The NCDP (National Council for Disabled People) has concluded that the dimension of disability is not incorporated in the policies of the public bodies that are responsible for the specification of measures that promote gender equality at national level, a fact that consequently leads to a disregarding behavior towards the special needs of women with disabilities[2].

[1] Interview of Ms Vernardaki to Eleftherotipia newspaper, 3 December 2005 and confirmed in the ESAEA interview of 2 September 2008.

[2] CERMI (2008) *European conference: recognising the right of girls and women with disabilities. An added value for tomorrow's society.* Madrid, November, 2007.

A recently submitted (on 26 August 2008) draft law on the education of persons with disabilities (draft law on special education) has caused reactions from disability organisations and even from the Citizen's Advocate who does not usually comment on such matters

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

The ESAEA interview confirmed that there is no detailed data available on the actual population of persons with disabilities in Greece, their numbers by disability etc, let alone data on women with disabilities. As a proxy, the Eurostat estimate is that 10% to 12% of the population in Europe are persons with disabilities. Based on this, ESAEA estimates the population of persons with disabilities in Greece as approaching 1 million people.

	Women with Disabilities	**Non-disabled women**	**TOTAL persons with disabilities**
Size of population	n/a	n/a	n/a
% of total population	n/a	n/a	10% rough estimate of persons with special educational needs out of total student population
% of female population	n/a	n/a	n/a
Disaggregate by age if possible as follows:	n/a	n/a	n/a
< 15 year olds	n/a	n/a	n/a
16-64 year olds (as a % of the total population)[1]	10% of total population	n/a	9.6% of total population
> 65 year olds	n/a	n/a	n/a
Disaggregate by ethnicity	n/a	n/a	n/a
Disaggregate by type/severity of disability[1]	Heart, Blood or	n/a	Heart, blood or

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: Statistical analysis of the LFS ad hoc module and the EU-SILC.

(as % of the total population of people with disabilities 16-64 years)	circulation problems 24%; legs or feet 12.7%; Other LSHPD 10%		circulation problems 27.3%; legs or feet 11.4%; and other LSHPD 9.2%.
Is there information on the size of the household where they live?	n/a	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[2] (as % of total populations)	**Women 16-24 years:** Considerably restricted 0.4% [arms/legs/back = 13.5% See/hear/speech/skin = 16% Chest/heart/stomach/diabetes = 6.6% Epilepsy/mental = 46.2% other = 17.7%; to some extent restricted 0.6% [arms/legs/back = 10.2% see/hear/speech/skin = 31.5% chest/heart/stomach/diabetes = 12.2% epilepsy/mental = 17.8% other = 28.2% not restricted 99%. **Women 25-54 years:** Considerably restricted 1.7% [arms/legs/back = 27.5%	n/a	**Men 16-24 years:** Considerably restricted 1.1% [arms/legs/back = 18.7% See/hear/speech/skin = 7.3% Chest/heart/stomach/diabetes = 13.2% Epilepsy/mental = 51.2% Other = 9.6% to some extent restricted 0.6% [arms/legs/back = 19.7% see/hear/speech/skin = 21.6% chest/heart/stomach/diabetes = 43.4% epilepsy/mental = 0% other = 15.4% not restricted 98.3%. **Men 25-54 years:** Considerably

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: Statistical analysis of the LFS ad hoc module and the EU-SILC.
[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	See/hear/speech/skin = 6.8%
	Chest/heart/stomach/diabetes = 18.2%
	Epilepsy/mental = 27.5%; other 19.9%];
	to some extent restricted 2.6%
	[arms/legs/back = 33.1%
	see/hear/speech/skin = 10.3%
	chest/heart/stomach/diabetes = 32.4%;
	epilepsy/mental = 8.4%
	other = 15.8%];
	not restricted 95.7%
	
	Women 55-64 years:
	Considerably restricted 4.4%
	[arms/legs/back = 32.1%
	See/hear/speech/skin = 5.2%
	chest/heart/stomach/diabetes = 37.2%;
	epilepsy/mental = 11.5%
	other = 14%];
	
	to some extent restricted 8.7%
	[arms/legs/back = 27.2%
	see/hear/speech/skin = 4.3%
	chest/heart/stomach/diabetes = 52.2%;
	epilepsy/mental = 5.3%
	other = 10.9%];
	not restricted 86.9%.
			restricted 2.2%
			[arms/legs/back = 21.6%
			See/hear/speech/skin = 4.5%
			Chest/heart/stomach/diabetes = 21.8%
			Epilepsy/mental = 31.9%
			Other = 20.2%
			To some extent 2.3%
			[arms/legs/back = 26.4%
			See/hear/speech/skin = 7.2%
			Chest/heart/stomach/diabetes = 41.1%
			Epilepsy/mental = 12.7%
			Other = 12.6%
			not restricted 95.5%.
			
			Men 55-64 years:
			Considerably restricted 6.2%
			[arms/legs/back = 18.8%
			See/hear/speech/skin = 3.7%
			chest/heart/stomach/diabetes = 54.4%;
			epilepsy/mental = 8.2%
			other = 14.9%];
			
			to some extent restricted 7.4%
			[arms/legs/back = 19.4%
			see/hear/speech/skin = 4.7%

			chest/heart/stomach/diabetes = 64.4%; epilepsy/mental = 3.7% other = 7.8% not restricted 86.5%.

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

The ESAEA interview confirmed that no relevant data is available but pointed out that the Ministry of Employment estimated (based on 2001 census data), that 84% of the population of persons with disabilities are outside the labour market.

The survey carried out by the National Statistical Service of Greece (NSSG): "People with Health Problems or Disabilities" (2nd quarter of 2002), constitutes the latest available measurement of employment rates with regards to disabled people, looking as well at the kind of assistance provided to disabled people at work. It is characteristic that this survey constitutes at the same time the most recent measurement of the population of people with disability or health problems in Greece in itself, while most recent household census regarding income and living conditions does not include data collection and analysis on the basis of disability.

According to the survey, 18.2% of the Greek population has a health problem or disability, half of which concerns people over 65. In comparison with the general population, the unemployment rate for people with health problems or disabilities was lower at 8.9%, compared to 9.6% of the general population in 2002. Nevertheless, the most recent labour force survey (2007) shows a general decrease of the unemployment rate in Greece at 8.3%, however no data collection was undertaken (within or outside this survey) to indicate any change or progress in the employment of disabled people.

The 2002 survey also showed that 84% of disabled people or people with health problems are economically inactive, compared to 54% of the general population. 40% of the economically inactive disabled people believe that they face social exclusion as a result, given insufficient benefits, unemployment and inadequacy of social services.

Over half of the people with disabilities that are economically inactive claim that they would or have encountered problems at work. A third claim that they would need some form of assistance at the

workplace. The most commonly expressed form of assistance is support and understanding from superiors and colleagues.

The same piece of research recorded the types of assistance that disabled people receive at the workplace: 27.9 % receive assistance with the object of their work; 18 % receive assistance with the quantity of the workload; 1.5% with accessing work; 13.2% with mobility within and during work; 20.2% receive support and understanding; Other form of assistance 16.4%; 2.8% did not reply[1].

Other relevant data[2]:

- According to Greek legislation private companies with more than 50 staff are required to employ disabled people at the percentage of 8% of the total staff. Nevertheless, the fact that only 20% of the surveyed companies with more than 50 staff employed disabled people shows that the law is not implemented.

- 60% of the companies that do not employ disabled people stated that they would do so only under the condition that the salary of the disabled employee was co-funded or entirely paid by the state. This is indicative of negative perceptions of disabled people as employees, or disbelief about their skills. The change of attitudes and culture is crucial here in overturning employment only under “special conditions” to employment on equal terms.

- A poll carried out by an independent research company (VPRC) between 8/12/2003 and 16/01/2004, confirms equally low levels of employment of disabled people in the private sector. Among 360 businesses that were surveyed, with 32,929 staff in total, there were only 67 disabled employees (0.2%). When asked the reasons why companies employed disabled people, 38% of the companies replied that they did so as they were required by the law, 33.3% as according to their own policy with regards to Corporate Social Responsibility, 9.5% because they entrusted the high performance of the employee, and 9.5% for random reasons.

- Even though 55% of the companies of the sample were aware of specific funding programs for the employment of disabled people in the private sector, only 14.6% had considered to employ a disabled person.

- Among persons (reporting disability) who are in work, differences are also visible according to the profession. The highest percentage of workers with disability (14.6%) is presented among farmers, cattle-breeders, etc. – the age effect may also interfere in this, as the workers of this category are considerably older.

[1] Information has been taken from the Report on the employment of disabled people in European countries (Greece) of 2007 by ANED

[2] Report on the employment of disabled people in European countries (Greece) of 2007 by ANED

	Women with disabilities	Non-disabled women	Men with disabilities
Employment rates	n/a	n/a	n/a
Unemployment rates	n/a	n/a	n/a
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates	n/a	n/a	n/a
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

Qualitative data

There is no specific legislation for women with disabilities. The key legislation for disabled persons is:
Law 2643/1998 establishing quotas for the employment of people with disabilities (and other disadvantaged groups) in profitable enterprises, in the public sector, in local authorities and in public utilities or enterprises partly owned by the state. The law provides that “Protected persons shall be recruited by public services, public law bodies corporate, Local Government Authorities without competitions or by filling 5% of the posts announced in each case” (Law 2643/1998). ESAEA criticizes this law for not foreseeing strict penalties for those not abiding with the quotas and for grouping disabled people together with other groups in the foreseen quotas.

Law 2646/1998 makes provisions for sheltered workshops.

Law 3304/2005, sets out the general framework for combating discrimination in the workplace, including discrimination against disabled people. The law provides for ‘reasonable adjustments’ to be made in the workplace, to facilitate access by disabled people.

The **Greek Public Employment Service** (OAED) promotes programmes supporting the employability of women in general and supporting the employment of all people with disabilities, but there are no specific measures for women with disabilities. OAED implements National Policy programmes for promoting the employment of disabled people through funding:
a) businesses for creating new places of employment by employing a person with disability for a 4year period; the first 3 years employers are funded (full-time: 25Euros/working day, part-time: 15Euros/working day) + 1 year which the business is required to sustain the employee within its workforce without being funded),
b) necessary adjustments in the workplace up to 90% of cost; with max total cost 2,500Euros for each one of the adjustments (e.g. ramps, accessible toilets, accessible work-tables, etc.), and
b) disabled people that are self- employed to create small businesses (2 years). There are similar activation policies for the whole unemployed population, which disabled people can also apply for[1].

[1] Please provide the definition of ‘poverty’ used in your country

OAED notes that 7000 persons with disabilities were employed by private companies in the four years 2000-2004, taking advantage of the OAED subsidised jobs programmes. OAED estimated that 48% to 50% of these disabled persons kept their jobs after the end of the OAED programme. EU co-funded programmes to support entrepreneurship for disabled people have also been supported. Last but not least, programmes subsidising improvements in the ergonomic layout of the work place to enable the employment of disabled people are also promoted (based on Ministerial Decision No. 30278/23-02-2000).

Employees with disabilities are given the choice of a flexible working timetable, as well as special facilitations when weather conditions do not allow them to come to work, arrive on time, or stay till the end of their shift.

The Eurydice country report for Greece notes the legislative provisions aiming to ensure vocational guidance for the disabled and preparation of the labour market to accept disabled employees: 'The lack of physical, bodily skills shall not impede recruitment where the employee with suitable, justified technical support can carry out the duties related to that post. Special provisions on the appointment of persons with special needs shall not be affected" (Law 2683/1999, Article 7 and Law 2839/2000, Article 3).

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Again, detailed data is not available but a number of ad hoc studies and other sources indicate that the vast majority of disabled children are outside the educational system. This conclusion is based on the following facts:

- according to international statistics, some 10% of students have special education needs (SEN). The Ministry of Education hence estimated the number of students with special education needs at 175.000 in 1994.
- The ELEFTHEROTIPIA newspaper article of 3 December 2005 notes that 9%
- (19.000 children attend Special Education Schools (ΣΜΕΑ) out of an estimated population of 200.000). 90% of these are in primary education and only 10% go on to secondary education.
- There is no official record of how many children with disabilities attend general schools.
- The pedagogical institute study 'Mapping Special Education' carried out in 2004, found 15.850 students with SEN. Out of these, 94.3% were in special schools or classes while just 5,7% was studying in secondary schools. That same study, estimated the total number of students with SEN at 19.300.
- A Centre for Educational Research study recorded the number of students with SEN at 21.017 for the year 2003-2004.
- An Open Society Institute study in 14 countries including Greece recorded 18.585 students with SEN in 2002-2003.

[1] Report on the employment of disabled people in European countries (Greece) of 2007 by ANED

All the above studies confirm that out of the expected approx. 200 000 potential students, at best 10% are actually participating in education in Greece. Out of that fraction, only about 5% manage secondary education. The number of students with SEN in tertiary education is even lower, with 400 tertiary education students with disabilities having been recorded in the academic year 2003-2004.

It should be noted that the figures provided below, found in the Eurydice country description for Greece, show much increased numbers of students with Special Education Needs. However, these figures include not only 'children with educational disabilities' but also what is called cross-cultural teaching which includes teaching support for gypsy, immigrant children and children of repatriated Greeks.

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
Participation rates in general education - proportion of women aged 16-24 years participating in education or training (data only available disaggregated by age)[1]	Women 16-19 years = 85.5% Women 20-24 years = 37.3%	n/a	Men 16-19 years = 83.3% Men 20-24 years = 33.9%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[2] Low = ISCED 1 + 2 Med = ISCED 3 + 4 High = ISCED 5	**Women 25-64 years**: considerably restricted = low 78.8%; med 16.9%; high 6.4%. To some extent restricted = low 45.3%; med 36.7%; high 18%. Not restricted = low 45.3%; med 36.7%; high 18%. **Women 25-54 years:** Considerably restricted = low 73.2%; med 21.8%; high 5% To some extent restricted = low 64%; med 27.5%; high 8.5%. Not restricted = low 38.8%; med 40.8%; high 20.4%	n/a	**Men 25-64 years:** Considerably restricted = low 78.9%; med 17.9%; high 3.2% To some extent restricted = low 63.5%; med 28.4%; high 8.2% Not restricted = 42.3%; med 37.8%; high 19.9% **Men 25-54 years:** Considerably restricted = low 72.9%; med 22.6%; high 4.5%. To some extent restricted = low 56.4%; med 34.3%; high 9.3% Not restricted = low 37.7%; med 41.2%; high 21.1%.
Number and type of specialist schools (i.e. level, for which target groups)		n/a	

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC.

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC

Qualitative data:

The Ministry of National Education and Religious Affairs is responsible for the administration of all services and support regarding the education of people from 4 to 22 years old with Special Needs of the following categories:

- mental disabilities - hearing or visual disabilities
- physical disabilities and health problems
- learning difficulties
- speech and language disabilities
- emotional difficulties, autism or other developmental disorders.

The Ministry of National Education and Religious Affairs in cooperation with other authorities (Ministry of National Health and Social Welfare, Ministry of Labour, church, local authorities etc) supervises and oversees educational programs for people with Special Needs. Remedial institutes, centers of training and rehabilitation that belong to the above agencies actualize these programs.

Pupils (aged 4 up to 22) with SEN receive free education, independent of what educational setting is attended, e.g. in mainstream schools, in integration educational settings and special schools. All the appropriate supporting measure and services are also provided free at schools[1].

Legislation:

The first law N. 1143/81 mentioned special education, followed by Law 1566/85 which foresees that the education of children with disabilities (cwd) is only compulsory when the state is in a position to provide it. Hence the education of disabled persons is not OBLIGATORY, rather this is dependent on the goodwill of the state. Law 2817/2000 on the 'Education of people with special education needs' concretely described the content of special education but did not lift its non-compulsory character.

A draft law on Special Education has been in discussion for the past couple of years and its latest version, was just submitted to the Greek Parliament on 26 August 2008. This draft law has the ambition of taking the educational integration of people with disabilities a step further, recognising the need to ensure equal opportunities for them. However, there are reactions against this draft law from the citizen's advocate, the Greek Scientific Association of Special Education and disability NGOs who believe that the draft law undermines the prospects of pupils' integration in the mainstream educational system.

[1] European Agency for Development in Special Needs Education

[2] The Pedagogical Institute website describes course content at http://www.pi-schools.gr/special_education/index.php

[3] Ministry of Education decisions No. 95914 and 95916 establishes a significant number of primary and secondary Special Education Schools (Σχολικών Μονάδων Ειδικής Αγωγής πρωτοβάθμιας και δευτεροβάθμιας εκπαίδευσης) in response to great existing needs for such school units.

Currently, education of people with disabilities takes place either:

a) within general education schools (both primary and secondary) with the support of a Special Education Counsellor, or

b) within 'Insertion Groups' (*Tmimata Entaxis)* within general education schools (this is in schools where there are 3 or more pupils requiring special assistance in their studies) or

c) in Special Education Schools, established for this purpose[2]

d) In severe cases special education is provided at home.

Special Education Schools have been established with structural funds co-financing. Newspaper articles however reported that resources devoted to special education are very low. While it was decided to expand the number of Special Education Schools (ΣΜΕΑ) in operation[3], the proportion of the national budget devoted to such education was cut to one third. Furthermore, even though the children in need of special education are about 10% of the total student population, the structural funds made available in the relevant operational programmes (EPEAEK) between 1994 and 2005 correspondent to just 1% of the O Ps.

Hence, problems include low levels of funding, low quality of education on offer due to gaps in the available infrastructure including the accessibility of buildings, the availability of appropriate educational materials and lack of adequate specialised staff. This view was confirmed by the ESAEA interview, who summarised that opposition to the new law is due to the fact that it does not distinguish between the medical diagnosis and the diagnosis of the educational needs of disabled people, the law does not foresee staffing the structures with specialised trainers, psychologists etc, and does not make provisions for people with severe disabilities. ESAEA believes that the new law will enhance the operation of the 'Insertion Groups' which are currently under-utilised and which currently lack accessibility and other infrastructures.

ESAEA also notes that the provision of vocational training to disabled persons is particularly weak in Greece.

There are no initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education.

The following tables are presented in the Eurydice country description for Greece at http://www.eurydice.org/portal/page/portal/Eurydice/EuryCountry

Again, it is stressed that the figures presented below for teaching support and remedial classes include both education for children with disabilities but also cross-cultural education.

The total number of special needs education schools per category, special staff, special needs education staff, and the total number of pupils per category of school are presented in the table below:

Type of SEN school	SEN schools	Permanent/Substitute staff	Qualified teaching staff	SEN Pupils
Special kindergartens	118	152	Primary Education 352	385
Special primary schools	170	800		2857
Integration classes in mainstream Kindergartens	147	74		248
Integration classes in mainstream primary schools	1,325	920		12.559
Special lower secondary schools	10	153	Secondary Education 104	237
Special upper secondary schools	4	78		80
Special Needs Education TEE	12	87		186
Inclusion classes in mainstream secondary schools	279	131	KDAY Diagnostic Centres 215	1019
EEEEK	78	400		1575
TOTAL	2,037	2,744	671	19,146

The forenamed data show that the number of SEN pupils is steadily increasing.

Source: Special Needs Education Directorate, ΥΠΕΠΘ/ΥΡΕΡΤΗ, 2006

10.8.1.3. Special needs education schools

School year	Primary Education			
	Special Needs Education Primary Schools	Special Needs Education Kindergartens	Integration classes in mainstream schools	
2004-2005	33	14	395	
2005-2006	14	7	Integration classes in Primary Schools	Integration Classes in Kindergartens
			260	80
2006-2007	9	8	130	75

School Year	Secondary Education							
	Special Gymbasia	Special Education Gymnasia for pupils with mobility problems	EEEEK	Special needs education TEE	Integration classes in mainstream schools	Special Education General Lykeio for pupils with mobility problems	Addition of speciali-sation at EEEEK	Addition of speciali-sation at Special Education TEE
2004- 2005	1		12	4	84			
2005-2006		1	10	5	104	1	12	5
2006-2007		1		3	109		17	20

E.E.E.E.K. : Special Vocational Education and Training Workshops.

10.8.3.1. Consolidated table of pupil participation in lower secondary school remedial teaching schemes during the school years 2002-2003. 2003-2004, 2004-2005 and 2005-2006.

				1st Grade		2nd Grade		3rd Grade	
School Year	Total no. of lower secondary schools	Lower secondary schools offering remedial teaching	%	Total no. of pupils in remedial teaching	%	Total no. of pupils in remedial teaching	%	Total no. of pupils in remedial teaching	%
2002-2003	1,853	1,028	55%	18,568	27%	17,182	27%	16,801	25%
2003-2004	1,810	1,170	65%	22,647	30%	21,095	29%	19,617	29%
2004-2005	1,915	786	41%	11,529	22%	9,323	21%	8,670	20%
2005-2006	1,714	620	36%	9,369	19%	8,399	18%	7,128	18%

Source: ΥΠΕΠΘ/ΥΡΕΡΤΗ, Supplementary Teaching Support and Remedial Teaching Office, 2006

The European Agency for Development in Special Needs Education (http://www.european-agency.org) offers the following data (November 2006):

	Data available				
Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	Pre-school: 137,059 Primary: 603,108 Secondary: 316,862 Total: 1,057,029	Pre-school: 4,595 Primary: 47,134 Secondary: 17,857 Total: 69,586	1,126,615	2005	Source: Ministry of National Education: more information can be found here www.ypepth.gr
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	18,585	No data available	18,585	2005	Source: Ministry of National Education
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	4,193	No data available	4,193	2005	Source: Ministry of National Education
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	14,392	No data available	14,392	2005	Source: Ministry of National Education

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:
ESAEA publications point out that there is a general lack of support services for people with disabilities in Greece, leading to the exclusion of these persons and their families or to their confinement in institutions or at home. In Greece, the family often takes on the care of a person with a disability to fill the lack of state provision in this area, leading to challenges for the family in terms of their ability to participate in the labour market, strained family relations and exclusion.

Legislative provisions have been made to establish centres of independent living but, the Ministerial decisions which are necessary in order to implement them have not been signed yet.

Parents' groups are quite active in the area of creating and supporting sheltered workshops.

Quantitative data:
There are no data available on the rates of independent living of women with disabilities in Greece, nor of women with disabilities in care (research and the ESAEA interview confirmed this).

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

- There is no specific recognition in policies or legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services. There are gender sensitive services available to women in general, such as smear tests, but no specific provisions are made for women with disabilities. All people with disabilities face problems accessing social protection and insurance services equitably with the rest of the population, and these problems are even more evident for women with disabilities.

Provisions contained in the National Strategy for Social Protection and Social Inclusion[1]:
Aiming to equal access of Persons with Disabilities to Health and Social Solidarity Services, the group of actions related to the National Action Plan for Social Inclusion shall be governed by the aspiration to offer satisfactory, quality public services. The main directions are:

- Utilization of infrastructure investments up to the present for open care: full operation of Social Care and Training Centers for People with Disabilities, Support Centers for Persons with Disabilities and Recovery, Physical and Social Rehabilitation Centers, filling shortages in specialized personnel,

[1] National Strategy Report for Social Protection and Social Inclusion 2008-2010 (Greece)

pending organizations issues, and continuing services like ‘Assistance at Home'.
- Improvement of necessary health and care infrastructures by ensuring a sufficient number of units across the country with systems and equipment for access and care of Persons with Disabilities.

With respect to the above and in order to cover the increased social needs of Persons with Disabilities and other population groups under this section, the following actions will be promoted by the Government in order to reinforce primary social care:

- Further enhancement of the Social Support Network at local level and development of Regional Social Support Services Offices on the next stage.
- Initiation of procedures for expansion of existing actions and programs aiming to develop the Primary Social Care Network.
- Design and promotion of actions for the creation of necessary organizational, legislative and IT infrastructure.

Quantitative data: No relevant data available

Persons receiving disability pension and assessed as 100% disabled receive an extra 50% allowance to pay for care by a third person.

In particular in relation to the provision of childcare to mothers with disabilities or to mothers of disabled children, the ESAEA interview indicated that they are not prioritised for childcare services. An added challenge is that the lack of childcare makes it difficult also for the mothers of disabled children to enter the labour market.

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

Apart from disability benefits and disability pensions, support structures exist (*K.E.K.Y.K.A.M.E.A.*), offering a range of services to disabled people, including counselling, guidance, family support etc. ESAEA notes that these services have two weaknesses: firstly that they are offered mainly in urban centres, leaving the periphery largely uncovered and secondly, that the structures lack specialised staff.

Law no. 3655/2008 establishes, among others, substantial measures protecting family and motherhood. More specifically, the pension right awarded to insured mothers of disabled children with 67% or more disability rate regardless of their time of submission to insurance, without age limit, as long as they have completed 7,500 days or 25 years of insurance[1].

A parent with a minimum disability percentage 67%, is allowed extended duration of a decreased working

[1] National Strategy Report for Social Protection and Social Inclusion 2008-2010 (Greece)

timetable or work permit.

In addition, according to the law 3230/2004, the parents -of individuals with disability- who work as public employees have the right to be moved in public services or local authorities in the cities where their disabled child studies, given the existence of the following conditions: a) the disabled student studies in a higher education department (3rd level education), b) it is not possible for the child with disability to be transferred to a corresponding department of 3rd level education in the city where the parent works[1].

Quantitative Data

	Women with disabilities	Non-disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

In general, many improvements have been made in recent years to improve accessibility for disabled people to public buildings, in public transport, on roads and pavements, as well as in sports venues. These improvements were largely due to the preparation of Greece for the 2004 Olympics and Special Olympics. However, these improvements mainly took place in the capital city and in three other large urban centres, and they were piecemeal or sporadic. Few of these interventions were part of 'accessibility chains' or 'accessibility networks' that would offer the possibility of completely accessible trajectories for access to goods and services.

(Source: 'Accessibility: the key to erasing discrimination', ESAEA, Athens 2005)

– Transport, parking and mobility initiatives:

[1] Report on the employment of disabled people in European countries (Greece) of 2007 by ANED

Article 6 of Decision 255/83/14-06-02 of the **National Committee of Telecommunications and Post** (B 874/12-07-02) makes special provisions for the use of telecom services by people with disabilities. Special measures are in place to facilitate transport by rail and air as well as for urban transport (e.g. 4 seats reserved in each bus, kneeling mechanisms for buses, lifts in all metro stations etc) and telecommunications (e.g. 20 free calls to info services, 1000 units credit per month for telephone calls, €16 monthly towards an internet connection etc), details for which are given on http://www.yme.gr/amea/content.php?getwhat=1&oid=10&id=&tid=15

The General Building Regulation N. 2831/2001 foresees that all public buildings being built from that point on should be accessible to people with disabilities, hence new public service buildings are following those specifications. However, this law does not make any provisions for existing buildings, and this is a problem since many public services, even key disability services such as the Prefectures or the services issuing disability certificates are housed in old buildings which are inaccessible. The ESAE interviewees noted that there is therefore a great gap in the legislation in relation to accessibility in Greece.

Only 20% of private businesses had ramps inside their building and another equal percentage provided accessible toilets[1].

Provisions contained in the National Strategy for Social Protection and Social Inclusion[2]:
According to the National Strategy Report for Social Protection and Social Inclusion (2008-2010), the targeting of the accessibility actions for Persons with Disabilities is dual. The main goal for the Government during the period 2008-2010 is to ensure substantial application of existing provisions (through control, awareness, provision of incentives). In parallel, the legislative framework is readjusted to modern conditions and international demands. The main groups of actions refer to:

- Ensuring accessibility of Persons with Disabilities (spatially and financially), to all new infrastructures and transport services. Facilitations within the framework of actions to improve urban mobility and promote friendly forms of transportation.
- Immediate application of regulations provided for the Public Sector. Effective mechanisms to ensure accessibility to public buildings and simplification of procedures.
- Collaboration with the persons with disabilities in order to record their needs and identify issues requiring immediate intervention (such as participation of People with Disabilities representatives to accessibility committees).
- Improve accessibility of Persons with Disabilities to electronic communication, Media and new technologies (indicatively: by fixing favorable provisions on the responsibilities of global providers of electronic communication towards Persons with Disabilities, by promoting actions and regulations for increased access to TV programs, conventional and digital)[3].

[1] Report on the employment of disabled people in European countries (Greece) of 2007 by ANED
[2] National Strategy Report for Social Protection and Social Inclusion 2008-2010 (Greece)
[3] National Strategy Report for Social Protection and Social Inclusion 2008-2010 (Greece)

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

The General Secretariat for Equality (GGI) operates counseling centers for violence against women. According to the report on the National strategies for Social Protection and Social Inclusion, these centres will continue operating and their staff will be increased with the creation of 12 new centers, upgrading of existing statistical database and the development and installation of an IT system.

The National Center of Social Solidarity will also continue its important work in the provision of social support services (counseling, psychological support, temporary hospitality) to individual, families and groups undergoing an emotional crisis or finding themselves in emergency situations.

Furthermore, implementation of local administration actions are forecasted in the National report[1] (as for example within the framework of the OP Administrative Reform) towards a multifaceted support service to women, with an emphasis on women victims of violence and women with disabilities. Research programs and programs for provision of specialized services shall continue aiming to study domestic violence (passive and active) towards children and the prevention of their victimization.

Qualitative data might include:

There are no relevant provisions in the legislation or specialised initiatives for women with disabilities. The ESAEA interview confirmed this.

However, there is legislation on violence within the family and there are helplines for violence and abuse towards women. The law N.3500/2006 on combating violence within the family was passed in October 2006. An example of a helpline is the helpline 'SOS – next to you' which received approx. 500 calls, mostly from women, during the first six months of its operation[2].

Quantitative data:

No relevant data available. The ESAEA impression is that the levels of abuse and violence that women with disabilities suffer must be similar to rates in other countries of the EU and that incidence of abuse is likely to be worse in rural Greece than in urban centres. Data is not available but gathering such data would be difficult because in rural Greece, small local societies usually turn a blind eye, even where cases of violence and abuse exist, hence they are rarely reported.

[1] National Strategy Report for Social Protection and Social Inclusion 2008-2010 (Greece)

[2] Source: Article on the SOS helpline hosted on www.disabled.gr

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Participation of women with disabilities in political parties is low, there are only two women Members of Parliament with disabilities in Greece.

There are a number of sporting and cultural associations for disabled people where women participate as much as men, however, there are no associations or interest groups specifically for disabled women. The participation of women in the boards of sports associations is encouraged.

Participation of disabled people in sport and cultural activities (dance, theatre etc) is good but there is no specific data available on the participation of women, or of the disabled population in general. During a brief telephone interview with the Athletic Federation of People with Disabilities, they estimated that about 30% of the approx.1400 registered athletes are women.

The Special Olympics (Paralympics) offers incentives to national teams for the inclusion of women athletes. In particular, the International Paralympics Committee has set the rule that some 20% of athletes on each national team are required to be female. Moreover, if more women are included, more positions are offered to that country's national team, while if there are not enough women athletes in the national team, then the total number of positions on the team is curtailed.

An interesting EU co-funded project supporting access of persons with disabilities to cultural and sporting activities has been promoted by ESAEA during 2000-2006. In the context of this project, 3000 persons with disabilities have been encouraged to participate in a culture or sport programme (each programme lasting 330 hours), in 130 venues throughout the country. No data is readily available on the gender of participants.

In terms of provision of special facilities or support services for disabled people in these fields, some isolated NGO initiatives exist getting limited support from local authorities. An example is one 'beach accessible to everyone' in the greater Athens area, where special ramps and wheel-chairs that go in the water have been installed to facilitate access of people with disabilities to go into the sea. One more existed in Thessaloniki but got torn down because of sea-shore rules and addition there is one in Kefalonia

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?
Even though no data is available, ESAEA publications note that digital exclusion is an issue in Greece, since people with disabilities face accessibility barriers that can lead them to be excluded from the information society. Also, immigration is an issue of concern for ESAEA, since the number of immigrants have been increasing in Greece in recent years. Hence, women with disabilities that are of immigrant background, face three kinds of challenges. ESAEA has participated in an EQUAL project targeting immigrant women with disabilities.

Country fiche: Hungary

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

The principles of equality and anti-discrimination are established in Hungary's constitution.
On each level of legislation (law, decree, directive), in compliance with UN and EU documents, Hungary has complex anti-discrimination legislation and legislation protecting the rights of people with disabilities. Legal obligations include: the definition of the rights of people with disability and of the enforcement procedures, the regulation of complex rehabilitation provided for persons with disability, and, as a result, ensuring independent living and active participation in social life of persons with disability. (source: SZMM
Information brochure on the provisions and services related to disabilities and health deterioration. Ministry of Social and Labour Affairs 2008)

The **Act XXVI of 1998 on the rights of persons with disability** declares that the special needs of persons with disability must be given priority. In decisions about people with disability, it must be taken into account that they are equal members of society and the local community, thus the opportunities must be created for them to participate in social life so that they have safe access to communication, transport, the built environment, and they can make use of support services and assistive technologies.

Hungarian legislation is considered well-established and in-line with international documents in general. There are concerns about the enforcement of regulation, in many fields practice is lagging behind the regulation.

In Hungary national actors (Parliament, government, etc.) are entitled to create laws, decrees or directives, and local governments are entitled to create bylaws. Since national legislation covers the rights of people with disabilities including national coverage of support services, and anti-discrimination laws, the bylaws at local level might cover some specification of the above services or benefits. No overall information of the locally existing bylaws was identified.

Enforcement of national obligations is in part delegated to local levels through allocation of certain resources (application, normative support etc.) for disability affairs and maintenance of institutions to local governments, churches, public services companies, foundations, associations, in the form of invitation for application, normative support, etc. In order to promote co-operation between the central governments and local levels, a National Equal Opportunities Network, whose aims include support for disability affairs, was started in 2004. Members of the Network are county local governments.

The government has created legal bodies and machinery to enforce the existing laws, including:

– **Equal Treatment Authority**, set up to observe the regulation of Act CXXV of 2003 on equal treatment and promoting equality of opportunities. In case of violation of the principle of equal treatment, the Authority takes on the task to start legal proceedings and to impose sanctions for discrimination. The Authority can file labour law and personality suit; gives assessments of draft legislation, makes proposals for

government decisions, informs the government and the public about the situation, participates in compiling reports on the implementation of equal treatment in Hungary for international organizations. Among 20, disability is one of the protected characteristics that can form the base for proceedings of the Authority. In the proceedings NGOs perform an essential role.

- **National Disability Council** (OFT): composed of government officials and representatives of civil organizations; its tasks include assisting the Government with initiatives in making decisions, with assessments, information, proposals and co-ordination of activities, and in the implementation of analyses and assessment, drafting and monitoring the enforcement of the National Disability Programme, etc. The interests of the persons with disability are also safeguarded and promoted by nation-wide confederations such as the National Union of the Blind and Visually Impaired, the National Union of the Deaf and Hearing Impaired, the National Union of Mentally Disabled and their Helpers (Aides), the National Union of the Associations of the Physically Disabled, Autists' Interest Safeguarding Union, and their umbrella organisation the Hungarian National Council of Federations of People with Disabilities (Fogyatékosok Egyesületei Szövetségének Tanácsa FESZT) that is the member of the European Disability Forum.
- Women's organizations collaborate with the government in the Council of Equality Between Women and Men.
- The **Ministry for Social and Labour Affairs** established a background institution called Public Foundation for Disabled Persons (Fogyatékos Személyekért Közalapítvány FSZK). FSZK runs pilot programmes to create barrier free (physical and social) environment, and serves as a knowledge and resources centre regarding integration of disabled persons. (www.fszk.hu)

Central government programmes are set up and financed, possibly leaning on EU standards and resources to implement disability policies such as

- **National Disability Programme**, adopted by Parliament (Parliament decision /100/1999(XII.10); it defines objectives and plans, displays situation, etc. The new National Disability Programme (Parliamentary Decision 10/2006 (II.16.)) regarding the improvement of the situation of disabled people, and the related Government action plan for 2007-2010 (Government decision 1062/2007 (VIII.3.) Korm.) specifies measures to be taken in the field of education, housing, health care, employment, social benefits, transport, physical accessibility, communication and rehabilitation.[1]
- **Equality Programme of the Republic of Hungary**, as part of the so-called Anti-discrimination Law of 2003, funded by the national budget to eliminate discrimination and promote equality of opportunities for social groups.
- "One Hundred Steps" government programme for 2006; seven out of the one hundred steps were about persons with disabilities.
- **Social Renewal Operational Programme** (in the framework of the National Strategic Reference Framework NSRF) supported from the European Social Fund. Specific aims include promoting educational integration, employment opportunities, and accessibility for persons with disabilities.
- National Lisbon Action Programme for Growth and Jobs (NAP) of December 2005, and the Revised NAP of October 2006: in agreement with the above, supports employment opportunities, training, employment rehabilitation of disabled people from a Labour Market Fund (state budget).
- New **National Programme of Disability Affairs** is to implement 10/2006 Parliament directive based on Act XXVI of 1998. This comprehensive government programme is built on horizontal fundamental principles such as: the principle of prevention; that of individual need and increased protection of the most

[1] National Strategy Report on Social Protection and Social Inclusion 2008 – 2010 (2008), Hungary. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/hungary_en.pdf

vulnerable persons; of equalizing opportunities; of the ban on discrimination; of protection of general and special rights; of supported decision-making; of self-determination and respect for human dignity; of subsidiarity, of integration, normalization, rehabilitation, of equal access, of universal planning, of "nothing about us without us". In the Programme women with disabilities are explicitly referred to as one of the groups with cumulative disadvantages. Financing is to come from joining forces of central government, local governments, profit-making and non-profit organisations.

The government issues decrees to enforce the rules in detail and to set deadlines for government tasks. For all that, the enforcement is not satisfactory, and challenges much criticism from the organizations concerned.

– There is no specific ministerial responsibility for women with disabilities. Explicit harmonization has not been yet enacted.

For women with disabilities, there is neither a specific ministerial responsibility nor a specific government body or agency. There are only ministerial responsibilities and government bodies and agencies for women in general on the one hand, and for people with disabilities in general, on the other. The leading institution protecting the rights of all disadvantaged social groups. The **Minister of Social Affairs and Labour** is responsible for both women and people with disabilities in the frame of the **Equal Opportunities Department**, which, among others, embraces a sub-department for gender equality and one for disability, with little co-operation among them. The gender aspect of disability, i.e. public attention to women with disabilities, is practically non-existent in Hungary. Only a few experts involved in international affairs make efforts to put the issue on the agenda of relevant policy groups.

The government's attitude is demonstrated by the fact that a Hungarian government official took part in the work of the ad hoc committee drafting the text of the Convention on the Rights of Persons with Disabilities and its Protocol right from the beginning, and in Hungary there was continuous professional preparatory work with active collaboration with the relevant organizations for smooth ratification. It is a great success of Hungarian disability policy that Hungary was the first to ratify both the Convention and its Protocol with Act XCII of 2007.

The **National Disability Council** has recently formed working groups to review the Hungarian disability and equal opportunities regulations in the context of the UN convention. The output of the review is scheduled by the end of September 2008.

The attention of the working groups were drawn to the situation of disabled women and girls, as a group not specified in Hungarian legislation. (As expert of the field forecasted there is a chance that the working groups will make a recommendation to modify or extend some of the presently existing laws, and there is little likeliness that independent new regulation will cover these groups.)

– As yet no framework has been established for the promotion, protection and monitoring of the Convention.. (As far as we know the government will have to decide on these matters by the end of 2009. Possible agencies are said to be the National Disability Council for co-ordination tasks, and the Ombudsman's Office for supervision.) Government programmes (e.g. measures under NSRF targeting improved chances for persons with disability) seem to form workable parts of the framework.

Women with disabilities, as mentioned above, have no existing separate framework. However, the Convention has already been discussed in a session of the National Disability Council (OFT), which

embraces both women and men. Women with disabilities are not only rendered invisible by the state but the civil movements of persons with disabilities also tend to overlook the specific needs of their female members. Statistical data of disability have been collected in detail, for which the Hungarian Central Statistical Office is responsible. Harmonisation with the Convention will have to entail the extension of data disaggregated by sex. Most likely this harmonization will follow the harmonization of national regulation with the Convention.

- Does your Government publish information on public expenditure at national level on women with disabilities? If yes, provide the numbers.

No trace of such information concerning women.

- Anti-discrimination laws, disability legislation, etc.

- Legislation is based on international obligations, and the principles of equal treatment are established in Hungary's constitution /Section (1) of §54 and §70/A./.
- Act XXVI of 1998 on the rights of persons with disability and ensuring their equality of opportunity.
- "Anti-discrimination Act": Act 2003 CXXV on Equal Treatment and Promoting Equal Opportunities
- Act CLXVI of 1997 on public purpose organisations
- Further government decisions

Legislation on the issue of women with disabilities as a separate group is non-existing for the moment.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data
For all data, please indicate the definition of disability used and the source of the data(research definitions may differ from legal definitions).

	Women with Disabilities	Non-disabled women	Men with disabilities
Size of population	294,138	5,053,527	282,868
% of total population	2.9%	49.55%	2.8%
% of female population	5.5%	94.5%	n/a
Disaggregate by age if possible as follows:			
< 15 year olds	11,877	815,677	16,926
15-64 year olds	153,873	3,548,843	185,516
> 65 year olds	128,388	971,268	80,426
Disaggregate by ethnicity			
Hungarian	280,074	4,958,404	266,207
Roma	5,372	88,339	6,959
German	2,192	30,017	2,126
Slovak	971	8,983	899
Croat	514	7,852	433
Romanian	370	3,662	304
Disaggregate by type of disability (person) (%)			
Motor disabled	114,782 39.0%	-	95,149 33.6%
Loss of limb	3,624 1.2%	-	11,427 4.0%
Other physical	11,439 3.9%	-	15,139 5.4%
Mentally disabled	25,555 8.7%	-	31408 11.1%
Sight impaired	33,741 11.5%	-	27,858 7.6%

One-eye blind	8,852 3.0%	-	9,630 3.4%
Blind	5,500 1.9%	-	3,943 1.4%
Hard of hearing	22,448 7.6%	-	22,231 7.9%
Deaf, deaf-mute, mute	4,275 1.5%	-	4,611 1.6%
Speaking impaired	2,506 0.9%	-	4,794 1.7%
Other	61,416 20.9%	-	63,162 22.3%
Is there information on the size of the household where they live?	Detailed data on the civil status, and housing is available from the census. No specific data was found on the size of the households.		
Multiple disaggregation by age and type of disability (persons)			
Motor disabled aged <15	1,995	-	2,669
Motor disabled aged 15-64	62,403	-	78,047
Motor disabled aged 65<	65,447	-	40,999
Mentally disabled aged <15	4,222	-	6,328
Mentally disabled aged 15-64	17,203	-	22,638
Mentally disabled aged 65<	4,130	-	2,442
Sight impaired aged <15	1,650	-	1,853
Sight impaired aged 15-64	20,824	-	20,621
Sight impaired aged 65<	25,619	-	12,473
Hearing and speaking impaired <15	1,419	-	2,077
Hearing and speaking impaired 15-64	11,169	-	16,043
Hearing and speaking impaired 65<	16,641	-	13,516
Other disability <15	2,591	-	3,999
Other disability aged 15-64	42,274	-	48,167
Other disability aged 65<	16,551	-	10,996

Source: Hungarian Central Statistical Office, Census 2001 (http://www.nepszamlalas.hu/hun/kotetek/12/tartalom.html)

To sum up and complete the data of the 2001 census:

The number of persons with disability amounts to 577,000 – 5.7% of the total population of Hungary. The number of 577,000 persons with disability (5.7%) of the 2001 census is considered to be too low. There are estimations between 600,000 and 900,000 about the real number.
Sex distribution of persons with disabilities: women 51%, men 49%. Within this, rates by disability type are the following: physically impaired 43.6%, blind and visually impaired 14.4%, mentally disabled about 10%, hearing and speech impaired about 10%.

According to the data provided in the conference report Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society, the data related to people with disabilities of the 2001 census is different from the previous census in 1990. The number of people with disabilities increased from 369 000 (1990) to 577 000 (2001), their rate within the society increasing from 3.5 % to 5.7%. The composition of the disabled population, based on gender, has changed as well; in 1990 there was a male majority, but in 2001 there was a female majority – just like in society.[1]

Population according to disability and gender in 1990 and 2001[2]

Gender	1990		2001	
	Disabled (%)	Non Disabled(%)	Disabled (%)	Non Disabled (%)
Male	53.6	47.8	49.0	47.5
Female	46.4	52.2	51.0	52.2

The rate of institution residents is 8% of the population with disabilities, which is higher than the comparable number in the normal population. The distribution of the 92% living in households by household size: 22.7% living alone, 57% with one non-disabled person, 10.5% in families of three persons or more. Within families with person(s) with disabilities, 19% has disabled child(ren); 15% are two-parent, 45% are one-parent families having member(s) with disability. Families with both children disabled represent 2.9%, families with all three children disabled 0.3%. Regionally, the rate of disability is higher in villages than in bigger places. (Source: National Disability Programme)

Definition of Act XXVI 1998, § 4: "person with disability is one who –fully or partially - does not have sense organ capacities – especially sight, hearing, motor and mental capacities - is remarkably restricted in communication, which is a lasting disadvantage for the person in active participating in social life." According to the National Disability Programme, persons with changed working abilities must be included in the definition. There is no single official definition of disability, which causes difficulties in establishing entitlements to the provision of services. (For example, the blurred borderline between invalidity and disability.)

The latest legal classification of severe disabilities by types of recipients of disability support are in 2008 the following: sight (visual) disability, hearing disability, mental disability, autism, physical (motor) disability, multiple (cumulative) disability. (This had not been employed in earlier statistics.)

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid.
[2] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid.

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Number of Employed Persons aged 15-64	20,706	1,658,109	30,392
Number of Unemployed Persons aged 15-64	3,901	155,962	7,728
Long-term unemployment rates	1,440	70,996	2,959
Number of Inactive Persons aged 15-64	112,802	1,030,166	128,687
Number of Dependant Persons aged 15-64	16,832	550,733	18,709
Number of Persons with Part-time work			
Weekly working hours 1-14 hours	381	-	308
Weekly working hours 15-20 hours	2,214	-	1,988
Weekly working hours 21-35 hours	3,233	-	3,190
Weekly working hours 36 hours	267	-	328
Self-employment rates	Data on entrepreneurs are available – no data on self-employment rates		
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

Source: Hungarian Central Statistical Office, Census 2001 (http://www.nepszamlalas.hu/hun/kotetek/12/tartalom.html)

[1] Please provide the definition of 'poverty' used in your country

Qualitative data

According to the 2001 census, the employment index among persons with disability was 9%, the rate of the registered unemployed 2%, and the rate of the inactive 76.7%. A survey in 2004 found that among the employed persons with disability 10% were skilled workers, 20 unskilled workers, 3% clerical workers, and 66% semiskilled workers. 50% did so called public benefit work.
(Source: Könczei et al.: Megváltozott munkaképességűek, fogyatékkal élők, rokkantak munkaerőpiaci diszkriminációja)

Research found that in the 200 biggest firms operated in Hungary the ratio between women and men employees with disability was quite lopsided: women 39%, men 61%. (Top 200 research).

Employment opportunities are worse in the case of people with disability than in the rest of society. In the labour market they often face prejudice and hidden discrimination while searching for a job, on the one hand, but on the other hand sheltered employment offers far fewer opportunities then in the 90s. Labour offices only recently began to offer training, retraining and job opportunities to people with disabilities within very limited possibilities. At present, nearly 100 thousand women of active age with disability do not work.[1]

Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?

the Equal Treatment Act guarantees equal treatment in employment for people with disabilities, and the Disabled Persons Act establishes that, if people with disabilities cannot secure employment on the open market, sheltered workplaces must employ them. The Joint Decree on People with Altered Working Capacity regulates the rehabilitation process, occupational rehabilitation services, and State financial compensation for lost income due to altered working capacity. It also regulates eligibility for State subsidies for employers who employ people with disabilities.[2]

Based on legislation, government policy is aimed at combating employment discrimination on the grounds of disability. Under the Act XXVI of 1998, a person with disability has the right to integrated employment, or if it is not possible, to a sheltered workplace. The sheltered workplace receives normative support from the national budget. In the last years there have been significant efforts put into the systematic change of the sheltered employment in order to lessen segregation, and strengthen relations to the open labour market. An accreditation system of employers has been introduced to assure quality of employment. Several active labour market measures target employability of disabled people including training and re-training opportunities.

Both women and persons with disability are target groups of government employment policy. A recent measure in the Code of Labour suggests that the employer and the trade union of the workplace should accept an Equal Opportunities Plan, which is aimed at improving the work situation of disadvantaged groups, including persons with disabilities and women (overlooking women with disabilities).

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid.
[2] Open Society Institute (2005), *Rights of People with Intellectual Disabilities: Access to Education and Employment*, Monitoring Report, Budapest.

In order to ensure the labour market integration of disabled people and people with modified working abilities, transformation of the disability retirement scheme was completed, and the building of a complex system of rehabilitation was commenced: as from 2008 a so-called rehabilitation annuity was introduced as a new kind of benefit replacing disability pension for a certain part of people with modified working abilities and disabled people, access to which is subject to participation in the active process of rehabilitation. Entitlement to annuity will be assessed in a complex qualification procedure and then the relevant people will participate in an individual rehabilitation process with the labour centre, the purpose of which is the reintegration into the primary labour market.[1]

In Hungary, in the area of employment, two types of capacity are assessed for people with disabilities: working capacity and employment capacity. The National Medical Expert Institute (OOSZI) conducts assessments to evaluate the working capacity of adults with intellectual disabilities. The OOSZI's assessment results are expressed as a percentage of altered working capacity. An altered working capacity of at least 40 per cent generally entitles a person to social benefits; it also entitles a person to employment in sheltered workplaces and to employment through a fixed-period subsidy, which employers can obtain from local labour offices. Labour offices and local health services jointly conduct assessments of employment capacity. These assessments are intended to determine the extent of a person's remaining abilities and match their abilities to types of work. Both assessments, of working capacity and employment capacity, are conducted solely by medical doctors, and they focus on health and medical conditions.[2]

Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments

The Government gives financial support to employers for investments in job creation for disabled or "invalid people" from a Labour Market Fund (state budget). The invited tenders include: training programmes as part of the rehabilitation of persons with changed working abilities; promoting new investments in, and extension or development of the enterprise. The Labour Market Fund also finances programmes aimed at promoting the employment of disadvantaged groups, e.g. the self-employment of recipients of rehabilitation benefits.

There are regular pilot programmes run by the National Employment Public Foundation, which was set up in 1995 for promoting the employment of disadvantaged groups. They usually include local non-governmental organizations to start innovative activities (like support services, or setting up social enterprises) according to local needs of disadvantaged groups.

In 2007 the employment rehabilitation system of disabled people and people with modified working abilities, formerly inactive people, was started in PES (Public Employment Services) connected to the reorganization of

[1] National Strategy Report on Social Protection and Social Inclusion 2008 – 2010 (2008), Hungary. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/hungary_en.pdf
[2] Open Society Institute (2005), *Rights of People with Intellectual Disabilities: Access to Education and Employment*, Monitoring Report, Budapest.
[3] National Strategy Report on Social Protection and Social Inclusion 2008 – 2010 (2008), Hungary. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/hungary_en.pdf
[4] National Strategy Report on Social Protection and Social Inclusion 2008 – 2010 (2008), Hungary. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/hungary_en.pdf
[5] National Strategy Report on Social Protection and Social Inclusion 2008 – 2010 (2008), Hungary. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/hungary_en.pdf

disability benefits. Customized services (training, supported employment) are granted to those people with modified working abilities, who can be rehabilitated. 9,600 persons will be involved in the programme until 2009.[3]

Resources for training projects in the framework amount of 1 000 million HUF will be granted by the Ministry of Social Affairs and Labour to the debit of the 2007-2011 central amount of the Labour Market Fund for the complex programme of adults with disabilities which, besides training, provides further resources for the participants' employment rehabilitation, too.[4]

Social institutions (providing day care, rehabilitation or residential care) care for disabled people, people suffering from psychiatric disease or addictions or homeless people provide employment rehabilitation and developing, preparatory employment. The system of these activities has been reorganized since 2006. From among the 11 thousand people taken care of in institutions, by the end of 2007 more than 8,300 people were involved in these programmes that will contribute to the improvement of their capacity to work.[5]

Key bodies responsible for enforcement / delivery (including state, private and third sector) See section 1.
Hungarian Public Employment Service (Állami Foglalkoztatási Szolgálat ÁFSZ)
Képzési oldal?

The definition of 'poverty':
In Hungary, one of the widely applied definitions comes from the European Council. A person, a family, or a group of people can be considered poor if the (financial, cultural, social) resources available for them are limited to a degree that they become excluded from the normal way of life required in the country where they live. There are different statistical methods to estimate the number of citizens threatened by poverty.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
Participation rates in general education (2002)[1]: (data is only available disaggregated by age)	16-19 years = 85.8% 20-24 years = 39.9% 25-49 years = 5.4% 50-64 years = 0.5%	n/a	16-19 years = 84.7% 20-24 years = 34.8% 25-49 years = 4% 50-64 years = 0.4%
Attainment levels by ISCED 0-6 levels for persons older than 7 years			
Number of persons with ISCED 0 level	13,329	69,612	14,215
Rate of the relevant group	4.6%	1.5%	5.1%
Number of persons with ISCED 1-2 level	182,226	3,716,412	207,524
	62.6%	78.9%	74.5%
Number of persons with ISCED 3 level	53,212	1,685,090	56,640
	18.3%	35.8%	20.3%
Number of persons with ISCED 4-6 level	10,878	459,506	17,552
	3.7%	9.8%	6.3%
Number and type of specialist schools (i.e. level, for which target groups)		See information under qualitative data	

Source: Hungarian Central Statistical Office, Census 2001 (http://www.nepszamlalas.hu/hun/kotetek/12/tartalom.html)

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

Qualifications based on disability, ethnic group and gender, and highest finished school[1]

Qualification	Non-disabled people (%)	All disabled people (%)	Romas with disability (%) all	male	female
Lower than 8th class in elementary school	19.3	31.6	64.6	58.8	72.2
8th class elementary school	30.2	38.8	30.08	35.2	25.2
Secondary school with professional certificate only	17.1	10.3	3.0	4.1	1.6
Secondary school with final exam	23.3	14.3	1.2	1.5	0.9
High school, University	10.2	5.0	0.3	0.4	0.1

Qualitative data:

According to data also presented in the **New National Programme of Disability Affairs**, 31.6% of persons with disability have not completed (8 classes of) primary school. 10.3% have received some kind of secondary or vocational education without GCSE, 14.3% with GCSE; 5% have university or other tertiary education (Tausz – Lakatos: A fogyatékos emberek helyzete (The situation of persons with disabilities) 2004. In: Statisztikai Szemle (Statistical Review, Vol. 82, pp. 370 -39)

13.2% of persons with a disability have attended special primary school (8-form elementary school). Data quoted from the new **National Programme of Disability Affairs.**

Among persons with a disability, those with physical disabilities form the largest group acquiring educational qualification above the elementary school level. They are followed by the visually impaired and the hearing impaired, while the mentally impaired are almost completely excluded from secondary education. Persons with disabilities have lower level educational qualifications, which adversely affects their employment situation.

Description of legislation and policies to recognise right of disabled persons to education

Hungary's Public Education Act is the main legislation governing public education, including special education. The 2003 amendments to the act introduce an explicit prohibition on discrimination on the ground of disability, defined as "lack or impediment of abilities".[2]

Persons with disability have the right to take part – according to their condition and age – in early development and care, in nursery education and school education as required by the law (Act LXXXIX of 1993 on Public Education). The nursery and the school is chosen by the parents of children with disabilities in compliance with the opinions of an Experts' Committee and a Rehabilitation Committee.

Institutionalized education of people with disabilities has a more than 200-year history in Hungary. During the Communist regime after World War 2 all schools and institutions were kept under direct state control. Until the 1980s persons with disabilities were kept separate from the non-disabled and, those with different types of disabilities from each other. For the last twenty years there have been measures to promote the integration of disabled pupils into the general educational system. Despite existing success stories there is still significant segregation of disabled children present in Hungarian schools. Parents have the right to choose the educational institution and choose between special or integrated education – supposing the school has the

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid.

[2] Open Society Institute (2005), *Rights of People with Intellectual Disabilities: Access to Education and Employment*, Monitoring Report, Budapest.

required staff and facilities.

Both integrated and special schools (except for schools for the mentally disabled) basically use the same curriculum, under the obligation to take into account the legal directives on the education of children with disabilities. This enables children with disabilities to achieve secondary and tertiary education. Early development is ensured with family counselling for parents of children with disability.

Under a ministerial directive, expert committees are responsible for diagnosing disabilities and making proposals concerning the choice of nursery or school, and for providing the children with assistive technologies. The disabled and their parents can turn to **Educational Advisory Offices** as well as to national and local non-governmental safeguarding organizations.

The main regulations as mentioned earlier are:
The Constitution of Hungary
UN Act of 1989 on the rights of children
Act of 1993 on Public Education
Act XXVI of 1998 on the rights of persons with disability and promoting equality of opportunities
Act CXXV of 2003 on equal treatment and promoting equal opportunities

Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, and Personalized measures at school (individual classes, extra support, mentors, peer group support, etc.)

There are no (known) initiatives targeted specifically at disabled women. However, there are practical government measures intended for support the education of disabled persons irrespective of sex. Under the 206/2005 government directive on the detailed rules of the normative support of adult training, institutions of adult education can receive support from the Labour Market Fund of the state budget for general, foreign language and vocational training for persons with disabilities.

In the framework of the **Social Renewal Operational Programme** (for the years 2007 – 2013) it is also possible to receive ESF funding for training persons with disabilities. Legislation regulates the education of children with disability comprehensively and in detail. The Act of 1998 declares that the person with disability has the right to receive early development and care, pre-school and school education, and developing preparation according to their condition and age. If it is favourable for the development of the abilities of a person with disability, he/she may join the same pre-school group or school form with the other, non-disabled children or pupils. Parents have the right to choose the nursery or the school for their children with disability in compliance with the opinion of an experts' committee and a rehabilitation committee.

Special education is divided into educational and nursing institutions by type. Nursing children's homes are for so-called “unteachable children” of 0 – 18 years. The so-called “teachable” children between the ages of 3 and 16 are educated in the following types of specialist educational institutions with boarding or day-care home: nurseries and schools for children who are

- Deaf
- Hearing impaired,
- Blind
- Sight impaired
- Mentally disabled to a slight degree
- Mentally disabled to a medium degree
- Physical and motor disabled
- Speech impaired
- Deaf – mentally impaired to a slight degree

[1] National Strategy Report on Social Protection and Social Inclusion 2008 – 2010 (2008), Hungary. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/hungary_en.pdf

- Hard of hearing –mentally impaired to a slight degree
- Hearing impaired – mentally impaired to a medium degree
- Blind – mentally impaired to a slight degree
- Visually impaired – mentally impaired to a medium degree
- Physically – motor disabled and mentally impaired to a slight degree
- Physically – motor disabled and mentally impaired to a medium degree

In addition to this, in certain nurseries and schools, specialist groups, classes or sections are run for speech impaired and slight degree mentally impaired children. Special schools of various types are run under local government control.

Since 1985 there have been measures to establish the right of secondary education of persons with disability as well as to promote integrated education of children with slight physical or sense organ disabilities Integrative measures include prolonged compulsory school attendance, employment of specialist teachers, special developing programmes, exempting pupils from attending certain school subjects, special bridging class programmes free of charge, preferential class size with counting one child with disability as two or three, etc.

The educational institutions for children with disability include:

- Special nurseries
- Special primary schools (8 classes)
- Special sections or classes within normal primary schools,
- Speech therapy institute
- Speech therapy group

Specialist teacher training is done at university level.

Integrative measures

Between 1992 and 2002 the rate of children ‘qualified’ as disabled increased by 2.14% in Hungary. The rate of 5.5% disabled children was very high compared to the 2.5-3.0% throughout the European Union. The extremely high disability level was due to the financing system of special school classes for ‘disabled’. In order to gain and maintain advantageous financial conditions schools were interested in sending socially disadvantaged students for the disabled qualification examination. This influenced the output of qualifications as well. Due to this practice the Roma children were overrepresented in special classes, not receiving proper development and training there. In 2003 the **Ministry of Education** started an overall review and reform process to avoid further segregation of the Roma children through the education of children in 2003. At present several measures target integrated education and early development of children with social disadvantages. One of them is the ESF financed programme against child poverty.
There are specific interventions aiming to decrease segregation and to promote equal opportunities in public education for the severely disadvantaged and Roma students under priority 3 of the Social Renewal Operational Programme.

Providing or promoting the use of assistive technologies

Under the **Social Renewal Operational Programme** a preferential project titled TÁMOP5.4.5 ‘Creating professional background for barrier-free physical and info-communication environment’ is under implementation by the Public Foundation for Disabled Persons. The project has four components related to integration in education and training:

- universal and barrier-free planning/design;
- ensuring equal access;
- training and further training for specialist interpreters;
- special training programmes.

– Financial subsidies, loans etc

As an example benefits in kind include normative schoolbook support for persons with disability receiving full time training.

In case of including disabled young people in higher education, a supplementary normative subsidy is provided by the State to the institutions. Currently there are 559 disabled students studying in higher education.[1]

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention?

The main requirements of independent living are found within the rights of the persons with disability stated in Act XXVI of 1998 such as the right to accessible, perceptible (built) environment, information, communication, transport; residential home, rehabilitation, supporting service as the requirements of independent living.
In agreement with the UN convention, Act XXVI requires that the person with disability has the right to choose between the forms of housing appropriate to their disability and personal circumstances: family home, residential home, institution.

With regards to independent living, there is a change in attitude towards persons with disabilities. Civil organizations, professional experts and government policy agree on the concept of replacing big residential institutes with small residential homes or keeping persons with a disability in their own homes. Implementation is hindered by narrow financial circumstances, and, perhaps, resistance mounted by the management of traditional mammoth institutions. Independent living is a prime aim of civil organizations, such as the Independent Living Association of Physically Impaired People.

What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources?

All measures are aimed at both women and men regardless of gender. The central government programmes offer financial support for developing the infrastructure of independent living, including the following:

- The "One Hundred Steps Programme allocated HUF 840 million – for the year 2006 - from the state budget for building 20 new residential homes.

- A current (2008) invitation for tender of the Ministry of Social Affairs and Labour, complying with the 198/2008 government directive, gives financial support under the title "Admission of service providers operating service", for providing support services and community provisions.
- The New National Programme of Disability Affairs of 2006 assesses the situation and establishes the fact that the social integration of persons with disabilities is not easy to achieve due to factors such as poor education and low employment rate. Rehabilitation is accessible only in bigger settlements, and the conditions of independent living can not be improved from self-financing. The Programme supports services to encourage persons with disabilities to stay in the family home.

The existing structure of basic social services, which help persons with disability (among other types of recipients) to maintain independent living in their own residence, include the following institutions:

- Catering: recipients, among others, include persons incapable of ensuring catering themselves for themselves, due to disability or psychiatric sickness.
- Home assistance with signalling system: recipients include persons with disabilities, living in their own residence, with maintaining independent living.
- Personal support services: to support independent living of persons with severe disability in their own residence. Main tasks are: maintaining special personal transport service to ensure access to assistive services and other public services; information service, administration, consultancy; ensuring access to sign language interpretation service; assistance to improve their family relations and to participate in self-help groups; assistance to implement their social integration; assistance to find access to services promoting their employment.
- Day care: recipients include persons with disability and autism who need supervising.

For those persons, who are incapable of independent living in their own residence, long-term and short-term residential institutions are made available for persons with disabilities. These include:

- Homes for people with disabilities: for residents whose education, training and care can only be done in an institution.
- Rehabilitation institutions for persons with a disability: residents are those whose education, training, retraining and rehabilitation employment can only be implemented in an institution.
- Temporary home for persons with disability: residents are those whose care is not ensured by their family or the family needs temporary release.
- Residential homes: accommodate 8 – 12 persons with disability including autism or 14 psychiatric patients.

The government involves special non-governmental organisations to further explore pathways to independent living of disabled people through different measures. The Motivacio Foundation is one of the pioneers to develop services helping independent living, and to provide trainings for social workers helping people with motor disability.

Quantitative data:

The publicly available data from census 2001 does not include data on independent living according to sexes.

Rates of women with disabilities in care

Number of residents in long-term residential institutions for people with disabilities by sex and age groups	Disabled women	Disabled men
Persons aged 0-17	520	749
Persons aged 18-64	5,778	7,515
Persons aged 65 and older	887	625
Number of clients in transitional social institute for people with disabilities by sex and age groups		
Persons aged 0-17	19	28
Persons aged 18-64	69	63
Persons aged 65 and older	13	1

Source: Women and men in Hungary, Hungarian Central Statistical Office, 2006)

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

Is there recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services?

The rights of girls and women with disability are divided between women's rights and the rights of persons with disability. The law only requires, without making a distinction between women and men that special attention has to be given to the needs of the person with disability during medical care. The persons with disability must be provided with regular and efficient care in order to improve their condition or prevent deteriorating their condition.

The specific protocols to treat disabled clients are not developed in the Hungarian health care, so many times the above described rights is not put into practice. Some of the examination methods exclude some type of disabled people from among its beneficiaries. Hospitals are not equipped properly to access them by different types of handicaps.

What services are available which are gender and disability sensitive?

There is no explicit sensitivity to gender and disability together.

Please refer specifically to sexual / reproductive health services, rehabilitation support and screening programmes (e.g. screening for cancer)

The **National Anti-cancer Programme**: financed from the state budget, is aimed at achieving a reduction by 30% in the number of cancer cases, and at the extension and development of prevention (screening). No specific data included on disabled beneficiaries.

The New **National Programme of Disability Affairs** holds the following data of Sep 2005 on social provisions:

- The social supply system provides 3 kinds of financial supply and four types of special personal care, the total number of recipients of which amount to 410,000. The types of financial support are:
  - Personal benefit for the blind – for 8,000 recipients
  - Increased family allowance (for children with chronic sickness, and young adults with severe disability for 122,000 recipients;
  - Transport support for persons with severe physical disability, incapable of using public transport for 270,000 recipients
  - Disability support for 100,000 recipients

Special personal care

Day care homes – 2,299 clients in 95 institutions
Temporary homes – very few clients (see above)
Long-term residential homes for persons with severe, mainly mental disabilities with 16,000 residents
Rehabilitation institutions with 5,000 residents (physical, blind, mental)

Special institutions of rehabilitation:

- Special education within the public education system,
- Special child protection services,
- Health and social institutions for rehabilitation;
- Rehabilitation groups in the labour centres,

These rehabilitation institutions are only available in larger towns.
There was a pilot project titled 'Lighthouse' under the EC's Daphne Programme with the involvement of Italian and Hungarian members of DPI. The project aimed to gain preliminary information on accessibility of medical care for disabled women. Focus group interviews were conducted on the issue. Results show that violation against the law is present in the Hungarian public health sector. Reports are available from Hungarian members of the project team: Margit Nász, and Erzsébet Szöllősi.

No data was available

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)

The term 'Women with disabilities' is not a legal term in Hungary. Disabled women are entitled to benefits as persons with a disability.

Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources)

There is increased family allowance for children younger than 18 with disabilities who need constant care due to their disability.

Childcare allowance: recipients are parents of children with severe disability until the child is 10 years old (in the case of non-disabled children until the child is 3).

Attendance allowance: recipients include relatives who take care of a person with severe disability who needs

permanent and long-lasting attendance. Its amount must not be less than the minimum amount of the old-age pension. (Recipients amount to 17,000 in 2004).

Extra high attendance allowance: is granted when the person with severe disability needs intensive care. Its amount is equal to the minimum amount of the old-age pension.

Assistance with disability-related expenses

The government grants both cash benefits and benefits in kind to persons with serious disability.

Cash benefits include:

- Disability support: recipients are persons with sight disability, hearing disability, mental disability, autism, multiple/cumulative disability, whose condition is permanent, who are incapable of independent living, or needs permanent help from other people. The amount of disability support falls into two categories according to the degree of the impairment: 65% and 80%, respectively, of the old-age minimum pension.
- Disability benefit (rokkantsági járadék): recipients are persons above 18 years are entitled to it if they became incapable of work before reaching 25 years.
- Regular social allowance: recipients are persons with a health deterioration of at least 40% which occurred during the occupational activity.

Other allowances:

- Personal income tax allowance: recipients are a wide range of persons with severe disability or
- Sickness.
- Travel allowance: recipients are persons with disability, for local and inter-town transport.

Social benefits in kind include:

- Parking pass: recipients are persons with serious motor, sight, mental, physical disability, and autism.
- Normative schoolbook support for fulltime students with physical, sense organ, mental, speech disability, autism and multiple disability.
- Meal contribution of 50%: recipients include nursery and school children with permanent sickness or disability.

Support for people with disabilities

There is a network of so called “Houses of Opportunities” in Hungary which can be found in many towns throughout the country. Their task is to support social groups facing discrimination, like women, people with disabilities, Romas (including Roma children), the elderly and people living in remote areas. Often they support the work of self help groups of disabled women.[1]

The League of Hungarian Women for Career Development, together with mayoresses belonging to the National Confederation of Local Governments, initiated activities in order to concentrate on the difficulties of women with disabilities. The name of the project is “March Belongs to Women with Disabilities”. It aims to draw the attention of society to the special situation of one of the groups that is most at risk of social isolation, and to start a dialogue as

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid.

well as an exchange of experiences in order to support women with disabilities to create balance between family, work and self-realization. Further aims are to motivate dialogue between stakeholders to achieve inclusion in the labour market, and to point out that only a dialogue “for and with them” can reduce discrimination and violations disabled women face every day. Also good examples should be demonstrated of how a woman with disability is able to live a full and dignified life. These aims are in line with European Union objectives in terms of equal opportunities.[1]

Quantitative Data
Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Number of persons receiving disability support (Hungarian State Treasury, December 2006)	n/a	n/a	n/a
Aged 18-29	3,087	-	4,098
Aged 30-61	19,376	-	22,594
Aged 62 and older	34,687	-	22,778
Number of disability pensioners (Yearbook of Welfare Statistics, January 2007)			
Below retirement age	219,702	-	232,251
Above retirement age	174,014	-	176,539
Number of clients of day care for disabled people (2006)			
Aged 0-17	185	-	319
Aged 18-64	1,187	-	1,357
Aged 65 and older	38	-	22

[1] CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid.

The rate of disability pensioners is exceptionally high in Hungary. Every fourth pensioner is receiving disability pension, however, favourable impacts have become perceptible over the previous years. While earlier in the 1990-s more than 40% of new pensioners were retired due to some disability reason, there has been a changing trend in the previous years. In 2007 the number of disability pensioners was 802.6 thousand, of which 452 thousand were under the retirement age. The number is decreasing year by year (by 0.7% relative to 2005, by 3% under the retirement age), but the main reason is not the improvement of health conditions but the stricter medical examinations and procedures. However the number of new disabled people in each 10,000 people of active age has significantly decreased over the last 10 years (from 73.9 to 51.5). The number of new disabled people is by 10% lower in 2007 than in the previous year. The number of new applicants fell by over 30% as compared to 2006. The fact that one quarter of disability pensioners dies within 5 years (for women 7 years) after retirement reflects the unfavourable health conditions of the Hungarian population.[1]

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

Legislation / Policy / Measures in place to facilitate access to goods and services:

Act XXVI of 1998 establishes the right for the person with disability to an accessible, perceptible and safe environment, to access public information and information about their rights and the services provided for them; to mutual information when using public services; equality in using information technologies; to safe access to public transport, to appropriate support service and surgical appliances.

Act LXXVIII of 1997 on shaping and protecting the built environment offers a definition of accessible environment, and states that safe access must be ensured for persons with disabilities, determining technical – medical aids promoting mobility. For the future, adopting adequate standards is recommended.

The implementation of making public services (like the buildings and services of local authorities) accessible for disabled people is lagging behind the regulations due to limited financial resources.

Minimum standards and guidelines for the accessibility of facilities and services (public and private)

Specialist expert groups, universities, and interest representation bodies try to pursue the issue of accessibility. Minimum standards are established in an expert documentation prepared by "Esély XXI." (Chance 21st Century), a public benefit company under the title 'Accessible built environment in terms of entirety. Concepts, rules, guidelines"

Transport, parking and mobility initiatives

The following types of public supports exist:
Parking pass: recipients are persons with motor, sight, mental disability,
Transport allowances: recipients are people with disability, in local and inter-town transport.
Support to using universal electronic telecommunications service: recipients include persons with disabilities.

[1] National Strategy Report on Social Protection and Social Inclusion 2008 – 2010 (2008), Hungary. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/hungary_en.pdf

Car purchase support and power-driven wheelchair support: recipients are persons with severe motor disability.
Car transformation support.
Transport support – partial cover of surplus costs of persons with severe motor disability.
Accessibility support - non-refundable support for surplus costs of accessible housing.

Are there any schemes or programmes in place which provide assistive technologies (specifically to women with disabilities, or to disabled people in general) and is there any data on take-up (by women with disabilities and men with disabilities)?

- The Public Foundation for Persons with Disabilities (FSZK) invites a tender for the second half-year of 2008 on behalf of the Social and Labour Ministry to support sign language interpretation. Applicants can be non-profit organizations, profit-making firms, county and Budapest local governments and social institutions managed by local governments.
- The "One Hundred Steps" government programme contains seven steps about disability, including offering assistive technologies to 2,000 persons with disabilities, and the further possibility of applying sign language. On the other hand, the original deadline for achieving accessibility of public buildings had to be extended from 2005 to 2010 for government buildings, and 2013 for all buildings run by local government.
- The New National Programme for Disability Affairs also focuses on accessibility of the built environment and access to goods and services. By 2005 only 13.3% of public buildings have been made accessible (60 – 70% of the buildings run by the ministries) There are applications for accessibility, dissemination of information, and publications. Sign language interpretation services have been put out to tender, financed by the Social and Labour Ministry. Applicants can be firms, NGOs, foundations. Today there are 25 sign language interpretation service providers nation-wide.

Are there any legal acts requiring public and private bodies to provide access to goods and services?
See above.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Legislation to protect women with a disability from exploitation, violence and abuse is incorporated in the policy of protecting women in general. Women with disabilities do not exist separately Hungarian legislation. In practice, legislation is not efficient enough especially in relation to the protection of victims of domestic violence, who are mainly women. The issue of equal opportunity between women and men has been relegated into the background within the government (ministry) structure. The Act of 2006 on criminal procedure, for example, sparked a wave of protest by women's organizations due to ineffective legal regulation of domestic violence. Here the revision of the rules of law is a must. An Amnesty International report of May 2007 on the situation of violence against women in Hungary listed the following major deficiencies and bad practices in the work of judicial, legal and security organs of the state: deficiencies in judicature, deficient investigation by the police, prejudices in the police station (blaming the victim), prejudices in the judiciary, inadequate protection of victims and witnesses, lack of data, lack of support services, lack of training of public prosecutors, professional court experts and, judges.

Improvement in the field of equality between men and women is visible now but slow due to several factors such as political resistance of the parliamentary majority and a conservative public opinion. Initiative is being undertaken by civil organizations. However, the government, mainly through the Social and Labour Ministry, is engaged in intense activities; it gives an annual amount of HUF 132 million for measures against violence, taking part in the European Council campaign "Stop Violence against Women", finances the co-operation with women's organizations, finances help-lines and crisis management network. The Government cooperation with civil women's organizations, such as organizing conferences, maintaining help-lines, help centres, and supporting NGOs, etc. In the New National Programme of Disability Affairs, the government takes a stand against violence against women, and gives support for campaigns and awareness raising Within the Ministry's Equal Opportunities department, a separate ‘Violence Against Women And Within The Family’ working group was set up in 2007. Civil organizations occupy a key role in bringing about further development.

In the framework of the Daphne II Programme of the European Commission there is a pilot programme started in 2006 under the title 'Integrated supply to victims of violence against women', which was designed to give legal, psychological and social assistance to the clients.

As in other fields, in the field of access to justice and protection from exploitation, violence and abuse, lack of awareness of the existence and the cumulatively disadvantageous situation of the women with disabilities seems to be an insurmountable difficulty not only in government policy but both in women organizations and in the organizations of persons with disabilities. Research done by the women's section of the National Federation of Disabled Persons' Associations reveals that women with disabilities are especially vulnerable to violence and sexual crime. Comprehensive statistical data on their access to justice and protection are not available.

Appropriate training for those working in the field of justice

Legal programmes, financed by the Soros Foundation, were implemented, including training judges, police projects.

Help-lines, help centres, (accessible) shelters, dedicated staff in the police and other law enforcement

agencies

NANE (Women for Women Against Violence), the first NGO to attempt to offer effective protection to women against violence within the family, has compiled a list of types of violence women have to suffer in the world. One item of that long list refers to violence against women with disabilities. NANE was founded in 1994 to start a helpline for battered women. Now help-lines, shelters and legal aid run by civil organizations are given government financial support.

Quantitative data:

- There is research data on violence against women but there is no comprehensive data on violence against women with disabilities. Violence within the family is not an independent criminal offence in Hungary but it is divided between other violent crimes. According to research, 22% of female victims of violent crime are assaulted by their partners, while this is only 3% in case of male victims. More than 50% of female murder victims are killed by the husband or the partner. 80% of men killed by their female partner had been habitual wife-beaters. 23% of all women have suffered violence within the familiy. 27% of female victims of domestic violence state that the violent partner has never been under the influence of alcohol when committing the offence. Levels/rates of those suffering abuse (related to their age)

- No data is available on women with disabilities.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Existence of political, sporting and cultural associations or interest groups for disabled women

By law, the person with disability must be given an opportunity to attend cultural, sports and other community facilities. Participation in leisure sport by people with disabilities is supported by public foundations. Sports and culture are acknowledged as important for persons with a disability as means of rehabilitation.

Sporting and cultural associations specifically for women with disabilities are non-existent. Existing associations are for persons living with disabilities or both sexes together. State budget support comes from the National Sports Office of the Prime Minister's Office. The Office is, among others, responsible for promoting equality of opportunities for persons with disabilities and a climate of change in attitudes to disabilities, maintaining relationships with disabled sports organizations, giving support to disabled participants in both top sport and student sport through tenders, financing sports events, reconstruction and making sports facilities accessible, etc.

The National Sports Union of the Disabled (FONESZ) is an umbrella organization with seven members. The Hungarian Paralympic Committee works under its auspices. Hungarian athletes with disabilities participate successfully in the Paralympic Games and in the Special World Games.

Cultural life: Civil organizations for persons with disabilities are active in organizing varied cultural events – theatrical, concert, dance performances, fine arts activities, cultural festivals supported both by the

government and corporate sponsors. 21st National Cultural Festival of The Mentally Disabled took place in Tatabánya, 7 – 11 July 2008 with 1150 participants from schools, social institutions, foundations, associations.

In politics at national level, women's participation is low, and women with disabilities are invisible. Women's representation rate in the Hungarian Parliament has stagnated around 10% since the political transition in 1990. Among mayors women represent 12%. In local governments women's rate of representation is about 35%. No data was found on disabled women's presence.

Existence of appropriate public transport or affordable alternatives

Currently 18% of public transport vehicles are appropriate for persons with disabilities in Budapest. All new acquisition and development programmes in public transport companies are carried out to form a unified system of public transport appropriate for persons with disabilities.

Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities) No data are collected.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Although this issue is not only a concern for women and girls it has to be noted that the situation of the Roma disabled is multiply disadvantageous in Hungary.

Awareness raising activities by the 'Association for womens' career development in Hungary'. A series of three conferences specifically highlighting issues for women with disabilities have been held in 2006, 2007 and 2008.

Country fiche: Iceland

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

There does not appear to be any legislation that specifically concerns the rights of women with disabilities but there is legislation concerning disabled people generally and about gender equality.

The key act[1] relating to people with disabilities is the **Act on the Affairs of People with Disabilities of 1992**. Its aim is to 'ensure to the people with disabilities equality and living conditions comparable with those of other citizens, and to provide them with conditions that enable them to lead a normal life'[2]. It sets out the rights of people with disabilities in relation to a range of areas including general services (e.g. education, health and social services), support services, housing, rehabilitation, employment and transport. It also introduces, for the first time in Icelandic legislation[3], the concept of advocacy in the form of Confidential Representatives for people with disabilities.

According to the Act, the Minister of Social Affairs is ultimately responsible for the administration of the affairs of people with disabilities with the Ministry of Social Affairs handling policy-making, planning and monitoring of implementation of the Act.

Each region of the country also has its own **Regional Board for the Affairs of People with Disabilities** responsible for service development, provision and coordination and for overseeing the rights of people with disabilities. It states that in implementing the Act, the federate organisations of people with disabilities and their member associations are guaranteed an influence on defining the policies and on decision-making regarding the affairs of people with disabilities.

The **Academic Network of European Disability Experts** raise a question as to the extent to which the ideals set out in the 1992 Act translate in practice. They cite the work of some scholars who have suggested that the ideals do not necessarily translate to achievable targets and implementation and that Iceland does not compare well with other European nations in terms of full inclusion of disabled people[4]. Bjarnason (2004) also notes that the availability and quality of services available in practice is dependent on the funds allocated to the affairs of disabled people each year in the national and local authority

[1] Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).
[2] Act on the Affairs of People with Disabilities (1992, amended 1993, 1994, 1996, 1997, 1998, 1999, 2000, 2002, 2003), Ministry of Social Affairs
[3] Bjarnason, D.S. (2004) *New Voices from Iceland: Disability and Young Adulthood'* New York: Nova Science Publishers
[4] Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).
[5] Bjarnason, D.S. (2004) *New Voices from Iceland: Disability and Young Adulthood*, New York: Nova Science Publishers.

budgets[5].

In terms of gender, the legal status of disabled men and women in Iceland is the same, however, the **Organisation of Disabled in Iceland** (ODI) report that studies indicate disabled women have weaker social and economic standing compared to their male counterparts[1].

The Icelandic Parliament recently passed a new gender equality law, replacing the Act on the Equal Status and Equal Rights of Women and Men from 2000. The new Act includes several important provisions aimed at increasing compliance with the law. Under the new law, the decisions of the Complaints Committee are binding. Previously, the committee could only issue written opinions on whether provisions of the equality law had been violated. The **Centre for Gender Equality** now has the authorization to fine organisations that do not provide necessary information regarding a complaint, or do not comply with the decisions of the Complaints Committee. Employers with 25 or more employees, who do not comply with the obligation of the law to have an equality plan or have not integrated the equality dimension into their employee policy, can also be fined.

Other provisions in the law include changes in the structure and tasks of the **Gender Equality Council** and an increased role for the Centre for Gender Equality. Gender-based violence is mentioned for the first time in Icelandic equality law, and gender-based harassment is now against the law, as well as sexual harassment. The new law has not yet been translated into English[2].

In 2006 the Prime Minister's office appointed a committee to review disability legislation[3] – it is not clear whether this work related to the implementation of the UN Convention.

No information about implementing the Convention could be found on the internet.

[1] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.
[2] The Centre for Gender Equality website: http://www.gender.is/jafnretti/?D10cID=ReadNews&ID=358 accessed on 04/09/08
[3] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Disability is defined in the 1992 **Act on the Affairs of People with Disabilities** as referring to 'mental retardation, psychiatric illness, physical disability, blindness and/or deafness. People with disabilities can also be the consequence of chronic illness as well as of accidents.[1]'

Quantitative data

Note that data below refers to recipients of disability pensions or allowances aged 16-66 years for 2003. This appears to be the only measure available for the disabled population in Iceland (all data[2]) and, because it only relates to those claiming benefits, is likely to be an underestimate. The same measure for disability also appears to have been used in Iceland's report to the Recognising the Rights of Girls and Women with Disabilities European Conference[3]. The Academic Network of European Disability experts also comment that, in regard to issues of disability, most data that is available relates to disability pensioners or those receiving rehabilitation services or other kinds of support, rather than disabled people more broadly[4].

	Women with Disabilities	Non disabled women	Men with disabilities
Size of population (aged 16-66 years claiming disability pensions/allowances 2003)	7,382	n/a	4,917
% of total population		n/a	
% of female population	8	n/a	n/a
Disaggregate by age if possible as follows:	(%= % of female population)	n/a	(%=% of male population)
16-24	316 (2%)	n/a	372 (2%)
25-34	785 (4%)	n/a	601 (3%)
35-44	1,603 (8%)	n/a	1,001 (5%)
45-54	1,894 (10%)	n/a	1,275 (7%)
55-66	2,784 (19%)	n/a	1,668 (11%)
Disaggregate by ethnicity	Data on ethnicity is	n/a	n/a

[1] Act on the Affairs of People with Disabilities (1992, amended 1993, 1994, 1996, 1997, 1998, 1999, 2000, 2002, 2003) Ministry of Social Affairs

[2] Statistics Iceland (2004) *Statistical Series: Health, social affairs, justice,* 2004: 2, 11 October 2004, Reykjavik: Statistics Iceland.

[3] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities, An Added Value for Tomorrow's Society*, *Madrid, November 2007,* Madird: CERMI

[4] Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).

	not available on Statistics Iceland. Data is available on citizenship and country of birth but this is not broken down by ethnicity.		
Disaggregate by type/severity of disability Recipients of disability pensions/allowance by diagnostic group, 2003	(% = % of those receiving disability pensions/allowances)	n/a	(% = % of those receiving disability pensions/allowances)
External causes of injury and poisoning	392 (5%)	n/a	420 (9%)
Mental and behavioural disorders	2,300 (31%)	n/a	1,971 (40%)
Diseases of the circulatory system	327 (4%)	n/a	441 (9%)
Endocrine, nutrit. and metab. disorders	196 (3%)	n/a	111 (2%)
Diseases of the musculo-skeletal system	2,572 (35%)	n/a	838 (17%)
Diseases of the nervous system	664 (9%)	n/a	593 (12%)
Diseases of the respiratory system	224 (3%)	n/a	98 (2%)
Malignant neoplasm	148 (2%)	n/a	105 (2%)
Congenital malformation and chromosome abnormality	171 (2%)	n/a	178 (4%)
Other	388 (5%)	n/a	162 (3%)
Is there information on the size of the household where they live?	Not available on Statistics Iceland.	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)	n/a	n/a	n/a

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

No data on employment rates of people with disabilities or women with disabilities could be found on Statistics Iceland.

Quantitative data

	Women with disabilities	Non disabled women	Men with disabilities
Employment rates	n/a	n/a	n/a
Unemployment rates	n/a	n/a	n/a
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates	n/a	n/a	n/a
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

According to the **Academic Network of European Disability** experts there is not an extensive body of research on the relationship between disability and employment issues in Iceland[2]. Their report seeks to summarise key points from those academic publications and research reports that are available. Only one of the documents cited, a graduate thesis, appears to relate directly to the situation of women in employment. The research found that the success of disabled women in the labour market, aside from the initial placement by supported employment agencies, depended upon support from other co-workers, the attitudes of employers and individual dispositions[3].

The UN Committee on the Elimination of Discrimination against Women raised concerns about the persistent and significant wage gap between men and women and, in particular, that both women and men

[1] Please provide the definition of 'poverty' used in your country

[2] Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).

[3] Einarsdóttir, A. (2000) 'Fatladar konur í almennum vinnumarkadi (Disabled women in the general labour market)' MA thesis. Reykjavík: University of Iceland cited in Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).

[4] Committee on the Elimination of Discrimination against Women (2008, 41st session) *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Iceland'* , United Nations.

in Iceland consider the wage gender gap to be acceptable[4].

For people with disabilities in general, the 1992 Act provides for special rehabilitation and day centres through which people with disabilities can access therapy, work training and/or occupational training. People with disabilities may also be granted assistance in the form of grants for tools, equipment and tuition to help with rehabilitation[1]. The Act stipulates that each region should have a selective placement service aimed at obtaining suitable work for people with disabilities alongside occupational counselling. It also states that people with disabilities shall be given assistance in holding jobs on the general labour market where necessary through special workplace support as well as information and instruction for other workers. Furthermore sheltered work (work organised with regard to disability) shall be offered on the labour market in each region which can include special sheltered workshops providing paid training or regular jobs.

There are a number of vocational training centres and sheltered workshops operating in Iceland for people with disabilities, some run by disability rights organisations others through Regional Offices for Disability Services[2]. The end goal tends to be transition to waged labour in the open market[3]. Hringjá, for example, is operated by ODI under a service agreement with the Ministry of Social Affairs and offers work training for disabled people[4]. Another example is offered by the Regional Office for Disability Services in Reykjavik. This is a supported employment programme (AMS) which provides personal assistants for disabled people to help support their positions in the labour market. They also help employers to accommodate the needs of disabled workers and ensure employees receive the same benefits and duties as their colleagues[5]. Another example is the Janus rehabilitation initiative of 2000, designed to rehabilitate and retrain those claiming disability pensions to help them back into work. It focused on building motivation through a range of courses including counselling, physical therapy and computer literacy[6].

According to the European Commission MISSOC Database, the Social Insurance Administration can make agreements with employers to employ people with disabilities who are in receipt of benefits. The Administration refund between 25 and 75 per cent of the wages and the pension benefits are reduced. Public authorities are also required to give preference to people with disabilities applying for jobs if the qualifications are fulfilled[7].

Bjarnason cautions that despite the existence of progressive laws concerning work for people with

[1] Act on the Affairs of People with Disabilities (1992, amended 1993, 1994, 1996, 1997, 1998, 1999, 2000, 2002, 2003), Ministry of Social Affairs
[2] Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).
[3] Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).
[4] ODI website: http://www.obi.is/english/about accessed on 03/09/08.
[5] Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).
[6] Traustadóttir, R. and Rice, J.G. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).
[7] European Commission Mutual Information System on Social Protection (MISSOC) Database: http://ec.europa.eu/employment_social/missoc/db/public/compareTables.do accessed on 26/09/08.
[8] Bjarnason, D.S. (2004) *New voices from Iceland: Disability and Young Adulthood'* New York: Nova Science Publishers.

disabilities, in practice people labelled as disabled have little access to general work. For people with disabilities (particularly cognitive disabilities) the author reports that sheltered workshops often offer the only hope of a job. Bjarnason claims that work in these workshops is often more about occupying time rather than productive enterprise[8].

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

	Women and girls with disabilities	Non disabled women and girls	Men and boys with disabilities
Participation rates in general education	n/a	n/a	n/a
Children in pre-primary institutions with special needs (defined as those who are disabled or need special assistance by experts because of emotional or social problems) in 2007[1]	420 (4.9%)	n/a	764 (8.6%)
Children in compulsory education receiving special education or support in 2006-07 (no definitions provided)[2]	4,147 (9.5%)	n/a	6,655 (15.2%)

Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels

Not available on Statistics Iceland by disability.

Number and type of specialist schools (i.e. level, for which target groups)

There are no special schools in early years education although some pre-schools have specialised in meeting certain kinds of disabilities in special units. At compulsory education level many schools accept disabled pupils (including those with severe and multiple handicaps) in their mainstream provision. There are, however, some special schools and special classes/departments/units within mainstream schools.

There are 6 segregated special schools at compulsory education level: 1 school for deaf pupils, 1 school for children with psychiatric disabilities, 2 schools for pupils with socio-emotional difficulties and 2 schools

[1] Statistics Iceland website: http://www.statice.is/Statistics/Education accessed 04/09/08
[2] Statistics Iceland website: http://www.statice.is/Statistics/Education accessed 04/09/08
[3] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08
[4] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08
[5] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08

for children with learning disabilities and multiple disabilities. None of these have boarding facilities. In addition there are 6 special units within local schools: 3 for children with autism, 1 for children who are blind, 1 for children with physical impairments and 1 for children with learning disabilities and multiple disabilities. These units are located in mainstream schools with pupils included in mainstream classes for part of the time.

There are no special schools at upper secondary school level. Extra teaching hours are available for special support and, in 2003, there were special units in 17 secondary schools with around 230 pupils. At HE level, the University of Iceland is the only institution to have formalised its services to students with disabilities meaning students can apply for special study circumstances or examination procedures.[3]

All municipalities are obliged to provide their compulsory schools with specialist services to offer support for teachers, including how to meet SEN, as well as teachers' projects aimed at school improvement in order to strengthen school capacity[4].

Facilities are also available to teach children who are ill or in hospital[5].

Iceland operates an inclusive education system. This means addressing and responding to the learning needs of all pupils without treating or defining pupils differently. As such, there is no separate legislation for special education at any level. The Education for All policy means that:

- There is equal opportunity for all to attend school and acquire education in accordance with their ability and needs.
- Schools must attend to the ability and needs of all pupils.
- Pupils and/or parents decide on which school they attend.
- Pupils in need of special support have the right to special provision[1].

The National Curriculum Guides for preschool, compulsory school and upper secondary school were designed to ensure that opportunities for study accessible to all pupils are as equal as possible. Furthermore, the objectives of study and working practices of educational institutions are formulated to prevent discrimination on the basis of origin, gender, residence, class, religion. All school activities should also take into account the varied personalities, maturity, talent, ability and interests of pupils. Each school has to write a working guide which should include information on how it is going to meet the needs of pupils with special needs[2].

At pre-school level, children with disabilities are, according to certain rules, entitled to specialist assistance or training should they need it in their own pre-school. Pre-schools are also required to be designed and run in such a way as to cater for disabled children[3].

At compulsory school level the law specifies that children and young people who need special education

[1] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08
[2] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08
[3] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08

because of their disabilities have the right to receive it. Generally this should be provided in their local home school. However if parents, guardians, teachers or specialists feel it is necessary they can apply for a pupil to attend a special school. There is also a regulation regarding special education which involves changes of educational aims, curriculum content and teaching context/methods compared to what other pupils of the same age are offered should this be necessary for as long as needed. Municipalities are also obliged to ensure access to a special school or unit for those pupils whose disabilities make it impossible for them to take advantage of facilities in their local school[1].

At upper secondary school level disabled pupils (as defined in the 1992 act, see above) are to be provided with instruction and special support in their studies. Specialist advice and suitable conditions are to be ensured. In line with Iceland's policy of Education for All, disabled pupils are to follow the mainstream curriculum as far as possible. The law also allows the establishment of special units within schools[2].

There are no laws relating to special needs or disabled students in higher education. However, the University of Iceland has a regulation which allows students to apply for special study circumstances and examination procedures. It is reported that there has been a huge increase in the number of students needing special support at university level over the recent years[3].

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

The 1992 Act states that services for people with disabilities shall be provided with the aim of enabling them to live and function in a normal community alongside other people. The Act recognises the need to provide services which enable people with disabilities to stay in their own homes as well as the need for habitation, rehabilitation and work in order to take an active part in society[4]. The Act also states that a number of service institutions should be operated in each region as needed in order to facilitate independent living. These service institutions are rehabilitation centres, day-centres, sheltered workshops, toy libraries and short-term foster homes.

The Act also entitles people with disabilities to the option of choosing their residence, in line with their needs and wishes, as far as possible. Furthermore, in special circumstances, the Act states that people

[1] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08
[2] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08
[3] European Agency for Development in Special Needs Education website: http://www.european-agency.org/nat_ovs/iceland/9.html accessed on 03/09/08

[4] Act on the Affairs of People with Disabilities (1992, amended 1993, 1994, 1996, 1997, 1998, 1999, 2000, 2002, 2003), Ministry of Social Affairs

with disabilities can access further personal support with daily life if such support is needed to prevent institutionalisation. Despite these measures however, Bjarnason notes that the Act avoids actually abolishing segregated institutions for people with disabilities[1].

ODI have a housing fund for people with disabilities called Brynja. It is a private institution who purchase, build, own and manage flats for disabled people. It owns more than 600 flats, mostly around the capital city[2].

Quantitative data not available on Statistics Iceland on this topic.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

The 1992 Act on the **Affairs of People with Disabilities** states that it shall be endeavoured at all times to provide services for people with disabilities in accordance with general law in the field of health and social services. In the event that an individual needs services in excess of what can be provided under the ordinary service structure, they are entitled to receive these additional services under the Act[3].

Worse services for women with disabilities in health institutions and foetal screening are highlighted as issues by ODI[4].

– **Quantitative data:** not available

[1] Bjarnason, D.S. (2004) *New Voices from Iceland: Disability and Young Adulthood*, New York: Nova Science Publishers.
[2] ODI website: http://www.obi.is/english/about/brynja/ accessed 03/09/08
[3] Act on the Affairs of People with Disabilities (1992, amended 1993, 1994, 1996, 1997, 1998, 1999, 2000, 2002, 2003), Ministry of Social Affairs
[4] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

All residents in Iceland (aged 16-66) are entitled to the national pension scheme which provides flat-rate income-tested benefits dependent on duration of residency and level of disability. In order to claim, a person's permanent disability must be assessed at a minimum of 75 per cent as a result of a medically recognised disease or invalidity. Furthermore, persons who have lost at least half of their working capacity and fulfil all conditions other than those relating to the degree of invalidity are entitled to an invalidity allowance under the scheme. In special circumstances or when shown that the individual cannot support themselves without it, various social assistance benefits may be granted in addition to national pension benefits[1].

Applicants for the national pension may have to undergo an appropriate rehabilitation programme before an assessment of disability is made. A rehabilitation allowance according to the Social Assistance Act may be paid for a certain period after per diem benefits have ceased until it is possible to determine the extent of the disability[2].

Iceland also has a supported pension scheme for all economically active persons providing earnings-related pensions dependent on contributions and duration of affiliation. This is available to all insured employees or self employed people aged 16-70 whose level of disability is assessed at 50 per cent or more and whose income is reduced due to their disability. The supplementary pension can also stipulate that a fund member applying for an invalidity pension undergoes rehabilitation. Both national and supplementary pension entitlements can be reviewed at any time[3].

Worse financial situation of women, e.g. because of inferior insurance or pension funds is highlighted as an issue by ODI[4].

[1] European Commission Mutual Information System on Social Protection (MISSOC) Database: http://ec.europa.eu/employment_social/missoc/db/public/compareTables.do accessed on 26/09/08.
[2] European Commission Mutual Information System on Social Protection (MISSOC) Database: http://ec.europa.eu/employment_social/missoc/db/public/compareTables.do accessed on 26/09/08.
[3] European Commission Mutual Information System on Social Protection (MISSOC) Database: http://ec.europa.eu/employment_social/missoc/db/public/compareTables.do accessed on 26/09/08.
[4] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

Quantitative Data Please provide comparative data (for non-disabled women and men with disabilities) if available			
	Women with disabilities	**Non disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	In 2004, 4.7% of men (4,709) and 7.7% of women (7,302) aged 16-66 in Iceland were claiming disability benefits[1].		

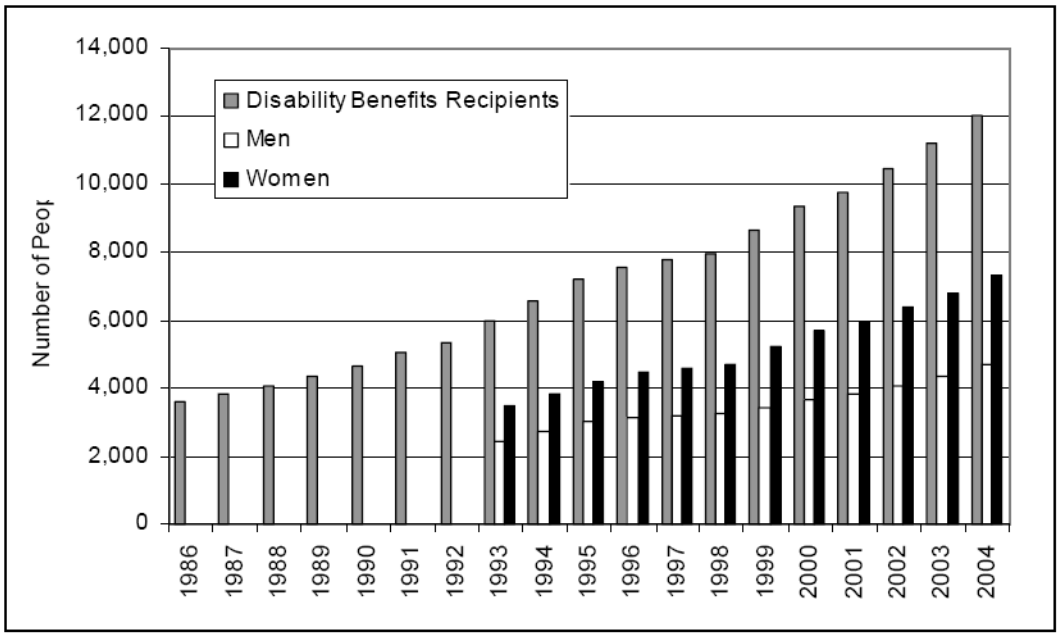

Figure 4.1: Absolute number of disability benefit recipients – Iceland, men and women, 1986-2004.

[1] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

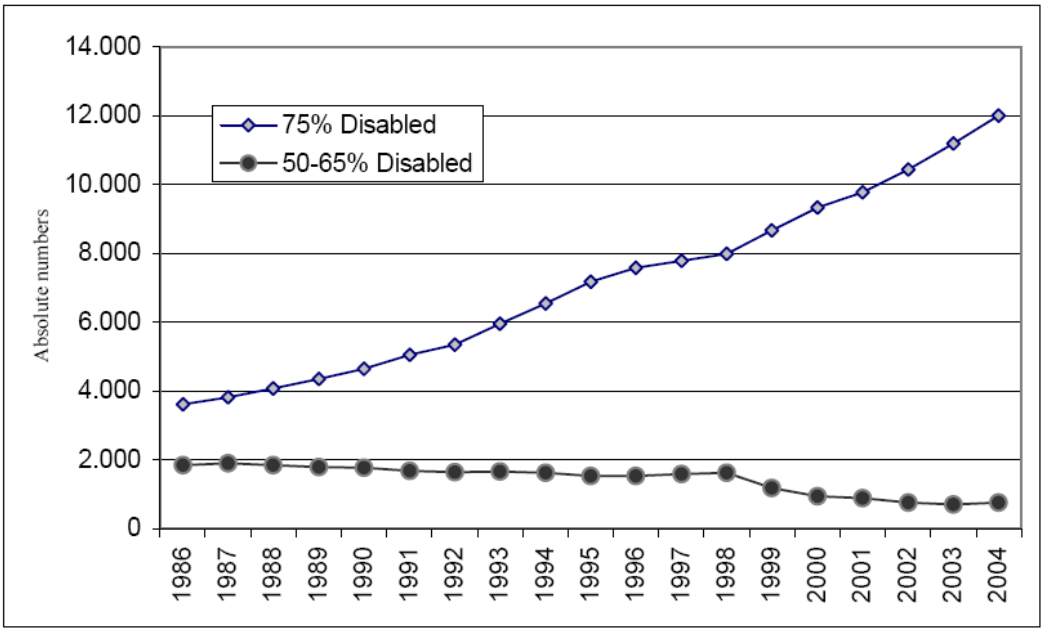

Figure 4.3: Number of disability benefit recipients (75% and above) and disability allowance recipients (50-65%). Iceland 1986-2004.

Source: Olafsson (2005), Disability and welfare in Iceland in an international comparison, University of Iceland, Social Science Research Institute (http://www3.hi.is/%7Eolafsson/disabilityandwelfareiniceland.pdf)

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?
The 1992 Act requires municipal councils to attend to matters regarding transport accessibility for people with disabilities and to provide transport services for people with disabilities who cannot access public transport to enable them to hold jobs, pursue studies and enjoy leisure activity[1].

[1] Act on the Affairs of People with Disabilities (1992, amended 1993, 1994, 1996, 1997, 1998, 1999, 2000, 2002, 2003), Ministry of Social Affairs

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Violence against disabled women is highlighted by ODI as an issue of importance[1].

More generally, the Icelandic Government appointed a Committee on Violence Against Women to develop plans for action on domestic and sexual violence[2]. However, in 2008 the UN Committee on the Elimination of Discrimination against Women expressed concerns at the light penalties for crimes of sexual violence, especially rape as well as the disparity between numbers of investigations versus numbers of prosecutions and convictions for sexual offences. The Committee were concerned at the obstacles women victims of domestic and sexual violence face when bringing complaints or seeking protection – especially women from vulnerable groups. It also drew attention to the lack of research and data collection on prevalence, causes and consequences of violence against women[3].

Quantitative data: not available.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

The 1992 Act on the Affairs of People with Disabilities includes recognition of the need for social interaction, including the enjoyment of recreational and cultural activities and that services should take account of this need[4]. The Act also states that, where possible, municipalities should give people with disabilities the option of personal support services aimed at overcoming social isolation, for example, through assistance in enjoying cultural and social events. The Act also entitles children with disabilities to toy library services and states that it shall be endeavoured to provide this group with the option of a

[1] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.
[2] Committee on the Elimination of Discrimination against Women (2008, 41st session) *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Iceland'*, United Nations.
[3] Committee on the Elimination of Discrimination against Women (2008, 41st session) *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Iceland'*, United Nations.
[4] Act on the Affairs of People with Disabilities (1992, amended 1993, 1994, 1996, 1997, 1998, 1999, 2000, 2002, 2003), Ministry of Social Affairs

summer holiday when needed.

Few, if any, public figures in Iceland are disabled women. Disabled men are also severely underrepresented but there are a few disabled male public figures, in politics, for example[1]. Women in general are under represented in high-ranking posts, especially in the areas of diplomacy, judiciary and academia[2]. Indeed, the Icelandic government appointed a committee to look at ways of increasing numbers of women in senior management positions within companies[3]. According to the Committee on the Elimination of Discrimination against Women, some 35.9 per cent of local government members – 40 per cent in metropolitan areas – are women. Women also account for 31.8 per cent of parliament members and 36.5 per cent of ministers[4].

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[1] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.
[2] Committee on the Elimination of Discrimination against Women (2008, 41st session) *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Iceland'*, United Nations.
[3] Committee on the Elimination of Discrimination against Women (2008, 41st session) *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Iceland'*, United Nations.
[4] Committee on the Elimination of Discrimination against Women (2008, 41st session) *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Iceland'*, United Nations.

Country fiche: Ireland

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

The **National Disability Strategy**, launched in September 2004, supports and reinforces equal participation in society of people with disabilities. The Strategy contains a suite of elements, principally the **Disability Act 2005**, the **Education for Persons with Special Educational Needs (EPSEN) Act 2004**, **Sectoral Plans** prepared by six government Departments during 2006, the **Citizens Information Act 2007** and a multi-annual **disability support investment programme** totaling some €900m between 2006 and 2009.The Strategy followed a number of positive legislative and policy measures in prior years, which were designed to enhance the equality framework[1].

The main piece of Irish national legislation regarding disabled people is the **Disability Act (2005)**. Among other provisions, the Disability Act 2005 provides a statute-based right for people with disabilities to an assessment of disability-related health, personal social service and education needs. The process is independent of existing services or cost constraints.

The Disability Act 2005 also provides a statutory basis for accessible public services. Sections 26, 27 and 28 of the Act place obligations on public bodies to make their services and information accessible to people with disabilities.

In summary, the Disability Act's main aims are to provide for:
assessment of health and education needs of people with disabilities; provision of resources to meet those needs; making of plans for services; complaints and appeals procedures; access to public buildings, services and public service employment; and restrictions on genetic testing.[2]

The **Equality Act (2004)** also contains legislation relevant to disability and gender, although these are treated separately within the Act. The Equality Act 2004 aims to implement three EU Council Directives - the Race Directive (2000/43/EC), the Framework Employment Directive (2000/78/EC) and the Revised Gender Equal Treatment Directive (2002/73/EC). The Directives require all EU member states to prohibit discrimination, harassment and victimisation on the grounds of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, in relation to employment and occupational and vocational training. The scope of the Race Directive is broader and extends beyond employment and self-employment to the provision of goods and services, housing social protection and health care.[3]

[1] National Report for Ireland on Strategies for Social Protection And Social Inclusion 2008-2010
[2] Government of Ireland, Disability Act (2005), Dublin: Stationary Office
[3] The Equality Authority: http://www.equality.ie/index.asp?docID=225

The **Employment Equality Act 1998** came into force on the 18th October 1999, and was amended on the 25th October 2004 by the Equality Act 2004. The Employment Equality Acts 1998 and 2004, deal with discrimination within employment. The Acts deal with discrimination related to any of the following nine grounds: gender, marital status, family status, age, race, religion, disability, sexual orientation, membership of the Traveller community. Most employment issues are dealt with by the Acts, including: dismissal, equal pay, harassment and sexual harassment, working conditions, promotion, access to employment etc. However, all disputes must relate to one or more of the nine grounds listed in the previous point (for example gender or disability)[4].

The disability equality unit is part of the Irish government department for justice. The role of the **Disability Equality Unit** is to develop the legal framework in line with government policy to support the equal participation in society of people with disabilities. It was established in 1997 arising out of a recommendation by the Commission on the Status of People with Disabilities in their report of 1996.

As well as monitoring the implementation of disability mainstreaming policy in public services, the unit also administers funding for the **National Disability Authority** (NDA). The responsibilities of the NDA are to: advise and assist with disability equality policy development; undertake relevant research; support the development of standards in services for people with disabilities.

The **Disability Equality Unit** also contributes to and monitors progress in the development of international equality policy at European Union, Council of Europe and United Nations levels and strives to raise awareness of disability equality access issues[5].

On 30 March, Ireland signed the UN Convention on the Rights of Persons with Disabilities. The Government has approved the establishment of an interdepartmental group to advise on the changes that may be needed to the National Disability Strategy to enable Ireland to ratify the Convention. The group meet regularly, consulting with representatives of people with disabilities during the course of its work.

In January 2008, the Government established the Office for Disability and Mental Health[6] to support the Minister for Disability and Mental Health in exercising his responsibilities in four Government Departments: Health and Children; Justice, Equality and Law Reform; Education and Science; and Enterprise, Trade and Employment.

The new Office brings together responsibility for a range of different policy areas and State services which directly impact on the lives of people with a disability and people with mental health issues. The Office will bring about improvements in the manner in which services respond to the needs of people with disabilities and mental health issues, by working to develop person-centred services, focusing on the holistic needs of clients and service users and actively involving them in their own care. In particular, there is a need to improve co-ordination and communication across different Government Departments and agencies in their delivery of services to this client group. This will be the main focus for the new Office in the coming months.

[4] Government of Ireland, 'Employment Equality Act' (1998), Dublin: Stationary Office
[5] Department for Justice, Equality and Law Reform: http://www.justice.ie/en/JELR/Pages/Disability
[6] National Report for Ireland on Strategies for Social Protection And Social Inclusion 2008-2010

The key priorities for the Office for Disability and Mental Health are:

- Supporting the implementation of the Health Sectoral Plan under the Disability Act 2005. The Office will focus in particular on facilitating the delivery of integrated health and education support services for children with special needs, by further developing existing mechanisms for co-operation and co-ordination between the health and education sectors, both at national and local level;
- Developing an appropriate continuum of training and employment support services for people with a disability by working together with the Dept. of Enterprise, Trade and Employment, FAS (National Training Authority) and the HSE (Health Service Executive);
- Bringing a new impetus to the implementation of *A Vision for Change* Report, working in partnership with the HSE and other stakeholders to achieve implementation of agreed targets.
- Achieving greater cooperation between the health and justice sectors on matters relating to people with mental illness who come before the Courts, who are in the prison system or in the Central Mental Hospital.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

For all data, please indicate the definition of disability used and the source of the data (research definitions may differ from legal definitions).

	Women with Disabilities	Non disabled women	Men with disabilities
Size of population	190,695[7]	1,780,344[8]	169, 834[9]
% of total population	4.9%	45.4%	4.3%
% of female population	8.7%	90.3%	7.8% (of males)
Disaggregate by age if possible as follows:			
< 15 year olds	12, 073[10]	397000	21,183[11]
16-64 year olds	81594	1,239,215	89106
> 65 year olds	83923	162923	51773

[7] Census 2006 Volume 11 - Disability, Carers and Voluntary Activities, Central Statistics Office Ireland
[8] Census data 2002
[9] Census 2006 Volume 11 - Disability, Carers and Voluntary Activities, Central Statistics Office Ireland
[10] 2006 Census of Population - Volume 11 - Disability, Carers and Voluntary Activities, Central Statistics Office Ireland
[11] 2006 Census of Population - Volume 11 - Disability, Carers and Voluntary Activities, Central Statistics Office Ireland

Disaggregate by ethnicity			
Disaggregate by type/severity of disability	Blindness or severe vision or hearing impairment (39, 255); conditions limiting one or more basic physical activities (101,638); difficulties in learning, remembering or concentrating (53,829); difficulty in dressing, bathing or getting around inside the home (53,516); difficulty in going outside the home alone (72,925); difficulty working or attending school/college (73,616); learning or intellectual disability (28,318); psychological or emotional condition (34,263); other including chronic illness (70,795).		Blindness or severe vision or hearing impairment (37, 577); conditions limiting one or more basic physical activities (75,447); difficulties in learning, remembering or concentrating (59,304); difficulty in dressing, bathing or getting around inside the home (34,802); difficulty in going outside the home alone (44,246); difficulty working or attending school/college (67,294); learning or intellectual disability (42,551); psychological or emotional condition (30,692); other including chronic illness (63,722).
Is there information on the size of the household where they live?	n/a	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[12] % of total disabled population (LFS, 2002)	**16-24 years** **Considerably restricted**: 1.1% [arms/legs/back – 19.8%, see/hear/speech/skin – 5.3%, chest/heart/stomach/diabetes – 19.6% epilepsy/mental -26.1%, other – 29.2%] **To some extent**	n/a	**16-24 years** **Considerably restricted**: 1.9% [arms/legs/back – 19.2%, see/ear/speech/skin – 6.8%, chest/heart/stomach/diabetes – 12.1%, epilepsy/mental – 33.6%, other -28.3%]

[12] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: Statistical analysis of the LFS ad hoc module and the EU-SILC.

	restricted: 0.9%[arms/legs/back - 17.1%, see/hear/speech/skin – 13.7%, chest/heart/stomach/diabetes – 41.7%, epilepsy/mental – 11.2%, other – 16.3%] **Not restricted**: 98.1%. **25-54 years Considerably restricted**: 3.9%[arms/legs/back – 32.3%, see/hear/speech/skin – 3.8%, chest/heart/stomach/diabetes – 18.4, epilepsy/mental – 20.6%, other – 24.8%] **To some extent restricted**: 2.4% [arms/legs/back – 34%, see/hear/speech/skin – 5.7%, chest/heart/stomach/diabetes – 32.3%, epilepsy/mental – 10.6%, other – 17.4%] **Not restricted**: 93.7% **55-64 years Considerably restricted:** 9.5% [arms/legs/back – 43.8%, see/hear/speech/skin – 3%, chest/heart/stomach/diabetes – 25%, epilepsy/mental – 10.1%, other – 18.1%] **To some extent restricted**: 5.5%[arms/legs/back – 42.5%, see/hear/speech/skin – 3.8%,		**To some extent restricted:** 1.1% [arms/legs/back - 19.8%, see/hear/speech/skin – 9.9%, chest/heart/stomach/diabetes – 54.4%, epilepsy/mental – 0%, other-15.9%] **Not restricted**: 97%. **25-54 years Considerably restricted**: 4.9% [arms/legs/back – 31.2%, see/hear/speech/skin – 4.8%, chest/heart/stomach/diabetes – 20.5%, epilepsy/mental – 25.6%, other – 20.2%] **To some extent restricted:** 2.1% [arms/legs/back – 36.8%, see/hear/speech/skin – 7.5%, chest/heart/stomach/diabetes – 34.2%, epilepsy/mental – 12.4%, other – 9%] **Not restricted**: 92.9% **55-64 years Considerably restricted**: 14.9% [arms/legs/back – 29.9%, see/hear/speech/skin – 4.5%, chest/heart/stomach/diabetes – 45.3%, epilepsy/mental - 9.4%, other -10.9%] **To some extent**

	chest/heart/stomach/diabetes – 43.6%, epilepsy/mental – 3.8%, other 6.4%] **Not restricted**: 85%		**restricted:** 5.2% [arms/legs/back – 36.3%, see/hear/speech/skin – 3.4%, chest/heart/stomach/diabetes – 49.4, epilepsy/mental – 2.8%, other – 8.1%] **Not restricted:** 79.9% []

Source: Central Statistics Office Cork (2002)

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

The employment participation rate for people with disabilities is low. According to the most recent Census, 9.3% of the total population had a disability in 2006, but they represented just 4 per cent of all persons at work. Of the 114,749 males age 15 to 64 years with a disability, 53,244 reported being in the labour force, a participation rate of 46.4 per cent. In comparison, of the 107,523 females aged 15 to 64 with a disability, 37,300 reported being in the labour force, a participation rate of 34.7%. These figures compare with overall participation rates of 81% for males and 62% for females respectively[13].

[13] National Report for Ireland on Strategies for Social Protection And Social Inclusion 2008-2010

	Women with disabilities	Non disabled women	Men with disabilities
Employment rates (This data is only available for disabled people, not disaggregated by gender) 15-24 years 23.2% 25-34 years 36.6% 35-44 years 31.3% 45-54 years 25.4% 55-64 years 15.5% 15-64 years 23.2% Those without disability, 15-64 years 63.3%[14]	n/a	n/a	n/a
Unemployment rates	241,135[15] (6% of disabled females describe themselves as unemployed[16])	38,000[17]	248,279[18] (13% of disabled males describe themselves as unemployed[19])
Long-term unemployment rates			
Inactivity rates (The vast majority of people with disabilities who are not at work describe themselves as economically inactive rather than looking for work[20])	How disabled women, not in work, describe their status: -'unable to work due to sickness or disability' 54%.	n/a	How disabled men, not in work, describe their status: -'unable to work due to sickness or disability' 69%.

[14] 'Census of Ireland 2002' in Fitzgerald, E. National Disability Authority (2005) 'Employment and disability- what the facts and figures show', available at: http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability_research_conference.htm

[15] 2006, Central Statistics Office Ireland

[16] 'Census of Ireland 2002' in Fitzgerald, E. National Disability Authority (2005) 'Employment and disability- what the facts and figures show', available at: http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability_research_conference.htm

[17] 2007, Labour Market Principal Statistics, Central Statistics Office Ireland

[18] 2006, Central Statistics Office Ireland

[19] 'Census of Ireland 2002' in Fitzgerald, E. National Disability Authority (2005) 'Employment and disability- what the facts and figures show', available at: http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability_research_conference.htm

[20] 'Census of Ireland 2002' in Fitzgerald, E. National Disability Authority (2005) 'Employment and disability- what the facts and figures show', available at: http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability_research_conference.htm

	-'Retired' 5% -'Home duties' 29% -'Student' 3% -'unemployed or looking for first job' 6%[21]		-'Retired' 9% -'Home duties' 2% -'Student' 3% -'unemployed or looking for first job' 13%[22]
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[23] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

Legislation

- **The Disability Act 2005** (Part 5) obliges public bodies to as far as practicable take all reasonable measures to support and promote the employment of people with disabilities, and, unless there are good reasons for not doing so, to reach a target 3% of employees with disabilities. These legal obligations took effect for the first time for the year 2006. Under the Disability Act, the National Disability Authority (NDA) reports on achievement of these obligations across the public service. The NDA's report is based on reports it in turn receives from Monitoring Committees in each Government Department who oversee the public bodies under them[24].
- The law relating to discrimination in employment in Ireland is part of a larger framework of measures designed to enhance social inclusion of people with disabilities. The **Employment Equality Act of 1998**, and the **Equality Act 2004** have been welcome additions to equality legislation. The 1998 Act prohibits discrimination in and also access to employment on the grounds of disability. Discrimination is defined as when one person is treated less favourably than another is, has been or would be treated. The Act also prohibits dismissal or victimisation because of disability. The discrimination that is prohibited relates to access to employment, conditions of employment, and promotion within employment. This prohibition *does not apply* where the employee is not willing to do or is fully capable of doing the job in question.

[21] 'Census of Ireland 2002' in Fitzgerald, E. National Disability Authority (2005) 'Employment and disability- what the facts and figures show', available at: http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability_research_conference.htm

[22] 'Census of Ireland 2002' in Fitzgerald, E. National Disability Authority (2005) 'Employment and disability- what the facts and figures show', available at: http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability_research_conference.htm

[24] National Disability Authority (2006) '2006 Report On Compliance with Part 5 of the Disability Act 2005 On Employment of People with Disabilities in the Public Services', available at: http://www.nda.ie/cntmgmtnew.nsf/0/60DD74656B72013F802573B5005CD6C7/$File/2006_Report_on_Compliance_Part5.pdf

The Equality Act 2004 expanded the law relating to an employer's obligations to accommodate an employee with a disability.

The definition of disability under the 1998 Act includes:

- The total or partial absence of a person's bodily or mental functions including the absence of a part of a person's body;
- The malfunction, malformation of a person's body; and
- A condition, illness or disease which affects a person's thought process or judgement[25]

Activation programmes

The Department of Social and Family Affairs (DSFA) administers a number of employment incentive schemes, which are open to recipients of disability-related payments who wish to avail of education and employment opportunities.

- Income Disregard

Persons in receipt of a Disability Allowance (DA) can work while in receipt of the allowance but income is assessable as means. The first €120 of weekly earnings from employment or self-employment of a rehabilitative nature are disregarded for means purposes. However, any earnings in excess of this amount are assessed as income and entitlement to DA is reduced accordingly. Approval must be sought from the DSFA for the employment to be considered rehabilitative for the purpose of availing of the means disregard. In some situations, the applicant must furnish a letter from their doctor certifying the rehabilitative nature of the employment.

- Back to Work Allowance

The Back to Work Allowance (BTWA) was introduced in 1993 to encourage the long-term unemployed to take up employment opportunities. The scheme operates by allowing individuals to retain a reducing proportion of their social welfare payments plus secondary benefits over three years. The allowance is paid on a reducing scale: 75% of a person's social welfare payment in year one, 50% in year two and 25% in year three. In 1999, the BTWA scheme was extended to those in receipt of an Invalidity Pension and Unemployment Supplement and Pre-Retirement Allowance. In 2001, the scheme was extended on a pilot basis (200 places) to those in receipt of Long Term Disability Benefit (i.e. those on Disability Benefit for five years or more).

- Back to Work Enterprise Allowance

This incentive is similar to the BTWA but is aimed at self-employed persons. The BTWEA is spread over

[25] National Disability Authority (2006) '2006 Report On Compliance with Part 5 of the Disability Act 2005 On Employment of People with Disabilities in the Public Services', available at: http://www.nda.ie/cntmgmtnew.nsf/0/60DD74656B72013F802573B5005CD6C7/$File/2006_Report_on_Compliance_Part5.pdf

[26] National Disability Authority (2004) 'Towards Best Practice in the Provision of Further Education, Employment and Training Services for People with Disabilities in Ireland'

four years with 100% of a person's social welfare payment being paid in year one, followed by the three year reducing sliding scale of the BTWA.[26]

The Department of Enterprise, Trade and Employment and the FAS promote:

- Employment Support Scheme (ESS) – offers financial support to employers in the private sector to encourage them to employ people with disabilities. Open to people who have been offered employment and where there has been a shortfall in their productivity. Individual can retain secondary benefits for up to one year whilst in employment.

- Employee Retention Grant Scheme – provides funding to the employers towards identifying accommodations and / or training to enable individual to remain in their current position following onset of illness, condition or impairment

- FAS Wage Subsidy Scheme: Financial support to employers outside the public sector to encourage them to employ persons with a disability who work in excess of 20 hours per week and whose level of productivity is below 80% of normal work performance. Financial supports for employers are structured under:
  a) a wage subsidy payment,
  b) an additional allowance where there is employment of more than two employees with a disability,
  c) employment in excess of 30 employees with a disability, grant for an Employment Assistant Officer for the enterprise.

The literature[27] demonstrates that priority should be given to issues relating to the socio-economic position and security of women with disabilities, irrespective of whether this position is based on employment or on social benefits. In the Irish context, many disabled women describe themselves as looking after a home or family and are therefore less likely to acquire entitlement to an independent income through the social welfare system.

Disadvantage in terms of disabled women's exclusion from mainstream paid employment, segregation into specific sectors, i.e., stereotypical female occupations including routine clerical and personal service work, and concentration in low-paid, part-time jobs is reflected in the employment situation of disabled women.

Irish research[28] has shown differential employment rates depending on type of disability, with those with sensory disabilities having the highest employment rate while those with mental health difficulties have a very low employment rate. Research also shows that people with chronic illness or disability are more than twice as likely to be at risk of poverty than other adults, and about twice as likely to be experiencing basic deprivation and consistent poverty. At risk of poverty means incomes below a household income threshold set as a proportion of the average (60% of the median) and adjusted for family size.

[27] O'Connor, J. Barry, U. and Murphy, S. (2006) 'Exploring the research and policy gaps: a review of literature on women and disability', Women's Educaion, Research and Resource Centre, School of Justice, University College Dublin
[28] O'Connor, J. Barry, U. and Murphy, S. (2006) 'Exploring the research and policy gaps: a review of literature on women and disability', Women's Educaion, Research and Resource Centre, School of Justice, University College Dublin

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Please provide disaggregated data where available (e.g. by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	Non disabled women and girls	Men and boys with disabilities
Participation rates in general education[29]	8.6% (age 15 or over in full time education)	n/a	9.5% (age 15 or over in full time education)
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[30]	Disabled females aged 15 and over, highest level of education completed: -Primary (including no formal qualifications)- 36% -Lower secondary- 18% -Upper secondary- 17% -Third level: Non degree- 6% -Third level: Degree or higher- 8%	n/a	Disabled males aged 15 and over, highest level of education completed: -Primary (including no formal qualifications)- 37% -Lower secondary- 18% -Upper secondary- 17% -Third level: Non degree- 5% -Third level: Degree or higher- 9%

[29] 2006, Central Statistics Office Ireland
[30] 2006, Central Statistics Office Ireland

Number and type of specialist schools (i.e. level, for which target groups)	The following are the types of special schools in Ireland (number in brackets indicates how many of each type): -Schools for students with mild general learning disability (30) -Schools for students with moderate general learning disability (33) -Schools for students with severe & profound general learning disability (6) -Schools for students with emotional and behavioural disturbance (10) -Schools for students with severe emotional and behavioural disturbance (9) -Schools for students with physical disability (7) -Hospital Schools (6) -Schools for students with hearing impairment (3) -Schools for students of travelling families (3) -School for students with multiple disabilities (1) -Schools for students with visual impairment (1) -Schools for students with reading disability (4) -School for students with autism (5) -Schools for young offenders and disadvantaged students (11)[31]

[31] Special Educational Support Service, Available at: http://www.sess.ie/sess/Main/Special_Schools.htm

	Data available[32]				
Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	608,819	4,720	613,539	2003 / 2004	Source: The information is taken from the official Department of Education and Science Statistical Report for 2003/2004 - the most recent available such report.
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	13,598	-	*13,598	2003 / 2004	Source: Department of Education and Science Statistical Report. * Data is not collected for students with SEN in mainstream post-primary second level schools (approx. age 13—16 years), so it is not included here.
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	5,474	-	5,474	2003 / 2004	Source: Department of Education and Science Statistical Report. These figures refer only to pupils in special schools. Data are not collected in regard to students in special classes.
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	8,124	-	8,124	2003 / 2004	Source: Department of Education and Science Statistical Report. These figures refer to pupils with SEN in mainstream schools, and they cover special classes and mainstream classes. The figures are not differentiated.
Compulsory age phase	Compulsory education covers the period between 6 and 16 years of age.				
Clarification of Public - Private sector education	Public schools are grant-aided by the Department of Education and Science. Private schools do not receive funding from the Department.				
Legal Definition of SEN	"Special educational needs" means, in relation to a person, a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition and cognate words shall be construed accordingly. This definition is taken from the "Education For Persons With Special Educational Needs Act 2004". Gov. of Ireland.				

[32] European Agency for Development in Special Needs Education – Ireland national page

Qualitative data:

Legislation

The Education For Persons With Special Educational Needs Act 2004 was passed to ensure that persons with special educational needs can be educated where possible in a inclusive environment. It aims to ensure equal rights to education as persons who do not have special educational needs. The Act places certain obligations on schools, school principals and health boards. The Act also establishes a National Council for Special Education (which has the power to appoint special educational needs organisers) to perform certain functions and also an Appeals Board to deal with appeals from the decisions of any of the bodies mentioned. The EPSEN Act is the culmination of a process of investment in special educational services which has seen significant growth in the resources made available. In 2007, over €630m was targeted at supporting the educational needs of these pupils[33].

The Disability Act 2005 places a statutory obligation on public service providers to support access to services and facilities for people with disabilities. Meeting educational needs forms a central theme in the legislation

Under the Act, people with disabilities are entitled to:

- Have their health and educational needs assessed;
- Have individual service statements drawn up, setting out what services they should get;
- Access independent complaints and appeals procedures;
- Access public buildings and public service employment.

Under the Act, the term 'Disability', in relation to a person, means a substantial restriction in the capacity of the person to carry out a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.[34]

National Initiatives

No initiative were identified which target disabled women and girls specifically. However, there are national initiatives which encourage gender and disability equality in education.

- The Women's Education Initiative

A Women's Education Initiative was established in 1998 with assistance under the 1994-1999 Community Support Framework to assist projects to address the current gaps in provision for educationally disadvantaged women. Thirteen projects were being supported to develop models of good practice, to improve provision for educationally disadvantaged women. The aim is that these models was to be capable of wider application and will impact on future policy thereby bringing about long-term change in the further education opportunities for educationally disadvantaged women and men[35].

- Back to Education Allowance

The **Back to Education Allowance** (BTEA) incentive scheme seeks to raise the educational standards of

[33] European Agency for Development in Special Needs Education – Ireland national page

[34] Government of Ireland, 'Disability Act 2005', Dublin: Stationary Office

[35] Government of Ireland, Skills and Employability Department, 'Background Report on the Women's Educational Initiative' Available at: http://www.oit.org/public/english/employment/skills/hrdr/init/irl_20.htm International Labour Organisation Website (1996-2008)

the long-term unemployed in order to help them meet the requirements of the labour market. The scheme allows people to return to secondary, vocational or third level education.
Figures released by the DSFA shows that the number of beneficiaries with a disability availing of the Back to Education Scheme has also been increasing. The total number of beneficiaries for the scheme was 6,860 in 2003. Currently, there are 529 beneficiaries with a disability on the Back to Education Scheme (Feb 2003). Expenditure on the BTEA has increased from €19.9 million in 1999 to €35.5 million in 2002.

- -AHEAD

AHEAD, the Association for Higher Education Access and Disability, is an independent non-profit organisation working to promote full access to and participation in third level education for students with disabilities in Ireland. AHEAD provide information service, student support and mentoring schemes for people with disabilities[36].

- Financing[37]

Special schools and mainstream primary and post-primary schools are generally funded in the same manner, their capital and current costs being predominantly funded by the State. However, additional funding and support for students with special educational needs enrolled in both mainstream and special schools is provided under a variety of headings, as follows:

- Enhanced capitation grants in respect of students with defined levels of learning disability enrolled in special schools, classes or services.
- Free transport to special schools or special classes in mainstream schools or a grant to lieu to parents, where provision of special transport is not feasible.
- Escorts on school transport for children with SEN
- Additional teaching support for children with SEN who are fully integrated into mainstream schools
- Grants for special equipment such as hearing and radio aids, braillers and computers, specialised seating and other furniture
- Funding of specialist teaching services to special schools.
- Funding of Home Tuition Schemes for students with special educational needs who are unable, through illness, to attend school or who are awaiting a suitable educational placement
- Payment of salaries of Special Needs Assistants employed in mainstream and special schools.

Current provision in Ireland relating to disability and sexuality training and education could be greatly improved. Adapting the existing content of personal assistance training in Ireland to include sexuality is recommended by research. The introduction of appropriate relationship and sex education for disabled people in education and long stay institutions in Ireland is required[38].

[36] Association for Higher Education Access and Disability, available at: http://www.aheadweb.org/home/pages
[37] European Agency for Development in Special Needs Education – Ireland national page
[38] O'Connor, J. Barry, U. and Murphy, S. (2006) 'Exploring the research and policy gaps: a review of literature on women and disability', Women's Educaion, Research and Resource Centre, School of Justice, University College Dublin

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Legislation

The Equal Status Act 2000-2004

The Equal Status Act, 2000-2004 gives protection against discrimination in non-employment areas including education, provision of goods, services and accommodation and disposal of property. It prohibits discrimination on nine grounds, including disability. Services are defined broadly to include access to public places, banking and insurance services, entertainment, facilities for refreshment and transport. The definitions of discrimination and disability are similar to those in the Employment Equality Act, 1998-2004.

In addressing discrimination in relation to disability, the Equal Status Act makes particular reference to 'Reasonable Accommodation' and states that persons with disabilities have special needs as regards anti-discrimination measures. A person selling goods or providing services, providers of accommodation and educational institutions must do all that is reasonable to accommodate the needs of a person with a disability by providing special treatment or facilities in circumstances where without these, it would be impossible or difficult to avail of the goods, services, accommodation etc.

However, service providers are not obliged to provide special facilities or treatment when the cost involved is greater than a nominal cost. The definition of a nominal cost depends on the circumstances of each case. For example, failure of a small business enterprise to render a premises wheelchair accessible through the installation of ramps/lifts, may be deemed to be acceptable whereas similar resistance on the part of a major multinational employer may be viewed as a valid nominal cost which should be borne by the employer[39].

Disability Act, 2005

Among other provisions, the Disability Act 2005 provides a statute-based right for people with disabilities to an assessment of disability-related health, personal social service and education needs. The process is independent of existing services or cost constraints.

The Disability Act 2005 also provides a statutory basis for accessible public services. Sections 26, 27 and 28 of the Act place obligations on public bodies to make their services and information accessible to people with disabilities[40].

Other

The **Employment equality Acts 1998-2004**[41], prohibit discrimination in relation to access/recruitment to employment; conditions of employment; training or experience for, or in relation to, employment; promotion, regrading or classification of posts. The acts cover employees or potential employees in public and private

[39] Government of Ireland (2000, 2004), 'Equal Status Act' Dublin: Stationary Office
[40] Government of Ireland (2005), 'Disability Act' Dublin: Stationary Office
[41] Government of Ireland (1998, 2004), 'Employment Equalities Act' Dublin: Stationary Office

sectors, including people employed through employment agencies and applicants for employment and training.

The **Education for persons with special educational needs Act, 2004**[42], aids independent living through measures related to the provision of educational services, including:

- conferring certain functions on health boards in relation to the education of people with special educational needs;
- making further provision for the education of disabled men and women;
- provide that disabled men and women have the same right as everyone else to avail of, and benefit from, appropriate education;
- help children with special educational needs to leave school with the skills necessary to participate, to the level of their capacity, in an inclusive way in the social and economic activities of society and to live independent and fulfilled lives;
- provide for the greater involvement with parents of children with disabilities in relation to the education of their children;
- establishing an independent appeals system 'the Special Educational Appeals board'.
- Official legislation does not contain a formal, national definition of Independent Living.

Personal Assistance

As an individualised service, the PA service can be seen as gender sensitive. There are no other gender specific provisions related to independent living.

It is recognised that in practical terms, Personal Assistance is at the core of Independent Living (IL), and provision has been greatly concerned with creating a consumer-controlled Personal Assistance (PA) service. A Personal Assistant (PA) is someone who provides a person with a disability (referred to as a 'Leader') with physical assistance to help them in all aspects of daily life from personal care, household tasks, assistance in college or the workplace, driving and interpretation. The PA works to their employer's - the Leader's - agenda. Their role is to assist, not to provide care for or tell the Leader what is best for them. PA services enable the Leader to make their own decisions and be in control of their own life, opening up opportunities in education, employment, socially etc.

There are 27 Centres for Independent Living (CILs) nationwide, all operated by people with disabilities at a local level, and mostly companies limited by guarantee. They still have a vital advocacy role in representing members and supporting them with their integration into the mainstream living. For many CILs however, the flagship of their company is its PA services. CILs fund these services largely through Health Services Executive (HSE) funding, and to a lesser extent, Community Employment (CE) schemes. Some CILs have developed into significant PA service providers in their county[43].

[42] Government of Ireland (2004), 'Education for persons with special educational needs Act' Dublin: Stationary Office
[43] Centres for Independent Living, available at: http://www.dublincil.org/

Most people with disabilities live at home, but people with disabilities are over three times more likely to live in communal accommodation or some form of residential care than other citizens. Women with disabilities, principally older women, are disproportionately likely to be in a care home or hospital

There is little information on disabled women's experiences of community care services in Ireland. These services include community nursing (by public health nurses), home helps, respite services, day care centres and meals services together with paramedical services such as physiotherapy, occupational therapy, chiropody and speech therapy. Health Service Executives are empowered but not obliged to provide such services and access has been limited and variable within and among Health Service Executive areas[44].

Quantitative data:

- There is a higher rate of disabled females in long-term, communal care establishments compared to disabled males. For instance, in 2006 there were 19,267 disabled females in hospitals and nursing/children's homes compared to 12,503 disabled males[45].
- That is, around 10% of disabled women and girls are housed in institutional living establishments.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Legislation

- There is no recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services.

Services:

- *Breast Cancer Screening Aid for Women with Disabilities*. A new guide has been published to inform women with intellectual disabilities about breast cancer screening. 'A Guide to Breast Screening' published by BreastCheck is an illustrated manual that aims to help women understand what is involved in a BreastCheck screening. It includes sections for carers, family, friends and medical guardians[46].
- *Long term illness scheme*[47] - Persons suffering from certain conditions in Ireland, who are not already medical card holders, may obtain without charge the drugs, medicines and medical and surgical appliances for the treatment of that condition. These free drugs, medicines and appliances are provided under the Long Term Illness Scheme. This scheme is administered by your Local Health

[44] O'Connor, J. Barry, U. and Murphy, S. (2006) 'Exploring the research and policy gaps: a review of literature on women and disability', Women's Educaion, Research and Resource Centre, School of Justice, University College Dublin
[45] 2006 Census of Population - Volume 11 - Disability, Carers and Voluntary Activities, Central Statistics Office Ireland
[46] BreastCheck - The National Breast Screening Programme, available at: http://www.breastcheck.ie/about/index.html
[47] Department of Health and Children, available at http://www.dohc.ie/public/information/health_related_benefits_and_entitlements/long_term_illness_scheme.html

Office, under Section 59 of the Health Act 1970. The Long Term Illness Scheme does not depend on income or other circumstances and is separate from the Medical Card Scheme and the GP Visit Card Scheme.

The medical conditions that qualify under the Long Term Illness Scheme include:

- Mental handicap
- Mental illness (for people under 16 only)
- Diabetes insipidus
- Diabetes mellitus
- Haemophilia
- Cerebral palsy
- Phenylketonuria
- Epilepsy
- Cystic fibrosis
- Multiple sclerosis
- Spina bifida
- Muscular dystrophies
- Hydrocephalus
- Parkinsonism
- Acute leukaemia
- Conditions arising from use of Thalidomide

Statistical information on access rates for women with disabilities and women without disabilities is not available

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Legislation

- Legislation recognising the right of disabled men and women to quality of life/adequate standard of living are covered in section 5 of the fiche. In addition, the **Pensions Acts** prohibit discrimination on the grounds of disability, in getting an occupational pension or treatment within a pension scheme.

Benefits available[48]

- **Illness Benefit** is a payment made by the Department of Social and Family Affairs to those in Ireland who are aged under 66 and incapable of work because of illness and have enough social insurance contributions. In general in Ireland, there is no employment legislation on the issue of sick pay or sick leave. This means that if you are on sick leave from employment (either with a medical certificate or

[48] Citizens' Information Board, available at: http://www.citizensinformation.ie/categories

not) you are not automatically entitled to pay from employment. Instead, it is at the discretion of the employer to decide their own policy on sick pay and sick leave, subject to your contract or terms of employment.

- **Invalidity Pension** is a social insurance payment made to people in Ireland who have been incapable of work and receiving Illness Benefit for at least twelve months before the date of their claim. (This applies to those who will continue to be incapable of work for at least a further twelve months). It may be possible to go onto Invalidity Pension after a shorter period if the illness or disability is of such a nature that you are unlikely to be able to work for the rest of your life. At age 65, the rate of payment increases to the same rate as State Pension (Transition). At age 66, you will transfer to State Pension (Contributory).

- **Disability Allowance** is a weekly allowance paid to people with a disability in Ireland that are aged 16 or over and under age 66. The disability must be expected to last for at least one year and the allowance is subject to both medical suitability and a means test.

- The **Blind Pension** is a means tested payment paid to blind and visually impaired people normally living in Ireland. The payment is made by the Department of Social and Family Affairs. To qualify for the Pension you will be required to have an eye test by an opthalmic surgeon (paid for by the Department) to verify your visual impairment and certain people with low vision may qualify.

- The **Blind Welfare Allowance** is part of special services for blind people. This payment is made under the Blind Persons Act, 1920. It is a means tested Department of Health and Children supplementary payment in addition to an existing Department of Social and Family Affairs income maintenance payment to qualified people who are blind or visually impaired. The allowance is paid to eligible people from 16 years of age.

- **Occupational Injuries benefit scheme.** The Department of Social and Family Affairs in Ireland operates a scheme of benefits for people injured or incapacitated by an accident at work or while travelling directly to or from work. The scheme also covers those who have contracted a disease in Ireland as a result of the type of work they do. There are a number of benefits available and there are different conditions attached to each benefit.

- The **Infectious Diseases Maintenance Allowance (IDMA)** is a means tested payment made by the Health Service Executive (HSE) to people over the age of 16 who are suffering from tuberculosis or certain other infectious diseases.

- The **Domiciliary Care Allowance** is a monthly means tested payment made in Ireland to the carer of a child with a severe disability who lives at home.

[49] O'Connor, J. Barry, U. and Murphy, S. (2006) 'Exploring the research and policy gaps: a review of literature on women and disability', Women's Educaion, Research and Resource Centre, School of Justice, University College Dublin
[50] O'Connor, J. Barry, U. and Murphy, S. (2006) 'Exploring the research and policy gaps: a review of literature on women and disability', Women's Educaion, Research and Resource Centre, School of Justice, University College Dublin

- **Carer's Allowance** is a payment to people living in Ireland who are looking after someone who is in need of support because of age, physical or learning disability or illness, including mental illness. The Carer's Allowance is not payable to everyone, it is mainly aimed at carers on low incomes who live with and look after certain people who need full-time care and attention. The carer's allowance has been considered to be only effective for carers who are on low incomes, many of whom are already in receipt of social welfare payments. Furthermore, its uptake is limited by the means-tested nature of the allowance, based on household (usually spouse's) income, which acts as a major barrier to women's eligibility for the allowance[49]

- **Carer's Benefit** is a payment made to insured persons in Ireland who leave the workforce to care for a person(s) in need of full-time care and attention. You can get Carer's Benefit for a total period of 104 weeks for each person being cared for. This may be claimed as a single continuous period or in any number of separate periods up to a total of 104 weeks. However, if you claim Carer's Benefit for less than six consecutive weeks in any given period you must wait for a further six weeks before you can claim Carer's Benefit to care for the same person again. There were a total of 21,955 persons in receipt of Carer's Allowance and Benefit payments in 2003. Of these, 80% were women[50].

- The **Respite Care Grant** is a cash payment made to carers by the Department of Social and Family Affairs in Ireland. Carers can use the grant in whatever way they wish. You can use the grant to pay for respite care if you wish, but it is not necessary to do so.

The lack of an independent source of income for disabled women has been highlighted by research. In the Irish context, the onset of disability for women who are married/co-habiting has consequences in terms of exclusion from income supports, loss of benefits and the negative effects of means-testing. Eligibility for a medical card is considered to be crucial in meeting the costs of disability; It has been also recognised that those who acquire a disability early in life and women who have been out of the labour force due to caring responsibilities or who have interrupted work patterns are less likely to have built up entitlement to contributory payments and are thus more likely to depend on means-tested payments;[51]

[51] O'Connor, J. Barry, U. and Murphy, S. (2006) 'Exploring the research and policy gaps: a review of literature on women and disability', Women's Educaion, Research and Resource Centre, School of Justice, University College Dublin

Quantitative Data
Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	Non disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	The Department of Social and Family Affairs provide information on the number of recipients of the main disability benefits. However this data is not disaggregated by gender. Benefits include: Disability benefit, Invalidity benefit, Interim Disability benefit, Carer's benefit, Disability allowance, Carer's allowance, Blind Person's pension, Disability pension[52].	n/a	n/a

[52] Department of Social and Family Affairs, statistical summary of ' Recipients of Illness, Disability and Caring Payments by Type (Number)', available at: http://www.cso.ie/statistics/recipients_illness_disability_carers.htm

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Legislation

The **Equal Status Acts**[53] prohibit discrimination on the grounds of disability in access to goods and services. For instance banking and financial institutions, places of entertainment, shops, healthcare, transport and aspects of education.

Initiatives and key service providers

Assist Ireland is an online resource providing information on assistive technology and a directory of products available from Irish suppliers. They also provide information on independent living.

A National Housing Strategy for people with a disability will be developed by 2009. The strategy is to be progressed through the establishment of a National Group under the aegis of the Housing Forum. The Group convened in October 2007 and work is progressing on the development of the Housing Strategy for people with a disability[54].

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Women's Aid and the Irish National Disability Authority have produced a publication specifically about women with disabilities, **'Responding to Violence Against Women with Disabilities'**. The booklet is based on dialogue between organisations working to address violence against women and activists and organisations working for disability equality for women and men[55].

There are several helplines and advocacy groups based around violence against women or disability:

- *Women's Aid National Freephone Helpline*. Support and information for women experiencing violence and abuse from intimate partners and other known men. This helpline service is also accessible to deaf women by minicom.
- *Dublin Rape Crisis Centre National Freephone.* Support and information for women who have experienced rape or sexual assault. Both helplines can provide information and contact details about

[53] Government of Ireland (2000, 2004), 'Equal Status Act' Dublin: Stationary Office

[54] National Report for Ireland on Strategies for Social Protection And Social Inclusion 2008-2010

[55] National Disability Forum, 'Responding to Violence Against Women with Disabilities' available at http://www.nda.ie/cntmgmtNew.nsf/0E3081BE287C567F80256CF4004B2403/$File/ViolenceAgainstWomen.doc

local and regional services to women experiencing violence.

- *National Network of Women's Refuges and Support Services*
- *National Women's Council of Ireland*
- *Rape Crisis Network Ireland*
- *Centre for Independent Living (CIL)*
- *Disability Federation of Ireland*
- *Disabled Women's Working Group*
- *Forum of People with Disabilities*
- *Irish Advocacy Network*
- *Irish Deaf Society*
- *Mental Health Ireland*
- *National Association for the Deaf*
- *National Association for the Mentally Handicapped of Ireland*
- *National Council for the Blind*
- *National Disability Authority*
- *People with Disabilities in Ireland Ltd*

Quantitative data: not available

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

People with Disabilities in Ireland (PwDI) is the only national cross disability organisation funded by the Government. PwDI helps all people with disabilities to take part in and influence the decision making process that impacts on their lives and opportunities.

PwDI is for all people with disabilities, whether those disabilities are physical, emotional, intellectual or mental. They also aim to include and welcome parents, partners, carers and groups of people with disabilities to join PwDI. The strength of the organisation lies in Local Networks. They make it possible for PwDI to focus on matters that affect people with disabilities in their day-to-day lives[56].

IWA-Sport is the national governing body in Ireland for sport for men and women with physical disability. The aim of IWA-Sport is to develop and promote opportunities for people with a physical disability to participate in sport at their level of choice. A variety of sports are on offer through IWA - athletics (track and field), archery, basketball, bowls, snooker, pool, table tennis, boccia, badminton, tennis, wheelchair rugby and swimming.

There are several other sports organisations providing opportunities for people with disabilities, including those with learning disabilities. For example:

- Irish Deaf Sports Association;

[56] People with Disabilities in Ireland: http://www.pwdi.ie/about_pwdi/index.htm

- Irish Blind Sports Association;
- Cerebral Palsy Sport Ireland;
- Riding for the disabled association;
- Para Equestrian Ireland;
- Irish Disabled Sailing association;
- Special Olympics Ireland;
- Paralympic Council of Ireland; and
- Spinal Injuries Ireland[57].

Sports provision tends to be organised by type of disability or activity, rather than gender of participants.

- Provision of special facilities or support services for disabled people in these fields
- Awareness raising of disabled women's role and achievements in these fields
- Existence of appropriate public transport or affordable alternatives
- Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities)

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

The **National Disability Authority** commissioned a review of literature on women and disability[58]. The review 'Exploring the research and policy gaps: a review of literature on women and disability' was published in June 2006 and is publicly available on the NDA website. The report explores where gender issues and disability issues intersect. Specifically it focuses on where the issues for disabled women are significantly different because of their gender or the issues for women are significantly different because of their disability. The report synthesises and summarise the state of knowledge in this area both in Ireland and internationally.

Topics which are prominent in the report include:

- the developing 'visibility' of disability, women and gender as a topic in the theoretical and research literature;
- the social welfare status of women with disabilities;
- women, disability and poverty;
- the labour market attachment of women with disabilities, exploring their participation in the labour force, income levels, work facilitation and assistance and how this impacts on their experience as women with disabilities;

[57] Assist Ireland, Available at: http://www.assistireland.ie/index.asp?docID=-1&locID=2537

[58] O'Connor, J. Barry, U. and Murphy, S. (2006) 'Exploring the research and policy gaps: a review of literature on women and disability', Women's Educaion, Research and Resource Centre, School of Justice, University College Dublin

- issues for disabled women around personal assistance, examining economic and social issues associated with care and how these affect women's experience of disability;
- the relationship between disability and sexuality and reproductive freedoms and how this impacts on women's gender and disability identity and their human rights;
- communication difficulties of women with disabilities.

Country fiche: Italy

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- **The article 3 of the Italian Constitution** establishes a general protection against discrimination. It recognises equal dignity and equality without distinctions on grounds of sex, race, language, religion, political opinion, and personal and social conditions, accompanied by a principle of substantive equality. The State is called to remove the social and economical obstacles which limit the freedom and equality of the citizens and prevent the full development of the human being.

- **The National Law n.104/92** provides a full implementation of the principle of equal treatment established generally by the Constitution. It is a Framework Act on the care, the social integration and the protection of rights of disabled persons. It is the basis of the current legislation regarding the rights of disabled persons[1].

- **The Framework Law n.328/2000** concerns the implementation of an integrated system of interventions and social services addressed to individuals and households in order to improve the quality of living conditions and to fight discrimination, assuring equal opportunities and rights to citizens. Specific measures are established, aimed at promoting the integration of disabled persons within the society (art.14) and supporting the family of disables (art.16)[2].

- **The Law n.67/2006** is the major Italian anti-discrimination law concerning disability. It establishes measures aimed at protecting disabled people, who are victims of discrimination. It also foresees (art.4) the possibility that associations could be authorised by a joint decree of the Ministries of Labour and Equal Opportunities to plead disables' cause. Together with providing a definition of direct and indirect discrimination and of "mobbing" against disables, this law confirms the validation of the dispositions provided by the Legislative Decree n.216/2003, implementing the Directive 78/2000/EC, aimed to protect working discrimination of disables. With a following Decree, issued on 21 June 2007, the Ministries of Labour and Equal Opportunities have confirmed the dispositions mentioned in the Law 67/2006, defining the qualifications required to the associations or bodies to be eligible to the protect disables subjected to discrimination. The list of associations and bodies elected has been approved with a joint decree of the Ministries of Labour and Equal Opportunities enhanced on the 30th April 2008[3].

- Following the recent reform of article 117 of the Constitution, greater legislative powers are recognised to administrations at regional level. The new art.117 explicitly establishes that "regional laws shall

[1] Law n.104/1992 "Framework Law on the care, social integration and rights of disabled persons".
[2] Law n.328/2000 "Framework Law on the implementation of an integrated system and social services".
[3] Law n.67/2006 " Measures for the judicial protection of disables subjected to discrimination".

remove all the obstacles which prevent the full equality of men and women in social, cultural, and economic life, and shall promote equal access of men and women to elective offices".
Recently, Toscana Region enacted, for instance, a law prohibiting discrimination on ground of sexual orientation, although its key position on equal treatment in the provision of services seems to be applicable also to other forms of discrimination[4].

- There is not a specific ministerial responsibility for women with disabilities. The Italian Government addresses the problem of all disables and their family through the activity of the Health Ministry, Ministry of labour and social providence, Ministry of equal opportunities, Ministry of Social Solidarity and Ministry of Education.

- From the collected evidence, also confirmed by Rita Barbuto, the director of DPI Italia[5], "no measures specifically addressed to disables women exist neither within the Italian legislation specifically addressed to women and to disables". This lack has been defined as a "multiple discrimination" against disabled women. The DPI Italia is, therefore, actively engaged with projects and interventions specifically addressed to protect disabled women from discrimination.

- Italia has signed the UN Convention and the Optional Protocol on 30 March 2007. In December 2007 the Italian Government approved the bill submitted by the Foreign Ministry for the ratification and the implementation of the Convention and the Optional Protocol, which had to be approved by the Parliament, according to the art. 80 of Italian Constitution. The fall of government in January 2008 have, however, stopped the process[6].

[4] Toscana Regional Law n.63 "Rules against discrimination caused by sexual orientation and gender identity", issued on 15 November 2004.

[5] DPI Italia Onlus (non-profit socially useful organization) is the Italian section of Disabled Peoples' International, an international organization present in 135 countries and recognized by the principal agencies and international and European institutions. DPI works for the promotion and safeguarding of human and civil rights of persons with disability.

[6] According to the opinion of the persons interviewed, the main difficulty for Italy will be the ratification of the art.25 of the Un Convention, which charged the State to recognise to a persons with disability "the right to the enjoyment of the highest attainable standard of health without discrimination on the base of disability". The greater opposition to this article comes from a Catholic delegation to UN, which agrees with the access of disabled women to reproductive services, but argues their rights to the abortion. However the law n.194/78 does not allow this discrimination. It has stressed, during the interview, that the public health programmes do not foresee, however, measures aimed at implementing the law n.194/78 for disables women.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

- A national definition regard disability is contained in the Law n.104/92, which defines, according to the art. 3.1, a disabled person as “anyone who has a physical, mental or sensory impairment, of a stable or progressive nature, that causes difficulty in learning, establishing relationships or obtaining employment and implies a situation of social disadvantage or exclusion”, in accordance with the ICIDH (International Classification of Impairment, Disabilities and Handicap) provided by the WHO in 1980.
- Before this legislation the concept of disability was related to the working capacity (see law.118/1971). A person was considered disabled if he/she had a reduction of his/her working ability because of physical, mental or sensory impairment, of a stable or progressive nature. This approach was overcome by an new concept of disability related to the activities of daily living. According to ICIDH classification a distinction is to be made between *impairment, disability and handicap*. This sequence has been then replaced by the new approach adopted by the new International Classification of Functioning, Disability and Health (ICF) developed by the WHO in 2001. According to this classification, the disability is considered as the result of a mix of personal, environmental and health factors. Italia has participated to the validation of the IFC through the activity of the Disability Italian Network-DIN, managed by the Health Regional Agency of Friuli Venezia Giulia Region. However no legislation has been yet issued to receive the definition proposed by the ICF.

Quantitative data

- The definition of disability used by ISTAT is the following: “persons with disability are those who, excluding a temporary restrictions, have declared to be not able to carry out daily activities, despite the auxiliary of medical devices, because they are suffering at least from one of the following: strong physical restrictions obliging the disable to live on a wheelchair or at bed; disability in daily activities (eating, washing, dressing, etc); disability in moving (difficulties in walking, sitting, ect); communication disability (hearing, seeing, speaking)”.

	Women with Disabilities	Non disabled women	Men with disabilities
Size of population	1.727,000 (first definition) 137,101 (second definition)	n/a	882,000 (first definition) 53,033 (second definition)
% of total population	n/a	n/a	n/a
% of female population	n/a	n/a	n/a
Disaggregate by age, according to the first definition:			
< 15 year olds	39,000	n/a	41,000
16-64 year olds*	230,000	n/a	220,000
> 65 year olds*	1.459,000	n/a	622,000
Disaggregate by age, according to the second definition:			
< 18 year olds	725	n/a	898
18-64 year olds	14,417	n/a	17,919
> 64 year olds	121,959	n/a	34,216
Disaggregate by ethnicity	n/a.	n/a	n/a
Disaggregate by type/severity of disability**	2.8 (SR) 4.0 (DA) 3.0 (DM) 1.3 (DC)	n/a	1.3 (SR) 2.1 (DA) 1.5 (DM) 0.8 (DC)
Is there information on the size of the household where they live?	n/a.	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[7]	**Women 16-24 years:** Considerably disabled = 0.7% [arms/legs/back = 25.4%; see/hear/speech/skin = 10.3% Chest/heart/stomach/	n/a	**Men 16-24 years**: Considerably disabled =0.9% [arms/legs/back = 25.7%; see/hear/speech/skin = 2.7%; chest/heart/stoma

[7] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	diabetes = 6.5% epilepsy/mental = 36.9%; other = 21% not restricted = 98.8% **Women 25-54 years**: Considerably disabled = 2.1% [arms/legs/back = 33.5%; See/hear/speech/skin = 7.1% Chest/heart/stomach/ diabetes = 16.1% epilepsy/mental = 18.8% other = 24.5%;], to some extent disabled = 1.7% [arms/legs/back = 51.3%; see/hear/speech/skin = 8% chest/heart/stomach/diabetes = 20.6%; epilepsy/mental = 9.8% other = 10.2%], not restricted = 96.2% **Women 55-64 years:** Considerably disabled = 6.8% [arms/legs/back = 43.2%; see/hear/speech/skin = 3.8% chest/heart/stomach/diabetes = 30.3%; epilepsy/mental = 8% other =14.8%], to some extent disabled = 4.8% [arms/legs/back = 51.2%; see/hear/speech/skin = 5.8% chest/heart/stomach/diabetes = 30.2%; epilepsy/mental =5.9%		ch/diabetes = 14.2% epilepsy/mental = 30.7%;; other = 26.6%], to some extent disabled = 0.8% [arms/legs/back = 29% see/hear/speech/skin = 29.8%; chest/heart/stomach/diabetes = 27%; epilepsy/mental = 0%; other = 14.1%] , not restricted = 98.3%. **Men 25-54 years:** Considerably disabled = 2.3% [arms/legs/back = 32.3%; See/hear/speech/ skin = 6% Chest/heart/stomach/diabetes = 17.5% epilepsy/mental = 23.6%; other = 20.6%], to some extent disabled = 1.9% [arms/legs/back = 49.1%; chest/heart/stomach/diabetes = 25.8%; see/hear/speech/skin = 9.1%], not restricted = 95.8% **Men 55-64 years:** Considerably disabled = 7.1% [arms/legs/back = 30.6%; See/hear/speech/ skin = 4.8% chest/heart/stomach/diabetes =

	other = 6.9%]. not restricted = 88.4%		44.3%; epilepsy/mental = 8.2%; other = 12.1%], to some extent = 4.6% [arms/legs/back = 43.7%; see/hear/speech/skin = 6.1% chest/heart/stomach/diabetes = 40.7%; epilepsy/mental = 2.7% other = 6.8%], not restricted = 88.3%.

Source: http://www.disabilitaincifre.it , It is a Statistical information System on Disability promoted by the Ministry of Social Solidarity and implemented by ISTAT (National institute for Statistic). It provides two definition s of data on disables: 1) the number of people with disabilities, from the age of six onwards, that live with family (at 2004); 2) the number of people with disability and old people not self-sufficient living in a social welfare institute (at 2003).

* Our processing on data gathered by http://www.disabilitaincifre.it

** These data are available only for the people with disabilities, from the age of six onwards, that live with family. They are disaggregated by four typology of disability, according to ISTAT definition of disability: strong physical restrictions obliging the disable to live on a wheelchair or at bed (SR); disability in daily activities (DA), disability in moving (DM); communication disability (DC).

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

Among people with disabilities only 2% of women are employed cf. 7.7% of the men, an analogous situation can be found among people without disability, 33% are employed women and 58.2% are men.

Age is a differentiating factor: among persons with disability between 15 and 44 years old, 15.5% are employed women and 29.4% are men. When we take into consideration the age group between 45 and 64, 6.6% are employed women and 20.8% are men. The generations of young people with disabilities and most of all women seem to benefit more from employment integration policies than the elderly.

Gender difference seems to be irrelevant as regards the search for a job, if one refers to the age group that ranges from 15 to 44 years old: in fact, 13% of disabled women and 13.1% of men are looking for a job. The presence of a disability doesn't seem to affect the choice of being a housewife: 33.1% of women with disabilities claim to be housewives, in comparison to 30% of women without disability.

Access to the labour market for persons with disability is very difficult; 82% of them only have their pension as a source of income, compared to 25% of people without disability. 82% of women with disability receive a pension and 83% of men. The gender factor considerably affects economic independence; in fact, only 2% of women with disabilities has income from employment compared to 6.4% of men with disabilities.

	Women with disabilities	Non disabled women	Men with disabilities
Employment rates	2.0	33.0	7.7
Unemployment rates[8]	From 57.3 to 60.2	66.2	From 39.8 to 42.3
Housewife	33.1	30.0	0.0
Retired from the labour market	34.6	12.6	62.4
Not able to work	20.8	0.3	23.9
Long-term unemployment rates	n/a.	n/a.	n/a.
Inactivity rates	n/a.	n/a.	n/a.
Part-time work rates	n/a.	n/a.	n/a.
Self-employment rates	n/a.	n/a.	n/a.
Poverty rates[9] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a.	n/a.	n/a.

Source of data: our processing on data provided by www.disabilitàincfre.it and CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

[8] Micangeli, A.; Puglisi, A. and Vignola, R. (2007) *Report on the employment of disabled people in European countries – Italy*, Academic Network of European Disability experts (ANED).

[9] Please provide the definition of 'poverty' used in your country

Italian population in active (productive) age and disabled people between 15 and 64 years of age, classified according to geographical area. Absolute values in thousands - Year 2005[19]

	Population in active age			*Population in active age with disability*		
Geographical areas	*Persons*	*%*	*% women*	*Persons*	*%*	*% women*
North –West	9 324	26.8	46.8	144	27.4	38.8
North-East	6 655	19.1	46.7	88	16.7	42.4
Centre	6 585	18.9	47.5	101	19.3	53.5
South and Isles	12 215	35.1	48.4	193	36.6	44
Italy	34 779	100	47.5	526	100	44.1

Source: *III Report to Parliament on the state of the implementation of Law n. 68 of 12th March 1999 "Rules for the right to employment of the disabled"* of the year 2004-2005, taken from CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

The breakdown by gender shows some interesting differences between the whole population and the population with disabilities; while the percentage of women in their productive age is 47.5% (more or less the same for all geographical areas), the percentage of women with disabilities in their productive age is 44.1% on a national level, but in Central Italy we notice a different trend with a percentage of 53.5%, higher than the male percentage.

- **Type and quality of jobs[10]:** The greater number of people with disabilities is employed in tertiary sector with a percentage of 60,1% for people with a continuous limited autonomy, of 58,6% for the people with an irregular limited autonomy (vs. 63,1% of people without disabilities); industry hosts 30,3% of people with a continuous limited autonomy, the 34,8% of people with irregular limited autonomy (vs. 32,0% of people without any disability); finally the percentages of the agricultural sector are respectively of 9,6 % and 6,5% (vs. 4,8% of people without disabilities). Most of the disable employed people has got a subordinate job (percentages which vary from 68,5% to 73,1%, depending on disability typology) with a long life contract (percentages which oscillate between 61,1% and 65,1%, depending on disability typology).

Qualitative data

- The major Italian act concerning employment conditions on disabled persons is the **law n.68/99**, which has introduced new rules for disabled persons at work. It promotes the integration of disabled people in the working environmental through services of support and targeted placement.
  It is applied to the persons of working age affected by physical, psychical or sensory deficits and with learning difficulties, causing a reduction above the 45% of the working activity for invalid, blind and deaf-mute persons.

[10] Micangeli, A.; Puglisi, A. and Vignola, R. (2007) *Report on the employment of disabled people in European countries – Italy*, Academic Network of European Disability experts (ANED).

- **Targeted placement** is the privileged instrument in order to achieve this objective. Targeted placement of the disabled people consists of providing a series of technical instruments and support in order to estimate adequately the number of persons affected by disability and place them in the best supporting workplaces, through job analysis, initiatives, actions and problems' solutions aimed to foster interpersonal relationships.

- **Obligatory hiring:** The private and public employers have to hire disabled people (described above) in the following measure:
  - 7% of the total workers for companies with more than 50 employees;
  - 2 workers, for companies with 36 to 50 employees;
  - 1 worker, for companies with 15 to 35 employees.

- According to the present law, the employer cannot require the disabled person to perform an activity not compatible with his/her abilities. In case of a deterioration in the employee's health condition or significant changes in the working organization, the disabled person can request reassessment of the compatibility of the his/her tasks with the new health condition.

- In case of termination of employment, the employer is required to notify the relevant offices within 10 days, with the aim of the substitution of the worker.

- This law has been integrated by **the law n.244/2007**. According to the art. 12 of the law 68/99 the employer subjected to targeted placement could entrust disables to "hosting companies", on the base of a convention. According to the new provisions, not only the social cooperatives, but also social enterprises, self-employed disables and private employers, not subjected to the targeted placement, can be identified as "hosting companies".

- The working integration of disabled persons is promoted effectively through several projects:
  - The 'SIL 22' job integration service (*Servizio Integrazione Lavorativa*), established with the regional law n. 16/2001, is a regional initiative from the province of Verona, aimed at promoting the employment of people with disabilities through the active coordination of a range of counseling services from different suppliers. Among the services offered there are information provision, vocational training, career planning, case management and advocacy, preparing clients for jobs, job matching and placement, and post-placement support.
  - Medialabor service is aimed at increasing the occupational, personal and social autonomy of people with disabilities, who either attend courses in the vocational training centre 'Don Calabria' or live in the community. Private companies, as well as people with disabilities, can avail of the services of Medialabor. Medialabor and the Don Calabria Centre are under the supervision of the Ministry of Labour and Social Security (Ministero del Lavoro e della Previdenza Sociale). The initiative is part of the framework programme stipulated by Law 68/99 on the right to employment of people with disabilities.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data

	Data available[11]				
Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	Primary: 2,597,926 Lower secondary: 1,704,995 Upper: 2,560,940 Total: 6,863,86	Primary: 186,331 Lower secondary: 63,070 Upper: 131,135 Total: 380,356	Primary: 2,784,257 Lower secondary: 1,768,065 Upper: 2,692,075 Total: 7,244,397	2005 / 2006	Source: www.istruzione.it "Editoria". Title of Publication: "La scuola statale: sintesi dei dati a.s. 2005/2006" (Public school collection of data).
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	150,364	3,836	154,200	2005 / 2006	Source: www.istruzione.it (see above). NB: It is compulsory that any school has to accept pupils with SEN.
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	Primary: 62 Lower secondary: 468 Upper secondary: 501 Total: 1,031	-	1,031	2005 / 2006	Source: www.istruzione.it (see above). 'Segregated' settings do not exist, except schools for students who are blind or deaf students. These are: Pre-primary: 1 school for the deaf, 1 school for the blind. Primary: 1 school for the deaf, 1 school for the blind. Lower secondary: 2 schools for the deaf, 5 schools for the blind.

[11] European Agency for Development in Special Needs Education website: http://www.european-agency.org

					Upper secondary: 3 schools for the deaf.
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	Primary: 61,662 Lower secondary: 53,256 Upper: secondary: 34,415 Total: 149,333	Primary: 2,225 Lower secondary: 774 Upper: secondary: 837 Total: 3,836	Primary: 63,887 Lower secondary: 54,030 Upper secondary: 35,252 Total: 153,169	2005 / 2006	Source: www.istruzione.it (see above).
Compulsory age phase	With the last law on education n. 53 dated on 28/3/2003, pupils have a right to education for 12 years. Compulsory age starts from 6 and ends at 18 years old. Education is free of charges until the end of lower secondary education. At the end of the three years of lower secondary education, pupils can choose between upper secondary education (with charges and books on their family, but the didactical areas and staff school dependents by state) or training education (a mixed managing between state and regions). At the moment, the two branches of secondary education, upper secondary education and training education, are changing and it will be necessary further legislation for the structure of the internal organization, the government and didactical issues.				
Clarification of Public - Private sector education	Public schools are funded by State: the internal staff school (teachers, head-teachers and administrative assistants) is selected by national public entrance examination and all of them dependents by State. All schools (primary, lower and upper secondary) are obliged to follow the national guide on education and they are visited periodically by Inspectors. A sub-category of public school is the 'scuola paritaria': a school legally recognized, mix in funding by privates and state, the school staff is selected directly by school and depends on it. This type of school is obliged to follow the national guide on education. To have a legal status of 'school' (it means: to be officially recognized), the institution has obliged also to accept the enrolling of pupils with SEN. Private schools are funded only by private sectors as parents, associations, charities etc. The staff school is selected and paid by the school management. They aren't obliged to include pupils with SEN in the classrooms.				
Legal Definition of SEN	The legal definition of 'people with disabilities' is born with the Act n. 104, dated on 5/2/1992 that sets the picture of who is the person with disabilities. 'A 'person with disabilities' is anyone who presents a physical, psychological, or sensory impairment, permanent or progressive, that causes a learning, social, working difficulty and that causes a situation of disadvantage or social marginalization'. The Act is value also and without discrimination for foreigners, stateless, domiciled or resident people inside the borders of the national territory. The Act assures the right of people with disabilities to the education at pre-primary schools (not compulsory), in integrated settings of each grade of compulsory education (primary, lower and upper education) and at university. The Act states: 'Scholastic inclusion aims to develop the potentiality of the person with disabilities in learning, in communication, in relationships, in social life. The right of education can' t be limited by learning difficulties or problems caused by disabilities and handicaps. The recognition of 'person with disabilities' leads to the drawing up of the documents related to functional diagnosis				

	useful to formulate the personal educational plan, a draft of work made through the cooperation between the parents of the pupil, the health care personnel and, for each grade of education, the support teachers of the school where the pupil is enrolled. The profile indicates the physical, psychical and social-sensitive peculiarities of the pupil and it stands out both the learning difficulties caused by the handicapped situation and the means of resolutions, the qualities that the pupil has at the moment and how to support, stimulate, develop and force them in a view of totally respect for the cultural choices of the person with disabilities.' The Presidential decree dated on 19.5.2006 states that the medical commission appointed to release the statement/certificate of disability have to refer to international indicators pointed out by OMS – IC10.

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

WWD in the Italian education system[12]

In the youngest age group (between 15 and 44), the qualification obtained is mainly influenced by the condition of disability but not by gender differences. In fact, the percentage of people with disabilities, male and female, without qualification is more or less the same: 17.7% and 15.3%. There are no gender differences among people without disability, even though their numbers are a great deal smaller compared to those of people with disabilities, namely 0.4% of men and 0.6 % of women. In the intermediate age group (between 45 and 64), besides the presence of the disability factor there is also the gender factor: among people with disabilities, 22.5% are women without any qualification in comparison with 12.6% of men; the percentages decrease enormously when we regard people without disabilities but they are always in favour of men; in fact, 5.7% are women without disability and without qualification against 2.6% of men.

Without qualification:

Age	*Women with disability*	*Men with disability*	*Women without disability*	*Men without disability*
15 - 44 years old	15.3%	17.7%	0.6%	0.4%
45 - 64 years old	22.5%	12.6%	5.7%	2.6%

Access to education is not only influenced by the presence of disability and the gender difference but also by age. The elder generation has only a limited number of school integration initiatives at their disposal should they want to obtain a qualification or higher qualifications (secondary school diploma and university degree). They have fewer opportunities than when they were younger. People with disabilities between the age of 15 and 44 with a secondary school diploma or a university degree are 35.6% against 16.8% between the age of 45 and 64; the percentages for people without disabilities are 53.4% and 31.7%.

In the eldest age group (over 65), besides the presence of disability, the gender factor plays a significant role, always to women's disadvantage, especially regarding secondary school diplomas and university degrees. In fact, only half as many women with disabilities obtain higher qualifications compared to men with disabilities, in fact the percentages are 4.9% for the former against 9.9% for the latter.

The elderly have more problems because they can't benefit from mainstreaming education policies: 35.6% of

[12] The whole section is obtained from the Italy chapter in CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

disabled people between the age of 15 and 44 have a secondary school diploma or university degree, in comparison with 6.4% of those over 65. Looking at persons without disability of the same age groups the percentages are 53.4% and 13.1%. In the last few years there has been a significant increase in university attendance. In fact in the academic year 2000/2001 there were 4,813 students with disabilities matriculated, while in 2004/2005 there were 9,134. During these five years there has been an increase of 90%.

* Please note data provided in the following table is from 2004-2005 and may differ from the above-mentioned information. However, it may be useful for covering any information gaps that may arise.

	Women and girls with disabilities	Non disabled women and girls	Men and boys with disabilities
Participation rates in general education*	100.00	100.00	100.00
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels*	By level of education and age: - **15-44 years** 18.5 (no title) 46.6 (primary and secondary school-leaving certificate) 34.9 (Higher secondary and university diploma) - **45-64 years** 12.8 (no title) 72.0 (primary and secondary school-leaving certificate) 15.2 (Higher secondary and university diploma) - **Over 65 years** 26.7 (no title) 67.0 (primary and secondary school-leaving certificate) 6.3(Higher secondary and university diploma)	By level of education and age: - **15-44 years** 1.7 (no title) 40.0 (primary and secondary school-leaving certificate) 58.3 (Higher secondary and university diploma) - **45-64 years** 4.4 (no title) 61.3 (primary and secondary school-leaving certificate) 34.3 (Higher secondary and university diploma) - **Over 65 years** 15.5 (no title) 71.8 (primary and secondary school-leaving certificate) 12.6(Higher secondary and university diploma)	By level of education and age: - **15-44 years** 13.8 (no title) 69.6 (primary and secondary school-leaving certificate) 16.6 (Higher secondary and university diploma) - **45-64 years** 7.3 (no title) 66.5 (primary and secondary school-leaving certificate) 26.2 (Higher secondary and university diploma) - **Over 65 years** 13.5 (no title) 75.1 (primary and secondary school-leaving certificate) 11.5(Higher secondary and university diploma)
Number and type of specialist schools (i.e. level, for which target groups)		**Specialist school by level and target group** (absolute value) ** **Nursery school** - Specialist school for blind and deaf-mute 2 - Normal school including special places 13 **Primary school** - Specialist school for blind and deaf-mute 3 - Normal school including special places 60	

	Secondary school of first level - Specialist school for blind and deaf-mute 8 - Normal school including special places 0 **Secondary school of second level** - Specialist school for blind and deaf-mute 5 - Normal school including special places 0

Qualitative data:

- **The art.38 of Italian Constitution** recognises the right to education and professional training to disables.
- Rules supporting the integration of disabled persons in the educational system are contained in the **"Framework Act" 104/92**. It recognises the right of disabled children to Education and Training (art.12), established with the law n.517/77 and designs the modalities of school integration (art.13 and 14).
- **The Law n.517/77** has foreseen the figure of "assistant teacher for disables", in order to assure their integration in the school system.

Following laws have been addressed to the school integration of disabled persons:

- **Law n.297/94** is the "Consolidated Act" of legislative measures regarding the Education. Disabled students are recipients of the art.314 (establishes the right of disables to the Education), art. 315 (disciplines the school integration of disables), art.316 (defines the modalities of the school integration of disables) and 320 (foresees specific measures addressed to the disabled students attending the primary school);
- **D.P.R. 24/94.** According to the art.5 of this decree an Individualised Educational Plan should be drafted for each disabled student, indicating the actions preparatory to implement the right to education and training.
- **Decree of Council President issued on the 9th April 2001.** The art.14 of this decree establishes that disabled students can be assisted also by Peer-Counsellors, such as persons with disabilities who have faced and overcome the same problems of disables they assist[13].
- **Law n.4/04** provides dispositions aimed at assuring the access of disabled persons to informatics tools, in the respect of the equality principle sanctioned by the art.3 of the Italian Constitution. Considered this law, the joint decree of the Ministries for the reforms and Innovation in the Public Administration, for the Public Education, for University and Research has defined in 2008 the technical rules disciplining the access of disabled students to school and training tools.
- **D.P.R. n.235/2007** modifies the D.P.R. 249/98 concerning the statute of students. It establishes the punishment of any kind of violence or oppression of disabled students.

Source of data: **http://www.disabilitaincifre.it**

* Data regard the percentage of disabled students over 15 years participating in general education in 2004/2005.
** Data regard 1999-2000 school year.

[13] R.Barbuto, V.Ferrarese, G.Griffo, E.Napolitano, G.Spinuso, *Consulenza alla pari*, Comunità Edizioni, Lamerzia Terme, 2007, p. 71.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

- According to ENIL Italia Onlus[14] Manifesto, the term Independent Living is related to the concept of self-determination. It does not imply disables want to live alone, but it concerns the right and the opportunity to pursue an action autonomously. It is the liberty to make a mistake and to learn by mistaking, as the persons without disability usually do.

- The principles of the Independent living, as confirmed also by the President of F.I.S.H., Pietro Barbieri, can be found in the articles 3 and 38 of Italian Constitution[15].

- The right to an independent living for disables has been recognized in Italy with the **Law n.162/1998** concerning measures for persons with serious handicap and modifying the framework law n.104/92.

- **The Law n.328/2000** foresees individual projects aimed at assuring the full integration of disables within the society (family, education and labour market). These projects should be drafted by the Municipalities jointly with the Local Health Service, if required by the disables interested in this initiative (art.14).

- DPI Italy has promoted the protection of human rights of people with disability through a European project - "Peer-Counselling: a methodology for planning the Independent living". Following this initiative twenty disables have become Peer-Counsellor and the Peer-Counselling[16] service has been activated within Calabria University and in some Italian associations[17].

Quantitative data[18]:

Italy, except for some places in the northern and central Regions, is characterised by an insufficient attention and lack of specific services for independent living for people with disabilities and for the inadequate accessibility of cities, public transport and all cultural contexts. As a consequence, the insufficient attention paid by Public Institutions to the needs of people with disability is compensated by their family and friends. There is not a big

[14] "ENIL Italia - Onlus" is a non-profit Association with a social utility and belong to the ENIL (European Network on Independent Living) . It is involved in promoting and spreading the concept and the principles of the "Independent Living"

[15] "It is the duty of the Republic to remove all economic and social obstacles, that, by limiting the freedom and equality of citizens, prevent full individual development and the participation of all workers in the political, economic, and social organisations of the Country" (art.3).
"All citizens unable to work and lacking of the resources necessary for their existence are entitled to welfare support. Workers are entitled to adequate insurance for their needs in the case of accidents, illness, disability, old age and involuntary unemployment. Disabled and handicapped persons are entitled to education and vocational training".(art.38)

[16] "The Peer Counselling is based on a help relationship between two or more persons with disabilities that allows those that want to start or strengthen an emancipation process away from disadvantage, to face fears and personal limits as well as objective problems, identifying the most adequate solutions and attitudes to realize personal life projects". From European Conference Recognizing the rights of girls and women with disabilities, , Cermi, Madrid, 2007, pp 194-195.

[17] M.Galati, R.Barbuto, N.Coppedè, M.Meduri,E.Napolitano, *Una possible autonomia*, Rubbettino, Catanzaro, 2003, p 100.

[18] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

difference between people with disabilities (49.9%) and people without disabilities (56.8%) as regards their contact with relatives and friends. But these data change if you take in consideration the gender and age factors. The following tables elucidate this:

Age	*Women with disability*	*Men with disability*
15 - 44 years old	34.7%	28.4%
Over 65	47.7%	54.9%.

	Women with disability	*Men with disability*
Satisfaction from family relationships	30.3%	30.5%

	Persons with disability	*Persons without disability*
Satisfaction from family relationships	30.4%	34.6%

	Persons with disability	*Persons without disability*
Satisfaction from friendship relations	15.6%	25.6%

Source: Information and tables taken from CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

- From the collected laws on disability and the information gathered by the interviews, the access to social and health services is restricted to disabled women. According to a study carried out by DPI's "women and girls with disabilities must face, in Italy, many barrier when they need medical care. Very often their needs and specific problems, as for example maternity and genecology, are not included in ordinary care programmes. There are no information about informative campaigns on sexuality, birth, control, prevention of sexually transmitted diseases, breast cancer or cancer of the womb organised for them. In Italy there is no specific economic, social and technological support in favour of women with disabilities"[19]. This negative aspect has been stressed also in the interviews conducted with Pietro Barbieri and Rita Barbuto.

[19] From European Conference Recognizing the rights of girls and women with disabilities, , Cermi, Madrid, 2007, pp 190-191.

Quantitative data:

- Access rates for women with disabilities and women without disabilities were not available.

- Only 8.6% of people with disabilities say they feel well or very well, against 61.3% of people without disability. There are no significant differences between the sexes: 7.3% of women with disability feel well or very well against 10, and 7% of men. The increase of this negative perception of one's state of health is linked, besides being related to the presence of disability, to the ageing process: 26.4% of people with disabilities between 6 and 44 years old say they feel bad or very bad; between 45 and 64 this augments to 56.9%; over 65 years old 61.7% of people with disabilities have a negative perception of their state of health associable to subjective factors (more vulnerability, solitude, etc.) and to objective factors (ageing, emergence of chronic pathologies, etc.).

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

- **The Law n.296/2006** establishes the "Fund for the non-self-sufficiency", aiming at supporting at local level the assistance to persons with serious disability.
- **The Law n.244/2007** establishes the "Fund for the Mobility of disables" aimed at financing specific interventions addressed to disables assisted by the associations working in Italy.
- **The Law n.18/80** introduces the accompanying allowances for disables, according to the principle of assistance established by the art.38 of the Italian Constitution. The State is charged to pay this amount, updated every year by the Ministry of the Interior. (In 2006, it amounted to € 450,78).
- **The Law n. 449/97** exempts disables from paying the road tax and foresees that disables pay only the 4% (and not the 20%) of VAT (value added tax) to purchase cars suitable for their transport. This exemption is extended also to the family taking care of the disable.
- **The Law n.30/97** foresees that disables should pay only the 4% of VAT to purchase informatics tools addressed to improve their autonomy.

Quantitative Data
Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	Non disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a.	n/a.	n/a

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

- The **Law n. 4, January 9, 2004** (Legge Stanca), "*Provisions to support the access of the disabled to information technologies*" is the principal act of the body of laws regarding accessibility.

- **Decree of the President of the Republic, March 1st 2005, No. 75** The most important accomplishment of this decree is the introduction of the key concept of usability. Web sites must not only be barrier-free but also simple, effective, efficient and they must satisfy the user's needs.

- **Ministerial Decree, July 8 2005.** Apart from a few articles giving further details on the implementation of the law, the decree "*Technical Rules of Law 4/2004*" is mainly made up of annexes which contain the technical Web accessibility requirements, the methodology for the evaluation of Web sites and the requirements for accessible hardware and software.

- The **law n.503/97**, "Rules addressed to remove architectural feature that denies access to disables to private and public buildings and services". According to this law new measures have been established to improve the access of disables to transport services and buildings.

- **Reasonable accommodation in the workplace[20]:** According to Italian law, all public places o private ones with public access must be accessible and without any kind of obstacle for disable people, all these rules are into n.13 Act of 1989 "technical prescriptions…." For what concerns the adaptation of the working places, the 68/99 Act fixes that the company, following engagement of a person with a specific disability, applies ad hoc adjustments in order to allow the full working placement. Besides the 68/99 Act provides a person with disability can ask the local municipality an assistance service on the

[20] Micangeli, A.; Puglisi, A. and Vignola, R. (2007) *Report on the employment of disabled people in European countries – Italy*, Academic Network of European Disability experts (ANED).

place of work, according to the disposal budget. Furthermore the same law regulates all that concerns transfer service, which allow the disable person to get to the job place; all that through private and public means already available on the territory (i.e. public transport companies), or by a proper service provided by local administrations (regions, provinces, municipalities) with special annual projects.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

- The risk of physical and sexual violence is very high for women with disabilities, the risk percentage doubles compared to those that don't have this condition. They are seen as an "easy target". Even if a woman succeeds in escaping from a violent situation there are only a few accessible anti-violence centres. In Italy none of the laws in favour of women refers to women with disabilities. Despite the fact that women with disabilities are more exposed to violence of a sexual, physical and psychological nature there is no reference to them in the *Law n° 66* of 15th February 1996 "*Rules against sexual violence"*. The lack of legislative reference forms the basis for a complete absence of information regarding violence and abuses suffered by women with disabilities in Italy. Even in the last report "*Violence and maltreatment against women"* commissioned by the Ministry for Rights and Equal Opportunities and carried out by Istat, based on the results of research on the safety of women, carried out from January till October 2007, there is no information regarding women with disabilities[21].

- The problem of violence against women with disability is addressed by the DPI Italia (Disabled Peoples' International Italia) with projects financed within the European Programme Daphne "Measure to combat violence against children, young people and women". The paradigm on which DPI Italia bases his work in the field of disability is non discrimination and even opportunities as basis for the respect of Human Rights. Any unjustified special treatment, any social and/or material disadvantage that a person with disabilities has to face because of the lack of inclusion of his/her own special needs in the standard of politics and services is a human rights violation.

  The main project implemented are the following[22]:

1. **"Disabled Girls and Women – Victims of Violence – Awareness Raising Campaign and Call For Action".** The project has been implemented in 2001, aiming at stressing the invisibility of disabled women within the society. The visibility implies to be considered as persons able and authorised to express their opinion everywhere: within family, school and labour market. As confirmed by the studies carried out by DPI's Italia on gender identity, disables women are not seen as persons and as women. According also the opinion advanced by Rita Barbuto, they are subjected to a "multiple discrimination", because they are discriminated as disable and as women. An important aspects denounced by DPI's

[21] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

[22] http://www.dpitalia.org/idegen.htm

but also by the president of the Italian Federation to overcome the Handicap (F.I.S.H.), Pietro Barbieri, is the common opinion that disables women are lacking in femininity and unable to arouse attraction in the other. The femininity of disables women seem to be ignored even by the Institution. The sexuality of disables women is, in fact, hardly accepted by the family.

2. **"Alba Project – new occasions to offer care and support to women who are in contact with disability", in 2003.** The project, of a 12 month duration, started within the the DAPHNE 2000-2003 programme, was targeted to women, as mothers of disabled, using violence on their children, or enduring violence from them. The aim was to promote the development of the awareness of the violent attitudes and behaviour on disabled women and on mothers of disabled children.

3. **"I Care - disabled women and personal assistance against violence", in 2004/2005.**
The idea for this project results from the previous experienced projects. "I care" wanted to develop awareness of what behavior and ways were violent for women with disability while they were looked after, collecting the positive experiences regarding this and to promote new ways of empowerment among women with disability.

4. "**Wolking roots - Methodologies and means against violence on women with disabilities"**

   Financed under the Daphne Programme 2004/2008, this project is aimed at

   - spreading good practice, instruments and methodologies on the empowerment of women with disabilities against violence
   - exchanging instruments and methodology of self –defence (on the physical, psychological and linguistic level) for women with disabilities;
   - using the Peer Counselling as an empowerment methodology for women with disabilities against violence.

   Beneficiaries of these projects are women that for their condition of disability are particularly exposed to physical and psychological violence expressed through different level of discrimination, as isolation from the institution, social exclusion, violation of basic human rights.

   - The Peer Support service has been activated in Italy. The role of Peer supporter is to inform and guide the disabled person in accessing to the tools required for the protection of his/her rights. The aim is to enable the disabled person to lead an independent life[23].

   This service is also known as Advocacy for one or more persons with disability, when the person who advices the disables is not a disabled person. The Peer-supporter is a person with disability who pleads disables' causes. The advocacy of a group of disables is assured in Italy by the following Associations: ANMIC (National Association of Civil Disables), ENS (National Associations for deaf-mute persons), UIC (Italian Union of Blind), ANMIL (National Association of disabled workers), National Union of disabled ex-serviceman). These Associations, recognised by national laws, act for disabled people at national level[24].

[23] R.Barbuto, V.Ferrarese, G.Griffo, E.Napolitano, G.Spinuso, *Consulenza alla pari*, Comunità Edizioni, Lamerzia Terme, 2007, p. 139-147

[24] M.Galati, R.Barbuto, N.Coppedè, M.Meduri,E.Napolitano, *Una possible autonomia*, Rubbettino, Catanzaro, 2003, p 96.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

- Participating in social life means being able to participate in cultural and sports activities in the same way as any other citizen. If we refer to the participation of people with disabilities in sports activities the data at our disposal show us that the disability factor affects more than the gender factor. If we consider the age group from 6 to 44 years the situation is the following: 55.9% of men with disabilities and 47.4% of women with disability practice sport activities. These numbers increase when we consider people without disabilities: 80.6% of men and 76.7% of women[25].

- Regarding the sport activity no gender discrimination has been noticed within disables groups. According to data available on the participation of people with disability to sport, the rate of disables aged between 6-44 year olds, amount to 55.9% for men and 47.4% for women[26]. This equality treatment has been stressed also by the interview to the president of F.I.S.H.

- At national level the access of disables to sport activity has been promoted through the law n.189/2003, establishing the Italian Paralympic Committee.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[25] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

[26] Data provided by www.disabilitàincifre.it , at 1999-2000.

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- www.enil.it
- www.governo.it
- www.istat.it
- www.italia.gov.it

Contacts interviewed

- Ms Rita Barbuto, National Council on Disability (CND)
- Mr Pietro Barbieri, the President of the F.I.S.H. (Italian Federation to overcome Handicap).

Country fiche: Latvia

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

What obligations exist in the legislation?

- Latvia has ratified the majority of the international human rights agreements since the restoration of independence. The most important of these include the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Social and Economic Rights (ICSER), The International Convention on the Elimination of all Forms of Racial Discrimination (CERD), The European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR), and the European Social Charter (ESC). Specifically in the field of women's rights, the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was also ratified by Latvia in 1992, however, the Optional Protocol to CEDAW is yet to be ratified.

- With its accession to the European Union, Latvia is required to fully transpose EU directives into national legislation. Particularly relevant are the EU Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation. The Labour Law has been amended to fully transpose the provisions of the EU Employment Directive into Latvian legislation including disability as one of the basis of discrimination.

The most important general laws on the rights of people with disabilities are as follows:

- the Protection of the Rights of the Child Law[1]
  The Child Rights Law addresses the rights of children, including children with disabilities, and establishes the right to education. It includes a special chapter on the "the child with special needs". Section 54 states that "a child with special needs has the same rights to an active life, the right to develop and acquire a general and professional education corresponding to the physical and mental abilities and desires of the child, and the right to take part in social life, as any other child." Under Section 55, the law provides that "the State and local government shall assist a child with special needs to integrate into society and ensure for him or her medical and social services" in accordance with this law.

[1] The Protection of the Rights of the Child Law, adopted 19 June 1998, LV No. 199/200 of 8 July 1998, last amended 20 May 2004, available (in English) at http://www.ttc.lv/New/lv/tulkojumi/E0103.doc (last accessed 8 December 2004), .

- the Law on the Medical and Social Protection of Disabled Persons[2] -
  This law is the most important law addressing the rights of people with disabilities in general. The law regulates the rights of people with disabilities, and states the obligations of the State and local municipalities with respect to the protection of people with disabilities. It includes a definition of disability, and also defines the three disability groups established for people procedures for evaluation of their working capacity. The Law on People with Disabilities includes a definition of the terms "disability" and "person with disabilities". Article 4 states that a person with disabilities is, a person who, due to the impairment of the functions of the system of organs caused by diseases, traumas or innate defects, needs additional medical and social assistance, and to whom a disability status has been attributed in the procedure set in this Law and other normative acts.
  Article 5 defines disability as, the continuous or ceaseless restriction of physical or mental abilities, which is not connected with changes in the human body because of old age and which prevents the integration of a person into the community, as well as completely depriving them of, or partially restricting, their ability to work and to take care of themselves. Article 7 contains a distinction between physical disabilities and "disabilities due to mental illness".
  At the moment Parliament of Latvia evaluate draft of new – "Disability Law", which includes some new not covered yet issues – e.g. personal assistance, special measures for rehabilitation etc.

Are they divided between national and local levels, and if so, how?

There is strict division between responsibilities at the local and national levels. Generally care and support issues are the responsibility of local authorities without any financial support from government. This has forced a situation where more rich local authorities provide more services than others.

	Income	Equipment	Care	Health care, Rehabilitation	Education	Employment
Government level	Ministry of welfare (MW) – pensions and allowances	State Agency Centre of Technical Aids (under MW)	Allowance	Ministry of Health	Ministry of Education (ME) by State Agency of Special Education)	State Agency of Employment (under MW)
Local level	Some allowances (e.g. transport)		Service	State Agency of Social integration (under MW)	Lifelong learning	

Is there a specific ministerial responsibility for women with disabilities, and if so, who holds it?

There is not specific ministerial responsibility for disabled women. The Ministry of Welfare is taking responsibility on both disability and gender equality issues. Both these responsibilities are dealt with by two different departments and they are rarely or almost never working together.

[2] Law on the Medical and Social Protection of Disabled Persons, adopted 29 September 1992, Zinotajs No. 42 of 29 October 1992, last amended 31 March 2004, available (in Latvian) at http://pro.nais.dati.lv (accessed 5 June 2004),

Is there a specific government body or agency responsible for women with disabilities?
There is not a specific government body or agency responsible for women with disabilities in Latvia. All work has been done by non-governmental bodies.

Is there a dedicated focal point / coordination mechanism within the government for matters relating to the implementation of the UN Convention?
In Latvia, supposedly all ministries involved will be responsible for the implementation of the UN Convention with regards to their specific activities and according to their sphere of competence. The Ministry of Welfare will coordinate this process. There is not any specific focal point or coordination mechanism dedicated till now.

Has a framework been established for the promotion, protection and monitoring of the Convention?
In order to facilitate cooperation among institutions and involve non-governmental organisations in decision making processes related to the integration and facilitation of disabled people, special working group have been established with ministries and disability NGOs involved. The Ministry of Welfare has sent the Convention to all NGOs interested in disability issues requesting proposals for necessary amendments in the national legislation (from their standpoint). There still are is not any sustainable framework established for the promotion, protection and monitoring of the Convention.

Are women with disabilities consulted / involved in the processes of promoting, protecting and monitoring the Convention, and if so, how?
Latvian Association of Women with Disabilities “Aspazija” is involved as member of the working group made to start implementation of Convention in Latvia.

What statistical and research data is collected in relation to the Convention?
The implementation of the UN Convention is just at its starting point so there is not any statistical and research data collected in relation to the Convention.

Does your Government publish information on public expenditure at national level on women with disabilities? If yes, provide the numbers.
No

Legislation specifically addressing disabled women
There is not any specific legislation addressing disabled women

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

For all data, please indicate the definition of disability used and the source of the data (research definitions may differ from legal definitions).

Population/Demographic indicators, 1970–2004

	1970	1980	1990	2000	2004
Total population (mid-year)	2 351 903	2 511 701	2 663 151	2 372 984	2 312 819
Population, female (% of total)	54.4	54.0	53.5	53.9	53.9
Population aged 0–14 (% of total)	n/a	20.5	21.4	17.7	15.1
Population aged 65 and above (% of total)	n/a	12.9	11.8	15.0	16.4
Population aged 80 and above (% of total)*	n/a	n/a	n/a	2.6	3.0
Population growth (annual %)**	n/a	n/a	- 0.6	-0.7	-0.6
Average population density (per km2)	n/a	n/a	41.2	36.7	35.8
Fertility rate, total (births per woman)	1.9	2.0	2.0	1.2	1.2
Birth rate, crude (per 1000 people)	n/a	14.2	14.2	8.5	8.8
Death rate, crude (per 1000 people)	n/a	12.8	13.1	13.6	13.9
Age–dependency ratio (population 0–14 and 65+/population 15–64 years)	n/a	1/1.9	1/2.0	1/2.1	1/2.2

% of urban population	62.5	68.0	n/a	60.4	***60.0
Literacy rate (%) in population aged 15+	99.8	99.8	99.8	99.8	***99.7

Source: WHO Regional Office for Europe 2006.
Notes: n/a: not available; * Demographic yearbooks; ** http://publications.worldbank.org/WDI/ indicators; *** Figures as of 2003.

The Law "On Medical and Social Protection of People with Disabilities" adopted on September 29, 1992 determines the rights of disabled persons and the obligations of state and local municipalities towards people with disabilities as well as setting out the procedures for determining of disability and provision of medical and social assistance to disabled persons.

Article 4 of the law defines that "Disabled person is such a person who due to functional disorders of body organs caused by his/her illness, trauma or inborn disability needs additional medical and social assistance and who has been diagnosed disability in accordance with the procedure laid down in this law and other legal acts.

In Latvia disability is divided in three groups:
Group I – serious disability if the person has a very distinct restriction of physical or mental capacity;
Group II - serious disability if the person has a distinct restriction of physical or mental capacity;
Group III – average disability if the person has an average restriction of physical or mental capacity.

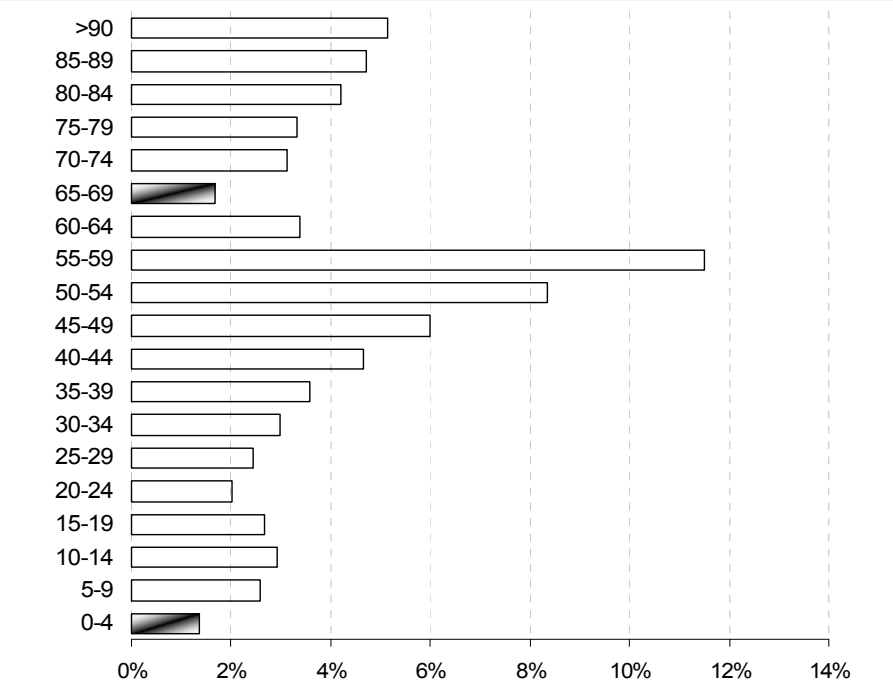
The degree of disability is assessed by the Health and Working Capacity Medical Expert Commission.

Number of people with disabilities according dates of State Social Insurance Agency - January 2008

	Number	Percentage
Children with disabilities to 16 years	7562	
Adult disabled persons	98277	
Group I	7698	7,8%,
Group II	56446	57,4%,
Group III	34133	34,8%.

Apart from these statistics that cover only those who receive disability pension or allowance and have a disability group, the general number of people with disabilities presented by the Government in 2006 was 112.600 or 4.9% from total number of population (2.281.300); 48.6% woman and 51.4% men (http://www.lm.gov.lv/text/151). During last years the number of people with disabilities remains in the borders of 5% from population.

Proportion of people with disabilities disaggregated by age (percentage of non whole population)



3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

Unemployment rates 4.9 (2007)

Unemployed people disaggregated by age according date of State Employment Agency (January 2008)

Totally registered 52 321 unemployed people

Female 62%		Male 38%
4404	Age 15-24 (13%)	2320
8074	Age 25-34 (24%)	4357
7060	Age 35-44 (22%)	4529

8038	Age 45-54 (26%)	2964
4069	Age 55-59 (13%)	2739
567	Age 60 and more (2%)	700

There are 6% people with disabilities registered as unemployed: female – 1810, male -1557

Public population polls reveal that only 21% of the disabled persons are employed. Only 6% are actively engaged in searching employment and would be willing to start employment within a two weeks time. The majority (73%) of disabled persons who are not employed are not seeking for employment, mostly (85%) believing that their health problems hinder them from employment. Main reason that hinders the disabled persons from searching for a job and according to their opinion also hinders them from finding employment is bad health, disability.[3]

According to the state Employment Agency data number of workers with disabilities in subsidised employment in 2003 was 619 persons, in 2004 – 415, but in 9 month of 2005 – 296. Temporary employment of people with disabilities at the same time in 2003 was 322 persons, in 2004 – 410 and in 9 month of 2005 – 349. Profesional training services received in 2003 – 415 persons, 2004 – 146, and in 9 month of 2005 – 431 person with disability[4].

Qualitative data

Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?

Latvia is one of those countries, in which the predominant approach is the “mainstreaming model”. The approach involves provision not just special employment services to people with disabilities but also employment-enhancing measures in all policy areas. At the same time some targeted active labour market policies have been implemented through financial incentives for employers hiring people with disabilities (e.g.subsidised working places) and through vocational rehabilitation programmes.

There are few main political documents and legislative acts regulating employment of people with disabilities.

In 1998 the Cabinet of Ministers accepted Conception “Equal Opportunities for All”. The goal of Conception was to create equal possibilities for people with disabilities, promoting the social rehabilitation, restoration of working capacities and involvement in the labour market. The main problems in employment field were stated as follows:

- A lack of stimulating mechanisms for people with disabilities and low educational level;
- The lack of system for rousing interests of employers to employ people with disabilities;
- A lack of finances for adjustment of working places for people with disabilities;
- The lack of vocational diagnostics and vocational orientation;
- Approximation of minimum salary and disability pension.

[3] National Strategy Report on Social Protection and Social Inclusion 2008-2010 – Latvia

[4] ANED (2007), Report on the Employment of disabled people in European countries – Latvia

Following Conception “Equal Opportunities for All” which includes action plan till 2010, the Cabinet of Ministers accepted a new policy planning document Policy Guidelines for Reduction of Disability and its Consequences, prepared by the Ministry of Welfare in cooperation with NGO and Action plan.
Main legislative acts are the Labour Law and the Law on Support for Unemployed Persons and Job-Seekers. None of these legislative measures target women with disabilities specifically.

Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments

There is some evidence of improvement in the employment of disabled people with some kind of disability as a result of the introduction of subsidised employment or supported employment. However, the demands and expectations of people with disabilities arising from the ‘rights and responsibilities’ policy agenda (including UN Convention) are increasing.

Key bodies responsible for enforcement / delivery (including state, private and third sector)

The key body in the Employment field is the State Employment Agency[5] which has the aim to implement the policy of the state on unemployment reduction and in the field of the provision of support to the unemployed and job-seekers. People with disabilities can be both - unemployed and job-seekers and this position provides them with different services in this field. The private and third sectors are not systematically involved in employment activities and mostly do it on project based approach.

Main conclusions from the Report on the Employment of disabled people in European countries (Latvia country case)[6]:

1. People with disabilities have problems for integration into labour market. The main reasons are lack of necessary infrastructure, attitude from society and lack of motivation both from employers and people with disabilities

2. Employment level differs from kind of disability and other social demographical factors. Only 20% from all wheel chair users are employed.

3. Woman with disabilities are more subjected to financial risks, they have less resources (mobile telephones, cars, internet) necessary for integration into labour market.

4. As similar as people without disabilities, young people with disabilities have less problems for integration into labour market, more problems face people with disabilities in pre-pension age, but it is impossible to find a work for people with intelectual disabilities in cases when disability is evident or the cause of disability is mentioned in documents necessary for work.

5. There is shortage of flexible working time.

6. Tehnical equipment for adjusted working places is not qualitative and does not support integration in

[5] http://www.nva.lv/index.php?cid=1
[6] ANED (2007), Report on the Employment of disabled people in European countries – Latvia

society.

7. Cases of discrimination in working places – refusal, lower salary, dismission from work because of disability.

8. Lack of "one stop agency" for employers and people with disabilities for getting information about vacancies and needs, possibilities of people with disabilties.

9. Despite that State Employment Agency provides state support programms for employers (such as subsidised working places for people with disabilities) only half of employers know about subsidised work possibilities, but 46% from them had heard about it. In future approximately 4% of employers would like to use subsidised work programme.

Disability is related with increased material exclusion risk not only for the disabled person, but also for the family of that person. There is a total of 4% of households with a person with disability, but the proportion between poor households is higher - there are 14% of poor households having a family member with disability. 39% of families where a member is a disabled person live below the poverty risk threshold. Main reasons for poverty and social exclusion of disabled persons are low income, lack of access and the still existing stereotypes [7].

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

The level of education among disabled persons is lower than the average level of education of the population. Despite the fact that one third (34%) of disabled have not received a certificate for profession/ vocational qualification, only 13% of them attended any training courses over the last two years. Training by distance and part time studies at higher education institutions are important factors in raising the level of education among the disabled persons. Rehabilitation plays an important role in fostering the health condition and maintaining working abilities of the disabled persons. Current rehabilitation opportunities are insufficient and there is a need of rehabilitation services closer to the place of residence of disabled persons[8].

[7] Study "Causes and duration of unemployment and social exclusion", University of Latvia Institute for Philosophy and Sociology.
[8] National Strategy Report on Social Protection and Social Inclusion 2008-2010 – Latvia

Quantitative data:

Participation rates in general education[9]:
(data is only available disaggregated by age)

Proportion of women participating in education and training by age:
Women 16-19 years = 92.2%
Women 20-24 years = 46.6%
Women 25-49 years = 6%
Women 50-64 years = 0.8%

Proportion of men participating in education and training by age:

Men 16-19 years = 86.7%
Men 20-24 years = 35%
Men 25-49 years = 2.9%
Men 50-64 years = 0.9%

Attainment levels: distribution by age, gender, disability type and ISCED 0-6 levels[10]:

Low = ISCED 1 + 2
Med = ISCED 3 + 4
High = ISCED 5

Women 25-54 years
Considerably restricted: low = 27.8%; med = 57.5%; high = 14.7%
To some extent restricted: low = 10.6%; med = 78.6%; high = 10.8%
Not restricted: low = 5.8%; med = 65.2%; high = 29%
Women 55-64 years
Considerably restricted: low = 52.7%; med = 42.9%; high = 4.5%
To some extent restricted: low = 24.8%; med = 60.8%; high = 14.4%
Not restricted: low = 38.8%; med = 42.8%; high = 18.4%

Men 25-54 years
Considerably restricted: low= 31.7%; med = 58%; high = 10.3%
To some extent restricted: low = 14.6%; med = 72.2%; high = 13.2%
Not restricted: low = 10.1%; med = 70.4%; high = 19.5%

Men 55-64 years
Considerably restricted: low = 50.1%; med = 40.9%; high = 9%
To some extent restricted: low = 26.6%; med = 45.9%; high = 27.5%
Not restricted: low = 39.3%; med = 47.7%; high = 13%

[9] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical an analysis of the LFS ad hoc module and the EU-SILC.
[10] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical an analysis of the LFS ad hoc module and the EU-SILC.

	Primary school					
	Special schools		Special classes		Mainstreaming schools	
	Total	Girls	Total	Girls	Total	Girls
1. Disabilities of mental development	4707	1716	246	84	328	115
2. Learning disabilities	452	149	287	117	219	79
3. Visual impairments	107	53	0	0	2	0
4. Hearing impairments	323	139	30	13	5	2
5. Physical disabilities	568	285	351	164	29	10
6. Speech and language disabilities	480	163	131	37	8	3
7. Emotional, behavioural disorders	552	135	0	0	1	0
8. Chronic health problems	570	235	0	0	59	21

	Secondary school					
	Special schools		Special classes		Mainstreaming schools	
	Total	Girls	Total	Girls	Total	Girls
1. Disabilities of mental development						
2. Learning disabilities						
3. Visual impairments	31	19				
4. Hearing impairments						
5. Physical disabilities	101	57			3	2
6. Speech and language disabilities						
7. Emotional, behavioural disorders						
8. Chronic health problems						

	Data available				
Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	226,729	-	226,729	2005 / 2006	Source: This concrete data is available in the statistics report of the Ministry of Education and Science. In the report there is no official data about private sector in education, it lacks also data about those students of compulsory school age who receive their education in part time schools or so called “evening schools”. The data is available on the web site: www.izm.gov.lv
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	9,691	-	9,691	2005 / 2006	Source: Statistical report of the Ministry of Education and Science.
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	9,691	-	9,691	2005 / 2006	Source: Statistical report of the Ministry of Education and Science. The available data is only about children with SEN in special schools and special classes, there is no data about children with SEN in private schools.
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	-	-	-	-	At this point there is no official data about children with SEN in inclusive settings.
Compulsory age phase	Primary education is compulsory in Latvia, it is from the age of 7 till 15 (9 years), but it is allowed to acquire primary education till the age of 18 (Law of Education, article 4, 1999).				
Clarification of Public - Private sector education	According to the Law of Education, Article 23 (1999): (1) State educational institutions are founded, reorganized or closed by the Cabinet of Ministers following the motion of the minister of Education and Science or the minister of other field. (2) Municipality educational institutions are founded, re-organized or closed by municipalities conforming with the Ministry of Education and Science or the Ministry of respective field and the Ministry of Education and Science. (3) Private educational institutions are founded, re-organized and closed by juridical person or private person. State and municipalities may take part in the foundation of private institutions.				

	(4) Foreign juridical persons may found, re-organize or close educational institutions in accordance of this law and other law, as well as with international agreements.
Legal Definition of SEN	Law of Education, Article 1, paragraph 24 states that Special Education is available for persons with SEN and health impairments or it can be an adapted general or vocational education for persons with SEN and health impairments. The Regulations of the Cabinet of Ministers Nr. 579 of October 21, 2003 lists diagnoses of impairments and suggested educational curricula according to which a person can acquire his/her education. These regulations include wide spectrum of impairments and provisions the institutions should provide for a person with SEN.

Source: European Agency for Development of Special Needs Education

Qualitative data:

Description of legislation and policies to recognise right of disabled persons to education

- The general education system in Latvia is monitored by the legislation defined as the State Standards of the General Education. These standards are included in the General Education Law of Latvia (Regulation nr. 37) and have been approved by the Council of Ministers of Latvia (Regulation nr. 462). The main regulation within the State Standards of the General Education defines that education is compulsory for all, including children with special needs. The term "special needs" is given to the child if she/he has an assigned impairment that is included in the list developed by the Latvian Ministry of Education and Science (LMES). This list includes eight categories of various impairments and diseases such as (1) visual impairments, (2) hearing impairments, (3) learning disability, (4) moderate and light mental retardation, (5) language problems, (6) chronic diseases like diabetes, asthma, (7) movement problems, and (8) some psycho neurological diseases (Regulation Nr.542, LMES, 2003). Regulation of the Ministers' Council of Latvia (MCL) considers that general schools having appropriate accommodations for students with disabilities may include these students in their education programs (Regulation nr.579, MCL, 2003). The LMES has developed several documents and policies with the aim of guaranteeing children with disabilities the opportunity to acquire the education appropriate to their health, abilities and level of development (Regulation nr.579, MCL, 2003, The General Education Law of Latvia, 2003).

  According to data of the LMES, about 9000 (about 2.8%) children with special needs are included in general education programs in Latvia (Education in Latvia, Statistics, 2004). Unfortunately these programmes are provided in special boarding schools. There are 64 special schools in Latvia which provide education according to the kind of disability. For example, only one school in Riga (capital) provides education for blind children – so many of them live about 300 km away without the opportunity to go to home even during weekends. However, there are only few education settings that implement inclusive education programs. The time period for acquiring the basic education program for students with disabilities varies from 9-11 years. No gender division is provided in the statistical data from LMES.

  According to the requirements of legislation all pupils with disabilities except those with mental disabilities follow the general education curriculum which is based on the adopted standards of general primary education. That means that they have to take state tests and examinations and to be assessed as pupils with no disabilities. The process of testing and assessment can be adapted to the needs and abilities of a

particular pupil. The pupils with mental disabilities do not take state tests and their academic success is measured according to the dynamics of their development and their abilities[11].

Financing[12]

The financing of educational institutions depends on the ownership of these institutions. There are three types of educational institutions – state, municipal and private. The financing of educational services are stated in the Law on Education.

The state owed institutions are funded from the state budget according to the Law of State Budget for a definite year. Municipal educational institutions are funded from two sources- local budget (the maintenance) and the state budget (teacher salaries). All costs of special schools, classes and groups are covered by earmarked subsidies from the state budget according to the regulations of the Cabinet of Ministers. Private educational institutions are funded by their founders. The state and municipalities share the costs of these institutions if the curriculum they provide is licensed by the Ministry of Education and Science.

– **Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:**

According data provided by LMES there are not any national initiatives targeted specifically at disabled women.

– **Personalised measures at school (individual classes, extra support, mentors, peer group support, etc.)**

Very small numbers of children are included in mainstream schools (about 600 pupils). Any kind of personalised measures are not provided by the state system of education but as a result of the good will of the school.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community? **What are the rates of independent living among women with disabilities?**
Qualitative data:

[11] European Agency for development of Special Needs Education
[12] European Agency for development of Special Needs Education

– **What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention?**

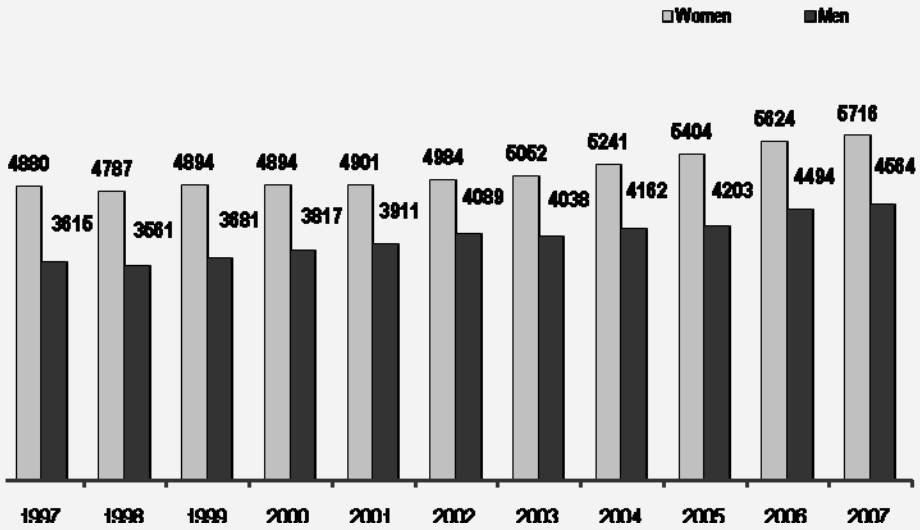
Term independent living is not defined in the country. Sometimes it is used in the policy papers of some NGOs but there is not common understanding of it.

– **What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources?**

There are still many institutions in Latvia that provide services to people with intellectual disabilities and psycho social disabilities. Long-term social care and social rehabilitation institutions provide for people who cannot take care of themselves due to old age, or their state of health with housing, full care and rehabilitation. The right of residents of social care homes to a private life is often violated in substance: their every day life is public and they seldom have an opportunity to be alone. Residents are observed all the time by personnel and the other residents. Similarly, their rights to maintain intimate relations are violated. At the psychiatric hospitals, too, the rights of patients to privacy are maximally limited and in acute wards are practically never observed.[13]

NUMBER OF PERSONS AT SOCIAL CARE INSTITUTIONS FOR ADULTS*

(gada beigās/ *at the end of the year*)



* *Persons 18 years and older.*
Social Service Board.

[13] http://www.humanrights.org.lv/upload_file/Final_monitoring_reportEN.pdf

Some services are provided to promote community living for people with disabilities. Unfortunately the Latvia government still does not recognise a need to move towards community based services so there is very poor financial provision for them.

- **home care** — services at home to meet the basic needs (e.g. meal, clothes, home, health care) of people who are not able to take care of themselves due to objective circumstances;
- **service apartment** — an apartment that is let out and adjusted for a person with serious functional disorders in order to increase the **possibilities** for the person to live independently and to take care of himself or herself;
- **half-way house** – a social rehabilitation institution in which short-term social rehabilitation services for people with mental impairments **are** ensured;
- **group house (apartment)** — a separate **apartment** or house in which individual support for persons with mental impairments in the resolving of social problems is ensured;
- **day care centre** — an institution which during the day provides social care and social rehabilitation services, development of social skills, education and opportunities of spending free time for persons with mental impairments, disabled persons, children from needy families and families with circumstances unfavourable to the development of the child, as well as persons who have reached the age that entitles one to receive the State old-age pension.

Quantitative data:

– **Rates of independent living of women with disabilities, compared to men with disabilities (Please disaggregate by age group: <15, 16-64, >65)**

There is no term for independent living used in Latvian legislation. People with disabilities who are using services provided by local municipalities or the support of family members are not included in statistics to date.

– **Rates of women with disabilities in care**

	People living in institutions 2008 January	Including				
		Immobile persons	Male	Immobile male	Female	Immobile female
Institutions financed by local authorities (for elderly and disabled people)	5723	1761	2234	505	3489	1256
Institutions financed by state (for mentally disabled people)	4557	509	2330	221	2227	288
Total:	10280	2270	4564	726	5716	1544

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:
The life expectancy in Latvia has improved over the last two decades and was 71.1 years in 2005. This value is comparable to those in other eastern European and former Soviet Union countries but is the lowest among the Baltic and Nordic countries. Health care services in Latvia are financed mainly by taxation through the state budget as well as by out-of-pocket (OOP) payments, voluntary health insurance (VHI) and other direct payments. Although entitlement to health care services is universal in Latvia, equity in access to services is compromised due to high levels of OOP payments by consumers. Health care services at the primary level are provided mainly by general practitioners (GP) who work independently and act as gatekeeper for specialised services[14].

– **Is there recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services?**
Women and girls with disabilities are not even mentioned in any policy or legislation document in the field of health services.

– **What services are available which are gender and disability sensitive?**
None are available.

– **Please refer specifically to sexual / reproductive health services, rehabilitation support and screening programmes (e.g. screening for cancer)**
In Latvia, the number of cases of breast cancer is on the rise. Of the cases reported, 30.1% are in the advanced stage (stages III and IV); in almost 82% of all cases this is due to a delayed consultation with a doctor. There are long waiting times to see a specialist due to the inadequate number of doctors. In 2005, health care spending was 3.38% of the GDP and about 5 euros per cancer patient, the lowest among EU countries. For a woman diagnosed with breast cancer in Latvia, her chance of recovery is 35% lower than that of a woman with the same diagnosis in Sweden.[15] There is not any special measurement accorded to women with disabilities.

Quantitative data: Please compare access rates for women with disabilities and women without disabilities to the following:

– **Access (specifically including affordability, waiting times) to specialist healthcare services**
In order to receive health care services patients have out-of-pocket payments. These contributions are lower for people with a disability.

This table of waiting times has been provided by the Ministry of Health, unfortunately this does not include a gender dimension and disability.

[14] Country report "The Health Systems in Transition" http://www.euro.who.int/HFADB

[15] Statistic provided during creation of All-Party Parliamentary Groups on Breast Cancer

	Average waiting time in days to 01.12.2007.
Therapy	28.4
Surgery	32.9
Invasive cardiology	277.5
Traumatology - arthroscopy	35.5
Orthopaedy	42
Genecology (surgery)	36.7
Ophthalmology	195
Otorinolaringology	150

– **Access (specifically including affordability, waiting times) to rehabilitation services**

According to the Cabinet Regulations " The Order of Health Care Organization and Financing ''Nr. 1036, from 21.12.2004 : the rehabilitation services from state budget can receive :

- patients who are sent to receive rehabilitation services straight from the regional or local hospitals or specialized centres and hospitalized for rehabilitation within 6 months after the discharge from the mentioned medical treatment institutions.
- Patients with neurological system congenital or acquired organic impairment after effects and paralysis;
- Patients, who need rehabilitation services as dynamic observation;
- Participants in the clean-up following the Chernobyl atomic power plant accident and victims of this accident (in accordance with related legislation).
- Children to the age of 18;
- Patients who need out- patient medical rehabilitation.

If the patient does not meet the criteria determined by the Cabinet for the state budget paid medical rehabilitation services, the patient can receive medical rehabilitation services at his own expense or paid by a third party. Waiting time for rehabilitation is very long (about 2 years and more) which makes it often inefficient and inaccessible for people. The criteria does not include a gender dimension.

– **Availability of health and life insurances (including their affordability – e.g. the required expense in terms of percentage of total income)**

There is no compulsory health insurance in Latvia. Voluntary Health Insurance (VHI) is offered in Latvia by five companies, only one of which (a quasi-public organisation belonging to Riga City, soon to be privatised) provides coverage for physical persons, the other four being private companies that provide only group insurance coverage to employer organisations insuring their employees. Each insurance company is free to define its own insurance schemes without any external regulation of prices and benefits packages. VHI is regulated by the Financial and Capital Market Commission neither people with disabilities nor women with disabilities are mentioned in this regulation.

– **Provision of childcare to mothers with disabilities**

There is not any childcare provision for mothers with disabilities

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

– **Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)**

There are not any specific legislation, policies and measures relating to women with disabilities.

– **Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources)**

There are not any specific legislation, policies and measures relating to women with disabilities. The only support could be provided by local municipality if there are sufficient resources. The childcare allowance for disabled child has been increased as of January 1, 2008 from LVL 50 to LVL 150 per month[16].

– **Assistance with disability-related expenses**

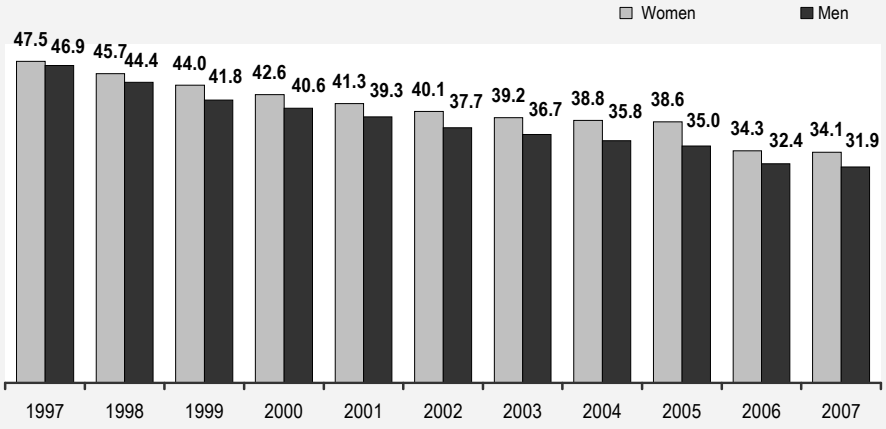
Rights to disability pensions are held by persons with at least three years' insurance (work) service, who are deemed by the Health and Capacity for Work Expert Physicians' Committee to be disabled and who have not reached the statutory pensionable age, and for whom the cause of disability is not a workplace accident or an occupational illness. The minimum disability pension is granted if in the five years prior to the grant of the disability pension the person has not been subject to disability insurance.

Disabled persons who have reached the statutory pensionable age receive old-age pension instead of disability pension. There is not anything specific for women with disabilities.

Disability benefits are paid to those who have not any insurance.

DISABILITY PENSION RECIPIENTS

(*at the end of the year, thsd*)

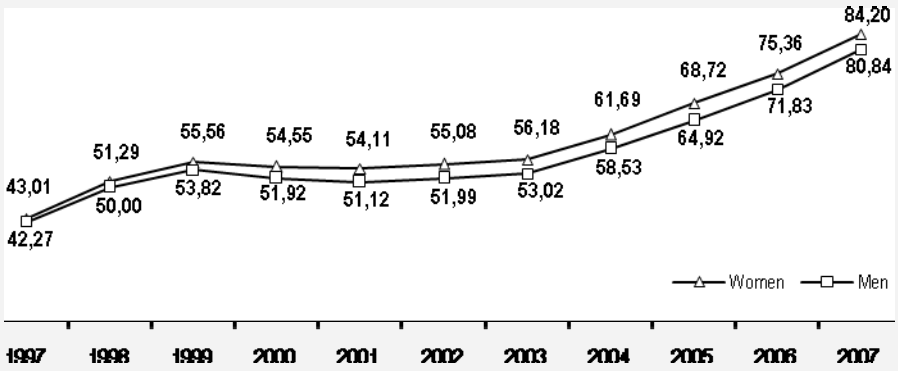


State Social Insurance Agency.

[16] National Strategy Report on Social Protection and Social Inclusion 2008-2010 – Latvia

AVERAGE AMOUNT OF DISABILITY PENSION PAID

(*monthly, lats*)



On January 1, 2008 a new state social allowance was introduced for disabled persons in need of care in order to increase the life quality of adult disabled persons with severe functional disorders and their family members and to ensure a more safe care of these disabled persons at home. The allowance is granted to disabled persons exceeding the age of 18 with severe functional disorders and the amount of the allowance is LVL 100 per month[17].

Quantitative Data

Life expectancy in Latvia is marked by gender differences: the projected life expectancy in 2005 for females is 77.2 years, for males 67.1[18].

The WHO estimates that Latvians spend on average 7.5 years (10.6% of LE) with illness. Latvia, along with other Baltic countries, has a large gender differential in expected healthy years because overall LE among females is so much higher than among males.

[17] National Strategy Report on Social Protection and Social Inclusion 2008-2010 – Latvia

[18] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

– **Transport, parking and mobility initiatives**
Public transport is mostly accessible in urban areas but fully inaccessible outside cities. Parking is organised on the basis of EU special parking cards, which are given to people with physical disabilities – mostly wheelchair users and to blind people.

– **Are there any schemes or programmes in place which provide assistive technologies (specifically to women with disabilities, or to disabled people in general) and is there any data on take-up (by women with disabilities and men with disabilities)?**

Basic assistive technologies are provided by the state only to blind people.

– **Are there any legal acts requiring public and private bodies to provide access to goods and services?**

There is not any legal act requiring public and private bodies to provide access to goods and services.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Qualitative data might include:

– **Requirements to make reasonable adjustments in the delivery of services**
There is not any service financed by the state to protect people with disabilities from suffering abuse and violence, some initiatives are coming via NGOs funded by EU funds or local municipalities. Decisions regarding financing are taken on year to year bases which make these services unsustainable and does not give an opportunity to plan for the situation in the future.

– **Provision of procedural and age-appropriate accommodations**
Accessibility is very poor in all buildings and justice procedure. There are some sign language translations provided during court procedure paid for by the state. Any other adjustment – brail printings or personal assistance to attend court should be paid by persons with disabilities themselves.

– **Helplines, help centres, (accessible) shelters, dedicated staff in the police and other law enforcement agencies**
Mostly helplines and help centres are dealing with the population in general people with disabilities could be their clients. Although there is not any specific training on disability which make this support very difficult and inefficient mostly based on a medical model of disability.

– **Sensitive and personalised investigation procedures**
There is no system in place to make investigation procedures more sensitive and personalised regarding people with disabilities. It depends on of personal skills and the understanding of staff.

Quantitative data:

- **Levels/rates of those suffering abuse (related to their age)**

According to a survey conducted at the beginning of 2007[19] women are victims of violence in the family in 73% of all cases, but men in – 27% cases. There is not any kind of data on women with disabilities, where the situation especially in institutions could be critical.

[19] Putniņa A. *Vardarbība un veselība.* Rīga: Veselības ministrija, 2007, *(Survey made by Ministry of Health, Riga, 2007)*

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Qualitative data might include:

– **Existence of political, sporting and cultural associations or interest groups for disabled women**

There are not any specific political groups for disabled women. There is a non-governmental organisation for disabled women “Aspazija” which has 10 branches around the whole of Latvia. This organisation has many activities in the fields of sport, culture and different interest groups e.g. dancing, singing, floristic etc.

– **Provision of special facilities or support services for disabled people in these fields**

There are not any special facilities or support services for disabled people in these fields. Therefore building of all public buildings – like stadiums, culture centres are designed in a way which makes them accessible for all.

– **Awareness raising of disabled women's role and achievements in these fields**

There are not any activities undertaken by the government in this field. The most important role in awareness raising is played by the third sector – non-governmental organisations.

– **Existence of appropriate public transport or affordable alternatives**

There is accessible public transport (buses and trolleybuses) in the biggest cities of country – Riga, Liepaja etc. Unfortunately there is not any accessible inland public transport including trains. This makes travelling between cities impossible for people with reduced mobility. Alternative transport services are provided by different municipalities. These services are very expensive and only a small number of trips are subsidised to disabled people, which allows them to have about one trip per month.

– **Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities)**

The right of both genders to vote and be elected was recognised in Latvia already in 1918. However politics is one of the areas where the gender equality principle is not honoured de facto. Since the restoration of independence among deputies of the Saeima (Parliament members) women compose approximately 8% - 20% Likewise at the Cabinet of Ministers there also is a constant pronounced gender disproportion. Since 1991 there was only one deputy with a visible disability – a woman in a wheelchair. The same situation is related at local government level.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche Liechtenstein

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

– **What obligations exist in the legislation?**

The Principality of Liechtenstein has a Constitution which has been issued by the Legal Service of the Government of the Principality of Liechtenstein.[1] Article 25 of the Constitution states that public poor relief shall be administered by the communes in conformity with specific laws. The State is responsible, however, for the supervision of such activities and it may grant appropriate assistance to the communes, especially for the proper care of orphans, the mentally handicapped, persons suffering from incurable diseases and the aged. Article 26 of the Constitution states that the State shall support and promote health, old age, disability and fire insurance schemes. At present, the equality of disabled people with people without disabilities is not specifically enshrined in the constitution as it is, for example, in Germany.[2]

The Ministry of Family Affairs and Equal Opportunity has overall responsible for overseeing disability equality within Liechtenstein; with the Office of Equal Opportunities having a particular role in this area.[3] Disability equality is a key area for Liechtenstein's current social policy. In October 2006, Liechtenstein introduced a law concerning equality for disabled people.[4] The purpose of the law is to prevent discrimination against people with disabilities and to enable their equal participation in society. Disability is understood as the consequence of a physical, mental or psychological limitation or impaired sensory function which renders participation in social life difficult. Special measures undertaken to bring about equal participation in society are not themselves considered discriminatory. Indirect or direct discrimination is forbidden. The law outlines what is meant by discrimination both indirect and direct. Protection is offered in the work place. The law also addresses the question of accessibility to buildings and transport. Measures are outlined concerning the field of education with the commitment to provide young people with the education/training most suitable for them. The process for appealing against discrimination is outlined. The Office for Equal Opportunities is also responsible for gender equality, migration and integration, social disadvantage and sexual equality. In 1999 a law was introduced to promote the equality of men and women.[5]

[1] Legal Service of the Government of the Principality of Liechtenstein (September 2003) Constitution of the Principality of Liechtenstein. http://www.liechtenstein.li/en/pdf-fl-staat-verfassung-sept2003.pdf [Accessed 19/03/2009]
[2] Marxer, W & Simon, S (December 2007) Zur gesellschaftlichen Lage von Menschen mit Behinderungen: Studie zuhanden der Stabsstelle fuer Chancengleicheit aus Anlass des 'Europaeschen Jahres der Chancengleichheit fuer Alle', Bendern, Liechtenstein-Institut. http://www.llv.li/pdf-llv-scg-behinderung_final_3-2.pdf [Accessed 19/03/09], p. 10.
[3] Office for Equal Opportunities: http://www.scg.llv.li/ [Accessed 19/03/2009]
[4] Law concerning the Equality of Disabled People (Disability Equality Law): http://www.gesetze.li/get_pdf.jsp?PDF=2006243.pdf [Accessed 19/03/2009]
[5] Law concerning the Equality of Women and Men (Equality Law): http://www.gesetze.li/get_pdf.jsp?PDF=1999096.pdf [Accessed 19/03/2009]

Other laws with relevance for disabled people in Liechtenstein include: a law concerning invalidity or disability insurance; a law concerning schools in Liechtenstein in which the legal basis for specialist education and the integration of people with disabilities in regular schools is established; and a law concerning vocational education which outlines the role that the Office for Vocational education can play in supporting people with disabilities complete a vocational education. Protection is also afforded in other laws for example, one concerning marriage establishes that those with mental illness are vulnerable and not in a position to enter into a marriage. [1]

The study refers to the UN Convention and notes that whereas Germany and Austria had signed both the Convention and the additional protocol in March 2007, at the time of writing the study, Switzerland and Liechtenstein had not yet signed up.[2] The web page listing those countries that have signed up to the Convention does not currently list Liechtenstein as signatory.[3]

Following the Disability Equality Law, the Liechtensteinische Behinderten-Verband[4] has been entrusted with a key role in ensuring the equality of people with disabilities. Other official offices important in promoting the integration of people with disabilities are the Office for Social Services and the Office for Schools.[5]

- Are they divided between national and local levels, and if so, how?
- How is the legislation enforced?
- Is there a specific ministerial responsibility for women with disabilities, and if so, who holds it?
- Is there a specific government body or agency responsible for women with disabilities?
- Is there a dedicated focal point / coordination mechanism within the government for matters relating to the implementation of the UN Convention?
- Has a framework been established for the promotion, protection and monitoring of the Convention?
- Are women with disabilities consulted / involved in the processes of promoting, protecting and monitoring the Convention, and if so, how?
- What statistical and research data is collected in relation to the Convention?
- Does your Government publish information on public expenditure at national level on women with disabilities? If yes, provide the numbers.

- Anti-discrimination laws, disability legislation, etc.
- Legislation specifically addressing disabled women

[1] Marxer, W & Simon, S (December 2007), pp. 11-13.
[2] Ibid., p.13.
[3] Secretariat for the Convention on the Rights of Persons with Disabilities, Convention & Optional Protocol Signatories & Ratification: http://www.un.org/disabilities/countries.asp?id=166 [Accessed 19/03/09]
[4] http://www.lbv.li/index.html [Accessed 19/03/09]
[5] Marxer, W & Simon, S (December 2007), pp. 14-15.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

As mentioned above, disability is understood as the consequence of a physical, mental or psychological limitation or impaired sensory function which renders participation in social life difficult.

Representatives of both the Office for Equal Opportunity and the Office for Statistics confirmed in brief telephone conversations held on 12 March 2009 that Liechtenstein does not currently have any specific information or statistics relating to women and girls with disabilities in the country. A brief discussion with a representative of the Office for Statistics specialising in population statistics revealed that such statistics are not presently collected.[1] A brief discussion with a representative of the Office for Equal Opportunity confirmed that to date there have not been any specific studies undertaken concerning women and girls with disabilities in Liechtenstein. The Ecotec researcher was referred to the general study concerning the social situation of people with disabilities undertaken and published in 2007 in line with the European Year of Equal Opportunity for All (already referred to, in part, above).[2]

The study was commissioned by the Office for Equal Opportunity because it was recognised that there was a lack of clarity in Liechtenstein concerning robust statistics on people with disabilities in Liechtenstein, the types of disabilities which existed and the views of disabled people. The aim of the study was to provide more robust evidence concerning statistics and the state and level of satisfaction of people with disabilities in Liechtenstein. The information was intended to provide a basis for subsequent measures undertaken by the Office for Equal Opportunities. The study consists of two strands: an analysis of existing data available and the presentation of information from interviews with disabled people and experts.

The study found that, whereas in Switzerland (depending on the method of calculation used) between approximately 10 and 16 per cent of the population are classified as having a disability, for Liechtenstein such specific statistics do not exist due to a lack of robust evidence sources. However, the authors suggest that if one uses Switzerland as a model (because of similar social characteristics) one could extrapolate that between approximately 3500 and 5600 people in Liechtenstein have a disability.[3]

At the time of writing the study the authors confirmed that official statistics concerning disability were not available in Liechtenstein neither were other sources such as health surveys which might include such information: “Es gibt in Fürstentum weder eine Behindertenstatistik noch besteht ein breites Portfolio an alternativen Erhebungen und Statistiken, wie zum Beispiel Gesundheitsbefragungen order Haushaltspanels, die (auch) behindertenrelevente Daten enthalten”.[4] The closest possible source are the disability/invalidity allowance figures, however, these cannot be said to offer a complete figure. In August

[1] Brief telephone conversation with a representative of the Office for Statistics (specialising in population statistics) held on Thursday, 12th March 2009. http://www.llv.li/amtsstellen/llv-as-organisation_ansprechpersonen.htm?nav=teaser&viewpos=50510&imainpos=50508 [Accessed 12/03/09]

[2] Marxer, W & Simon, S (December 2007) Zur gesellschaftlichen Lage von Menschen mit Behinderungen: Studie zuhanden der Stabsstelle fuer Chancengleicheit aus Anlass des ‘Europaeschen Jahres der Chancengleichheit fuer Alle’, Bendern, Liechtenstein-Institut. http://www.llv.li/pdf-llv-scg-behinderung_final_3-2.pdf [Accessed 19/03/09]

[3] Marxer, W & Simon, S (December 2007), p. 6.

[4] Ibid., p. 35.

2007, 2,229 people were paid invalidity or disability pension. Approximately, 56 per cent of those receiving the benefit were male and 47 per cent female.[1] Approximately, half of these individuals lived outside Liechtenstein, though, leaving the number of internal claimants at around 1,150. The study discusses the range of other benefits which are associated/closely linked to the invalidity/disability pension and drawing on figures from these concludes that in total approximately 1,800 people in Liechtenstein can be said to claim the benefit. This represents approximately 5 per cent of the population of Liechtenstein (the total population is approximately 35000). Given that across the European Union approximately 10-15 per cent of national populations have a disability; the authors suggest that in Liechtenstein it can be estimated that approximately 3500 people have a disability, roughly half of whom receive the disability pension.[2]

Quantitative data
For all data, please indicate the definition of disability used and the source of the data(research definitions may differ from legal definitions).

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population			
% of total population			
% of female population			n/a
Disaggregate by age if possible as follows:			
< 15 year olds			
16-64 year olds			
> 65 year olds			
Disaggregate by ethnicity			
Disaggregate by type/severity of disability			
Is there information on the size of the household where they live?			
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)			

[1] Ibid., p. 35.
[2] Marxer, W & Simon, S (December 2007), p. 37.

3. Economic situation and employment

What is the economic / employment situation of women with disabilities? **What legislation and policies are in place to recognise the right of women with disabilities to work?** **Please provide the source of the data**			
Quantitative data			
	Women with disabilities	Non-disabled women	Men with disabilities
Employment rates			
Unemployment rates			
Long-term unemployment rates			
Inactivity rates			
Part-time work rates			
Self-employment rates			
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)			
Qualitative data – Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically? – Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments – Key bodies responsible for enforcement / delivery (including state, private and third sector)			

[1] Please provide the definition of 'poverty' used in your country

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

As highlighted above, there is very little robust information concerning the number of people with disabilities in Liechtenstein. However, the study by Marxer and Simon (December 2007) does suggest that school statistics are more robust and able to convey a picture of disabled children's participation in education.[1] They draw on statistics which show that in the academic year 05/06 116 pupils attended specialist schools in Liechtenstein; of which only 72 were actually resident in the Principality. In 2007/2008, records show that 97 pupils were attending specialist day schools, 64 per cent of whom were resident in Liechtenstein. 28 of the pupils or 29% were girls.[2] Reviewing the trends in participation since 1980/81, the authors established that participation in specialist schools in Liechtenstein shows that the representation of boys has increased, with 70 per cent of pupils in 07/08 being boys.[3] In terms of integrated participation, in 2007/2008 57 pupils attended integrated provision. The trend shows a gradual increase in participation year on year.[4]

Quantitative data:

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
Participation rates in general education			
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels			
Number and type of specialist schools (i.e. level, for which target groups)			

Qualitative data:

Description of legislation and policies to recognise right of disabled persons to education

Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:

– Personalised measures at school (individual classes, extra support, mentors, peer group support, etc.)
– Integrative measures
– Providing or promoting the use of assistive technologies
– Financial subsidies, loans etc

[1] Marxer, W & Simon, S (December 2007), p. 38.
[2] Ibid., p. 39.
[3] Ibid., p. 41.
[4] Ibid., p. 42.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community? **What are the rates of independent living among women with disabilities?**
Qualitative data: - What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention? - What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources?
Quantitative data: – Rates of independent living of women with disabilities, compared to men with disabilities (Please disaggregate by age group: <15, 16-64, >65) – Rates of women with disabilities in care

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities? **Is access to social and health services the same for women with disabilities as for non-disabled women?**
Qualitative data: - Is there recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services? - What services are available which are gender and disability sensitive? - Please refer specifically to sexual / reproductive health services, rehabilitation support and screening programmes (e.g. screening for cancer)
Quantitative data: Please compare access rates for women with disabilities and women without disabilities to the following: – Access (specifically including affordability, waiting times) to generic health services – Access (specifically including affordability, waiting times) to specialist healthcare services – Access (specifically including affordability, waiting times) to rehabilitation services – Availability of health and life insurances (including their affordability – e.g. the required expense in terms of percentage of total income) – Provision of childcare to mothers with disabilities – Where possible, please collect data broken down by age (<15, 16-64, >65), or any information on special provision for older disabled women

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?			
Qualitative data: – Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc) – Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources) – Assistance with disability-related expenses			
Quantitative Data Please provide comparative data (for non-disabled women and men with disabilities) if available			
	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)			
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.			

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?
One initiative that is being undertaken in Liechtenstein concerning access in Liechtenstein is the 'Barrierfrei durch Liechtenstein' initiative.[1] A brochure has been produced as a resource designed to inform disabled people about the accessibility of approximately 250 buildings in Liechtenstein which people use frequently in their daily lives e.g. banks. Qualitative data: Legislation / Policy / Measures in place to facilitate access to goods and services, e.g.: – Minimum standards and guidelines for the accessibility of facilities and services (public and private) – Transport, parking and mobility initiatives – Are there any schemes or programmes in place which provide assistive technologies (specifically to women with disabilities, or to disabled people in general) and is there any data on take-up (by women with disabilities and men with disabilities) – Are there any legal acts requiring public and private bodies to provide access to goods and services?

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities? **What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?** **What is the extent of abuse faced by the women with disabilities?**
Qualitative data might include: – Requirements to make reasonable adjustments in the delivery of services – Provision of procedural and age-appropriate accommodations – Appropriate training for those working in the field of justice – Helplines, help centres, (accessible) shelters, dedicated staff in the police and other law enforcement agencies – Sensitive and personalised investigation procedures
Quantitative data: - Levels/rates of those suffering abuse (related to their age)

[1] Barrierfrei durch Liechtenstein: http://www.llv.li/amtsstellen/llv-scg-gleichstellung-behinderung/llv-scg-gleichstellung-barrierefreies.htm [Accessed 19/03/09]

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport? What are the levels of participation?
Currently, the Office for Equal Opportunity is sponsoring the “mittendrin” project which is designed to promote awareness in Liechtenstein of the situation of people with disabilities. The editorial team of the newspaper page “mittendrin” consists of a variety of individuals with different disabilities. Through their journalistic work, they produce annually around five articles which are published in the country’s daily newspapers on a rotating basis. Copies of all the articles produced are available to download from the “mittendrin” webpage on the website of the Office for Equal Opportunities.[1] Qualitative data might include: – Existence of political, sporting and cultural associations or interest groups for disabled women – Provision of special facilities or support services for disabled people in these fields – Awareness raising of disabled women's role and achievements in these fields – Existence of appropriate public transport or affordable alternatives – Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities)

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[1] Mittendrin: http://www.llv.li/amtsstellen/llv-scg-gleichstellung-behinderung/llv-scg-gleichstellung-behinderung-gleichstellung.htm [Accessed 19/03/09]

Country fiche: Lithuania[1]

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

There is no legal legislation specifically addressing the rights of disabled women in Lithuania. Various aspects are covered in the mainstream of general or specific legal legislation addressing fundamental human rights, disability or gender equality. There is no legal regulation or any implementation plans concerning the issues of multiple discrimination[2], but the issues are relatively well tackled under the existing legal framework so far[3]
There is both a general and a ground-specific legal framework guaranteeing the principles of equal treatment or non-discrimination in Lithuania[4]. The general legal framework consists of Lithuania's obligations under international treaties, the Constitution, jurisprudence of the Constitutional Court, EU and national legislation.

Key national legal acts:

- **Constitution of Republic of Lithuania**, in force since November 1992. Covers human rights in all spheres of life. Prohibition of unequal treatment and guarantee of fundamental human rights;
- **Law on Equal Opportunities for Women and Men**, was the first national law on non-discrimination and is in force since March 1999. Explicitly addresses gender and age. Covers public and private employment and access to goods and services. Has prohibited direct and indirect discrimination and has established a specialised body -The Office of the Equal Opportunities Ombudsman dealing with complaints on the grounds of sexual orientation, age, disability, race and ethnic origin and religious beliefs. The Law also outlined main procedural rules for complaints and an investigation procedure;
- **Law on Equal Treatment**, in force since January 2005. Covers age, sexual orientation, disability and ethnic origin. Has prohibited direct and indirect discrimination in public and private employment and access to goods and services;
- **Law on Social Integration of the Disabled**, in force since July 2005. It has established a social integration system and introduced a completely new methodology of disability categorisation (i.e. change from assigning the level of disability from the medical point of view to more complex assessment - assessing the level of person's ability to work) with a big emphasis placed on professional rehabilitation. It also sets procedures for meeting the special needs of disabled people in order to facilitate their equal access to education and training and effective integration into society. It also established Disability and the Working Capacity Assessment Office (responsible for methodological and process organisation aspects of the disability categorisation at the national level) and Dispute Resolution Commission (an independent body dealing with individual complains in relation to the

[1] All statistical data concerning disabled women in Lithuania was discussed with the Library of the Department of Statistics to the Government of the Republic of Lithuania (Statistics Lithuania) as well as Ms. Birute Stolyte, The Department of Public Relations, Statistics Lithuania (an interview 19 August 2008), Ms. Aldona Ablingiene, Head of the Department of Social Services and Health Statistics and Ms. Loreta Rakutiene, the Department of Social Services and Health Statistics.

[2] Ziobiene, E., *Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007*, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf and an interview with Mr. Vytis Muliuolis, Lawyer, The Office of Equal Opportunities Ombudsmen in Lithuania, 3 April 2008.

[3] An interview with Mr. Vytis Muliuolis, Lawyer, The Office of Equal Opportunities Ombudsmen in Lithuania, 3 April 2008.

[4] Ziobiene, E., Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf

assessment of person's ability to work level);
The law stipulates that the system of social integration of the disabled consists of provision of medical, vocational and social rehabilitation services, satisfaction of special needs, supporting employment of the disabled, provision of social support, awarding and payment of social insurance fund pensions and benefits, awarding and payment of mandatory health insurance fund benefits, ensuring equal opportunities to take part in cultural, sports and other public events[5].

- **Law of Social Services,** adopted July 2006. Regulates management of social services, entitlement to and provision of social services, license of social services providers, funding and reimbursement of social services, resolution of disputes related to the provision of social services.

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

The UN Convention on the Rights of Persons with Disabilities and its Optional Protocol (hereafter The Convention) was signed for the Republic of Lithuania by the Minister of Social Security and Labour on 30 March 2007. The Ministry of Social Security and Labour is the main governmental institution in Lithuania coordinating the preparation process to ratify the Convention at the Lithuanian Parliament (Seimas) early in the 2009[6].

As The Convention covers a variety of aspects – legal, social, education, economic and health care, an inter-institutional working group and vast consultation process with national stakeholders was launched by the Minister on 27 June 2007. The working group analysed the conformity of the Lithuanian legislation to the provisions of the Convention and explored opportunities for ratifying all articles of the Convention and its Protocol in more detail. A draft analysis document[7] assessing the present situation on what legislative, administrative, informative and other measures should be taken forward in order to duly implement the rights of persons with disabilities laid down in the Convention was made available for further public consultation between the end of 2007 and April 2008. At the moment the draft is specified according to the proposals of stakeholders. Later this year (2008)[8] a draft law on ratification of the Convention will be prepared and submitted to Seimas for ratification.

Although there is very little specific statistical and research data available concerning specifically the situation of women with disabilities in Lithuania, a draft national analysis report has not specified this need in more detail[9].

Document analysis[10] as well as qualitative interviews[11] revealed that despite the fact that The Convention includes a separate Article specifically focusing on the situation of women and girls with disabilities (Article

[5] Ministry of Social Security and Labour of the Republic of Lithuania (2007). *Social Report 2006-2007*. Retrieved 5 April 2008, from: http://www.socmin.lt/index.php?1789226776.

[6] From a phone interview with Ms. Egle Caplikiene, Head of the Equal Opportunities Division, The Department of Equal Opportunities and Social integration, Ministry of Social Security and Labour, 3 April 2008.

[7] Retrieved 15 May 2008, from: http://www.socmin.lt/index.php?1917114157.

[8] This report was prepared between April and August, 2008.

[9] Retrieved 15 May 2008 (in Lithuanian), from: http://www.socmin.lt/index.php?1917114157.

[10] *Draft analysis document assessing the situation of people with disabilities in Lithuania in light of the UN Convention* (in Lithuanian). Retrieved 15 May 2008, from: http://www.socmin.lt/index.php?1917114157.

[11] For instance, Phone interview with Ms. Egle Caplikiene, Head of the Equal Opportunities Division, The Department of Equal Opportunities and Social integration, Ministry of Social Security and Labour, 3 April 2008. The Department was responsible for the coordination of the stakeholder consultation process regarding the ratification possibilities of The Convention;

6), the issue has no integrated understanding in Lithuania yet: the situation of women of disabilities is understood as one that is generic for both men and women with disabilities or relevant for women in general.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

Quantitative data

The term 'disability' is defined in the Law on the Social Integration of Disabled Persons. The same definition is also used by the Department of Statistics to the Government of the Republic of Lithuania (Statistics Lithuania) as well as by The Office of Equal Opportunities Ombudsperson in Lithuania in relation to anti-discrimination and equality issues:

'**Disability** is a long-term worsening reduction of the state of health on the basis of a disorder of the physical structure and functions, and diminution of participation in public life and of possibilities for activity'.

What is the population of women and girls with disabilities in the country?

The number of people with disabilities is estimated according to the number of people receiving pensions or allowances for lost capacity for work (or disability pensions)[12] or/and people with special needs.

There are **contradictions**[13] concerning the total number of disabled people in Lithuania:

According to the Ministry of Social Security and Labour, there were 253,159 (or approximately 7% of the

Griciute, E. Lithuanian Disability Forum (September 2008) *Presentation at the European Conference on Recognising the Rights of Girls and Women with Disabilities. An Added Value for Tomorrow's Society*, Madrid, November 2007. Retrieved 3 June 2008, from: http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf.

[12] Introduced by the Law on the Social Integration of the Disabled, there are major changes in relation to disability allowances that came into force since 1 July 2005: instead of awarding disability pensions (1st group, 2nd group or 3rd group of the disability), the Disability and the Working Capacity Assessment Office is ascertaining the capacity for work level for people with disabilities between the age of 18 and retirement age (45-55%, 60-70% and 75-100% of loss of capacity for work) and disability level for children under 18 years of age. In Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
Although there are differences between the previous and the new system, the numbers of people are still partly comparable: 75%-100% incapacity for work corresponds to the 1st disability category, 60–70% incapacity for work corresponds to the 2nd disability category and 45-55% incapacity for work corresponds to the 3rd disability category. The pension for incapacity for work is not granted if the incapacity for work is less than 45%.

[13] Confirmed by Ms. Birute Stolyte, The Department of Public Relations, Statistics Lithuania (an interview 19 August 2008), Ms. Aldona Ablingiene, Head of the Department of Social Services and Health Statistics and Ms. Loreta Rakutiene, the Department of Social Services and Health Statistics. The Department of Social Services and Health Statistics of the Statistics Lithuania is responsible for the preparation of two main reports concerning the situation of disabled people in Lithuania: *Social Protection in Lithuania* and *Social Integration of the Disabled*.

total population) people with disabilities (women, men and children), i.e. receiving pensions or allowances for lost capacity for work or/and people with special needs in 2007 (as of January 2007)[14]. However, according to the annual reports prepared by the Statistics Lithuania *Social Protection in Lithuania 2006*, the total number of people with disabilities for the same year (data as of 31 December 2006) was 211,2 thousands[15]. The mismatch of about 40 thousand people was explained as the right to choose between the work incapacity (disability) pensions of state social insurance and the retirement pension once a disabled person reaches retirement age. People who choose receiving retirement pension instead are 'disappearing' from the estimates of the total number of disabled people above retirement age.

In addition, it was estimated that in 2005 (most recent data), there were around 2,000 people with disabilities (women and men) not receiving any allowances for incapacity for work (disability)[16].

The breakdowns of the data below are based on the estimates of the number of disabled people given by the Statistics Lithuania in the report Social Protection in Lithuania 2006 (211,2 thousands in total).

	Women with Disabilities	Non-disabled women	Men with disabilities
Size of population As of January 2007, the estimated population of Lithuania was 3382,9 thousand people[17]. Females - 1807,9 thousand or 53,4% of the total population (2007)[18] Males - 1577,0 thousand or 46,6% of the total population 2007)[19].	110,9 thousand[20] (2006 - most recent)	Around 1697,0 thousand	100,3 thousand[21] (2006 - most recent)
% of total population People with disabilities accounted of around 7% of the total population in 2007[22].	Approximately 3,28%	Approximately 50,16%	Approximately 2,97%

[14] Ministry of Social Security and Labour of the Republic of Lithuania (2008), *Disability statistics and dynamics*. Retrieved 3 April, 2008, from: http://www.socmin.lt/index.php?567434200.
[15] Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
[16] Ministry of Social Security and Labour of the Republic of Lithuania (2007), *Disability Statistics*, Retrieved 3 April, 2008, from: http://www.socmin.lt/index.php?1202806612.
[17] Department of Statistics of the Republic of Lithuania (2007), *Demographic Yearbook*. Retrieved 3 April, 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1095&PHPSESSID=2918794fa0dd1f17d277e86a9ef5cf19.
[18] Statistics Lithuania, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/pages/view/?id=1299 and Statistics Lithuania (2008). *Women and Men in Lithuania 2006,* Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1098.
[19] *Ibid.*
[20] Female work incapacity (disability) pension receivers of state social insurance. Other data disaggregated by gender is not available. Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
[21] Male work incapacity (disability) pension receivers of state social insurance. Other data disaggregated by gender is not available. Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
[22] Ministry of Social Security and Labour of the Republic of Lithuania (2008), *Disability statistics and dynamics*. Retrieved 3 April, 2008, from: http://www.socmin.lt/index.php?-1760949004.

% of female population	Approximately 6,13%	Approximately 93,87%	n/a
Disaggregate by age if possible as follows:			
< 15 year olds 15 812 or 6,2% (2007) of all disabled people[23]. The whole population of < 15 year olds is 590,2 thousands or 17,4% (2007) of the total population[24]. Females – 287 724 or 48,7% (2007)[25] Males – 302 489 or 51,3% (2007)[26]	Data is not disaggregated by gender	Data is not disaggregated by gender	Data is not disaggregated by gender
16-64 year olds 170 317 or 67,3% (2007) of all disabled people[27]. The whole population of 16-64 year olds is 2136,6 thousands or 63,1% (2007) of the total population[28]. Females – 1 077 041 or 50,4% (2007)[29] Males – 1 059 533 or 49,6% (2007)[30]	71,4 thousand[31] (2006 – most recent)	Data is not available	70,1 thousand[32] (2006 – most recent)
> 65 year olds 67 030 or 26,5% (2007) of all disabled people[33]. The whole population of > 65 year olds is 658,1 thousand or 19,5% (2007) of the total population[34].	Approximately 39,5 thousand	Approximately 403,651 thousand	Approximately 30,2 thousand

[23] Ministry of Social Security and Labour of the Republic of Lithuania (2008), *Disability statistics and dynamics*. Retrieved 15 August, 2008, from: http://www.socmin.lt/index.php?567434200 and http://www.socmin.lt/index.php?-1760949004.
[24] Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
[25] Statistics Lithuania (2008). *Women and Men in Lithuania 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1098.
[26] *Ibid.*
[27] Ministry of Social Security and Labour of the Republic of Lithuania (2008), *Disability statistics and dynamics*. Retrieved 15 August, 2008, from: http://www.socmin.lt/index.php?567434200 and http://www.socmin.lt/index.php?-1760949004.
[28] Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
[29] Statistics Lithuania (2008). *Women and Men in Lithuania 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1098.
[30] *Ibid.*
[31] Female work incapacity (disability) pension receivers of state social insurance under the retirement age. Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
[32] Male work incapacity (disability) pension receivers of state social insurance under the retirement age. Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
[33] Ministry of Social Security and Labour of the Republic of Lithuania (2008), *Disability statistics and dynamics*. Retrieved 15 August, 2008, from: http://www.socmin.lt/index.php?567434200 and http://www.socmin.lt/index.php?-1760949004.

Females – 44 3151 or 67,3% (2007)[35] Males– 21 4941 or 32,7% (2007)[36]			
Disaggregate by ethnicity Population by ethnicity (2007)[37]: - 85,2% Lithuanians, - 6,1% Polish, - 5,0% Russian and - 1,0 % Belarusian.	No data	No data	No data
Disaggregate by type/severity of disability General data (men and women work incapacity (disability) pension receivers of state social insurance by loss of capacity for work (disability groups) (as of 31 December 2006) – 211,2[38]: State social insurance disability pension[39]: I group: 20,8 thousands II group: 86,8 thousands III group: 17,6 thousands State social insurance work incapacity pension[40]: Loss of capacity for work of 75-100% - 5,7 thousands Loss of capacity for work of 60-70% - 53,7 thousands Loss of capacity for work of 45-55% - 26,6 thousands Combined (2006)[41]	Three most common types of disability among women 16-64 years[42]: Heart, blood or circulation problems – 25.9%, mental, nervous or emotional problems – 12.5% Other LSHPD – 10.3%	Data is not disaggregated by gender	Three most common types of disability among men 16-64 years[43]: Heart, blood or circulation problems – 21.3%, mental, nervous or emotional problems – 16.7%, legs or feet – 9.7%

[34] Statistics Lithuania (2006). *Social Protection in Lithuania*. Retrieved 5 April 2008, from http://www.stat.gov.lt/lt/catalog/viewfree/?id=1120.
[35] Statistics Lithuania (2008). *Women and Men in Lithuania 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1098.
[36] *Ibid.*
[37] *Ibid.*
[38] Lithuanian Statistics (2007). *Social Integration of the Disabled 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1163.
[39] Lithuanian Statistics (2006). *Social Integration of the Disabled 2005*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/pages/view/?id=1866&PHPSESSID=9299fd17fefc63772bdc73f3fc1fb341
[40] *Ibid.*
[41] Ministry for the Social Security and Labour (2007). *Social Report 2006-2007.* Ministry of Social Security and Labour of the Republic of Lithuania (2007). *Social Report 2006-2007*. Retrieved 5 April 2008, from: http://www.socmin.lt/index.php?1789226776.
[42] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU SILC

Loss of capacity for work of 75-100% (0-25% employment capacity level) (Group I) – 33 thousand (13% of all disabled) Loss of capacity for work of 60-70% (Group II) – 154 thousand (61% of all disabled) Loss of capacity for work of 45-55% (Group III) – 48,0 thousand (19% of all disabled) Disabled children (< 18 years of age) – 16,5 thousand (7% of all disabled)			
Is there information on the size of the household where they live?	No data	No data	No data
Multiple disaggregation (if available e.g. by age and ethnicity, by age and type/severity of disability)[44]	**Women 16-24 years:** Considerably disabled 1% To some extent disabled 0.5% Not restricted 98.5% **25-54 years** Considerably disabled 4.5% [arms/legs/back = 19.9% see/hear/speech/skin= 3.5% chest/heart/stomach/diabetes = 21.8% epilepsy/mental = 27.6% other = 27.2%] To some extent disabled 1.8% [arms/legs/back = 20.1% see/hear/speech/skin= 3.1% chest/heart/stomac	No data	**Men 16-24 years:** Considerably disabled 1.6%, To some extent disabled 0.3%, not restricted 98.2% **25-54 years** Considerably disabled 4.7% [arms/legs/back = 20.6% see/hear/speech/skin= 2.2% chest/heart/stomach/diabetes = 32.1% epilepsy/mental = 28% other = 17.2%] To some extent disabled 1.9% [arms/legs/ba

[43] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU SILC

[44] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU SILC

	h/diabetes = 50% epilepsy/mental = 7.2% other = 19.6] Not restricted 93.7% **55-64 years** Considerably restricted 12.5% [arms/legs/back = 21.8% see/hear/speech/skin= 4.4% chest/heart/stomach/diabetes = 53.5% epilepsy/mental = 6.2% other =14.1%] To some extent restricted 6.2% [arms/legs/back = 14% see/hear/speech/skin= 2% chest/heart/stomach/diabetes = 65.8% epilepsy/mental = 3.6% other = 14.7%] Not restricted 81.4%		ck = 26.7% see/hear/speech/skin= 11.3% chest/heart/stomach/diabetes = 30.7% epilepsy/mental = 12.6% other =18.7%] Not restricted 93.4% **55-64 years** Considerably disabled 14.2% [arms/legs/back = 18.9% see/hear/speech/skin= 4.9% chest/heart/stomach/diabetes = 60.5% epilepsy/mental = 7.3% other =8.4%] To some extent disabled 6.4% [arms/legs/back = 18.5% See/hear/speech/skin= 4.2% chest/heart/stomach/diabetes = 47.5% epilepsy/mental = 14.4% other =15.4%] Not restricted 79.4%

3. Economic situation and employment

What is the economic / employment situation of women with disabilities? **What legislation and policies are in place to recognise the right of women with disabilities to work?** **Please provide the source of the data**			
Quantitative data			
	Women with disabilities	Non-disabled women	Men with disabilities
Employment rates[45] According to 2005 Report, only 19 000 of all disabled people of working age are employed. 2006 Report indicates that this number is already higher - 28 700 (or 20,65%) of all disabled people of working age (139 thousands)[46]. The reports also emphasises that the employment rate of people with disabilities is very low. Employment rates of the population of working age (2006)[47]: - General employment rate (15-64) – 61,1% (approximately 1305,5 thousands) Female: 61,0% (approximately 656,9 thousands) Male: 66,3%	Data is not disaggregated by gender	Data is not disaggregated by gender	Data is not disaggregated by gender
Unemployment rates[48] Registered disabled people as unemployed (2006) – 10 828 in total (6,7% of all registered as unemployed)[49]	No data	No data	No data

[45] The data is not gathered systematically.
The only information sources that give approximate indication about the numbers of employed disabled people are Annual Reports of The Office of Equal Opportunities Ombudsmen in Lithuania.
[46] The Office of Equal Opportunities Ombudsmen in Lithuania (2006, 2007). *Annual Report of The Office of Equal Opportunities Ombudsperson in Lithuania 2005, 2006*. Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7 (in Lithuanian).
[47] Statistics Lithuania (2007). *Labour Force, Employment and Unemployment*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1101.
[48] Information that is available is very generic and does not take into account possible discouragement effect, i.e. estimates only include people that are officially registered as unemployed within a local labour exchange office.

Participated in vocational and retraining programmes – 760 Of which females – 426, males - 334 Got employed in 2006 – 3809 (4,0% of all that got employed that year) Unemployment rate of general population – 5,4% (2006)[50]			
Long-term unemployment rates	No data	No data	No data
Inactivity rates	No data	No data	No data
Part-time work rates There is no data available concerning part-time work rates of disabled people. Taking in general, flexibility of working arrangements in the labour market in Lithuania is very low. And this might be one of the reasons why people with disabilities are discouraged from the participation in the labour market. General data (2006)[51]: - Part-time work: only 9,9% (148,8 thousand) of all employed, of which: Females: 89,4 thousand Males: 59,3 thousand	No data	No data	No data
Self-employment rates There is no data available concerning self-employment rates of disabled people. Taking in general, self-employment[52] rates are quite low in Lithuania and this is mainly due to legal, social security, taxation and administrative obstacles which might have	No data	No data	No data

[49] Statistics Lithuania (2007). *Social Integration of the Disabled 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1163.
[50] Statistics Lithuania. Retrieved 5 April 2008, from: http://www.stat.gov.lt/lt/.
[51] *Ibid.*
[52] That the regulation of self-employment is sensitive shows the fact that this is among remaining few topics where the Directives 2000/78 and 2000/43 (that have considerably influenced the development of anti-discrimination legal framework in Lithuania) have not been transposed yet into the national law. There are no anti-discrimination provisions in the laws regulating self-employment (In Ziobiene, E. (2007) Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf).

even larger discouragement effect on people with disabilities. General data (2006)[53]: Employers and self-employed in total – 199,8 thousands (approximately 15,3% of the employed population of working age) Females – 76,6 thousands (approximately 11,7% of all employed women of working age) Males – 123,1 thousand			
Poverty rates (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+) There are no estimates concerning the poverty[54] rates of people with disabilities. General data indicates that in 2005 at higher risk of monetary poverty was about 20,5% of the total population and in non-monetary poverty – about 56% of the total population. Low income, living in a rural area, receiving benefits rather than being employed, being aged 65 and over, single-parent or a household of three and more children face higher risks of being in either in monetary and / or non-monetary poverty[55].	No data	No data	No data

[53] *Ibid.*

[54] Main definition of '*poverty*' is related to the *monetary* indicators and it is the same as used in Eurostat methodology, - i.e. 60 per cent of the median equivalised disposable income.
Broader definition of poverty includes *non-monetarily* indicators such as a lack of income and other resources (financial, cultural and social) guaranteeing a tolerable standard of living, e.g. quality of dwelling, social exclusion and living environment and corresponds to three groups of material deprivation of non-monetary poverty indicators distinguished by the Eurostat: economic strain, enforced lack of durables and problems with housing. In Lithuania, information required for the calculation of the non-monetary indicators has been collected since the 2005 in Survey on Income and Living Conditions.
In Statistics Lithuania (2007) *Information about Income Inequality and Non-monetary Poverty Indicators*. Retrieved 16 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1147.

[55] General data indicates that in 2005 at higher risk of monetary poverty was about 20,5% of the total population , with higher percentage at risk of poverty living in rural (34,6%) than in urban areas (13,5%).
Income of at-risk-of-poverty households consists of a bigger share of social transfers and a smaller share of income from employment. 29% of total income in cash of at-risk-of-poverty households consisted of old-age benefits, 22% other social transfers. Expenditure on dwelling of at-risk-of-poverty households made up 34% of disposable income (in comparison to those not at risk of poverty – 14 per cent).
Thus, in 2005, 56% of the population were living in non-monetary poverty: 54% of urban and 59% of rural population (i.e. those who indicated two or more deprivation items as living in non-monetary poverty).

Qualitative data

According to The Office of Equal Opportunities Ombudsmen in Lithuania, employment and education are the two main areas where disabled people most often experience discrimination[56].

For a long time there was no tradition to integrate people with disabilities into the general education, open labour market and general workplaces[57], for example, until about 1992 (i.e. the time when Lithuania was under the soviet union occupation and followed by several years after that) there were strong policies (education, employment, participation) to separate people with disabilities from the rest of the society. Except war veterans, disability issues / people with disabilities "didn't exist" as such on the policy agenda, although there were several organisations unifying people with hearing and visual impairments (the word 'unifying' is more precise then 'representing' which is more often used in the contemporary societies as the main purpose of these organisation was self-support via cultural activities within a group). Basic with some vocational skills was the only education disabled people usually got at that time and after completing it people with some types of disability (e.g. visual and hearing impairments, but not people with physical disabilities) were employed in specialised state owned enterprises. After re-establishment of Lithuanian independence in 1990, these state-owned enterprises went bankrupt and were liquidated. During the following 10 years the state was pre-occupied with its security, governance and major economy transformation issues. Only since around 2000 have disability issues appeared on the political agenda taking more speedy developments since 2005.

The worst situation in the labour market in Lithuania is experienced by people with learning disabilities[58]. According to the report, people with learning disabilities have no job opportunities at all[59] and although the fieldwork for the report was carried out November 2003 – February 2005, the situation hasn't changed much since, despite the fact that education opportunities for children with learning disabilities have improved considerably.

– *Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?*

By housing quality and the number of material deprivation items, persons aged 65 and over were in the worst situation. Two-thirds of persons belonging to this age group lived in households, which have indicated two or more material deprivation items and 58% – in households having at least one of the mentioned housing problems.
Single-parent households faced the highest risk of deprivation in all dimensions.
Two-adult households with three or more children also faced higher deprivation risk than the rest of the population.

[56] The Office of Equal Opportunities Ombudsmen in Lithuania (2007). *Annual Report of The Office of Equal Opportunities Ombudsperson in Lithuania 2006*. Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7 (in Lithuanian).

[57] From the interview with Mr. Vytis Muliuolis, Lawyer, The Office of Equal Opportunities Ombudsmen in Lithuania, 3 April 2008; Lithuanian National Forum of the Disabled (2008), Presentation by Ms. Evelina Griciute at the *European Conference Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, Madrid, November 2007, Retrieved 14 April 2008, from: http://cms.horus.be/files/99909/MediaArchive/Recognizing%20the%20Rights%20of%20Girls%20and%20Women%20with%20%20Disabilities.pdf; The Centre for Equality Advancement, http://www.gap.lt.

[58] EU Monitoring and Advocacy Program (EUMAP) of the Open Society Institute (OSI) and the Open Society Mental Health Initiative, in cooperation with the Lithuanian Welfare Society for People with Intellectual Disability 'Viltis' (2007). *Why are people with intellectual disabilities in Lithuania not allowed to work?,* Retrieved 14 August 2008, from: The Centre for Equality Advancement, http://www.gap.lt/research, Report: http://www.eumap.org/topics/inteldis/reports/pressrelease/lithuania/englishpr.pdf.

[59] *Ibid.*

As already mentioned above, there are no explicit legislation or policies specifically targeting women with disabilities including discrimination with regard to employment. Anti-discrimination in employment is generally addressed by the general anti-discrimination legislation or legislation specifically targeting women and / or disabled people. Only since 2005 the body of legal regulations concerning people with disabilities in general has been increased considerably (e.g. mainly by adopting new legal acts, but also amending existing ones) and is being developed further. The main reason for this was the need to transpose the provisions of Directives 2000/78 (establishing a general framework for equal treatment in employment and occupation) and 2000/43 (implements the principle of equal treatment between persons irrespective of racial or ethnic origin) into the national law.

Main legislation addressing anti-discrimination with regard to employment:

- ***Law on Equal Opportunities for Women and Men*** (as amended)- prohibited direct and indirect discrimination in public and private employment; in the beginning explicitly addressed gender equality, but now also includes prohibition of discrimination on the grounds of sexual orientation, age, disability, race and ethnic origin and religious beliefs;
- ***Law on Equal Treatment*** - prohibits direct and indirect discrimination in public and private employment on the grounds of gender, age, sexual orientation, disability, religion and ethnic origin. This is the main legal act accommodating provisions of the EC Directives 2000/78 and 2000/43 and which also declares that the national legislation must be harmonised with the requirements of the Directives. The Law on Equal Treatment obliges the employer to take appropriate measures to provide conditions for the disabled to obtain work, to work, to pursue a career or to study. This Law proclaims these obligations but other laws do not detail the content of it. It must be particularly stressed that the concepts of studying or career have not been explored in detail yet[60];
- ***Law on Social Integration of the Disabled*** - has established social integration system and introduced completely new methodology of disability categorisation (i.e. change from assigning the level of disability from the medical point of view to more complex assessment - assessing the level of person's ability to work) with big emphasis placed on professional rehabilitation;
- ***National Anti-discrimination Programme 2006-2008, 2009-2011*** - employment discrimination is a key focus of The Programme regarding the disabled people[61]. Measures include: appropriate adjustments of the physical, information and a workplace environment for disabled people; special education of employers, education providers and the general public; accessible and integrating formal and informal education. In 2006 there were 21 social enterprises, 7 of which were social enterprises of disabled people[62].

[60] Ziobiene, E., *Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007*, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf.

[61] National Anti-discrimination Programme 2009-2011. Retrieved 25 August 2008, from: http://www.ndt.lt/files/File/viesos_konsultacijos/del_LR_Vyriausybes_nutarimo_del_Nacionalines_antidiskriminacines_programos.doc.

[62] The number of employed people in theses enterprises is not known.

[63] Ziobiene, E., *Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007*, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf.

[64] *Ibid.*

[65] *Ibid.*

In addition it should be noted that the ***Employment Code*** does not include any sanctions for workplace discrimination so far[63]. In theory, State Employment Inspectors may impose administrative sanctions on employers who discriminate against their employees on the ground of Article 6 of the ***Code of Administrative Offences***, but in practice however, the provision is very generic and there are no cases when workplace discrimination facts were addressed by the State Employment Inspection officials[64]. Only severe workplace discrimination would be punishable under the ***Criminal Code***, but there are no cases so far and this legal possibility is deemed to be ineffective[65].

– *Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments*

These are the main activation programmes specifically targeting employment issues of the disabled people:

- ***National Programme of Social Integration of the Disabled 2003–2012*** - is implemented by the government as coordinated activities of 10 national ministries, 10 county chief administrations and 60 municipalities. Available funding is allocated by The Department for the Affairs of the Disabled under 13 priority action fields as defined in The Programme and is available for public bodies and disability NGOs. Among the other priorities, such as social services, accessibility, employment, sports, culture, recreation and state education, big emphasis in the Programme is placed on the development of professional rehabilitation system and support.
- ***Programme of Vocational Rehabilitation*** - The Programme is implemented by the Ministry of Social Security and Labour in cooperation with the Lithuanian Labour Exchange Office (a national jobcentre office with an extensive network of local offices) and is aimed at building and developing employment capacity of the disabled by extending their professional competences and therefore abilities to participate in the labour market. Although the Ministry is the 'owner' of the Programme, major role is played by the Labour Exchange Office: it organises, coordinates and monitors the provision of vocational rehabilitation services in territorial labour exchange offices and procures training services from education providers and NGOs, e.g. in 2006–2007 a partnership between Valakupiai Rehabilitation Centre, Vilnius Žirmūnai Labour Market Training Centre and the Adult Education Centre of the Vilnius Cooperation College have increased the range of professional training programmes on offer for the disabled people from 7 to 45 of both of formal and non-formal education[66].

Further demand to bring vocational rehabilitation services closer to the places of residence of the disabled people and therefore increase their accessibility, resulted in procuring more vocational rehabilitation services across the country: e.g. Profesiju spektras in Druskininkai, the Lithuanian Rehabilitation Professional Development Centre in Radviliskis, Palanga Rehabilitation Hospital (along with the Klaipeda Labour Market Training Centre) and Vilties ziedas in Kaunas could already offer around 123 different programmes of vocational rehabilitation for the disabled in 2006[67].

In 2006, territorial labour exchange offices registered 252 persons with the need for vocational rehabilitation; 206 of these persons took part in a vocational rehabilitation programmes, including 69 individuals who completed them and 23 who got employed after that[68]. At the same time it is recognised that the development of vocational rehabilitation system encounters such problems as e.g. insufficiently

[66] The Ministry of Social Security and Labour (2007). *Social Report 2006-2007, Retrieved 12 August 2008, from http://www.socmin.lt/index.php?93931350.*
[67] *Ibid.*
[68] *Ibid.*

developed infrastructure of services, lack of qualified specialists ensuring complex, continuous and efficient rehabilitation[69].

- ***Strategy on the Development of Vocational Rehabilitation Services 2007–2012*** - as vocational rehabilitation is a fairly new area in Lithuania, the document sets long-term objectives for the development of the system of vocational rehabilitation, i.e. improve the legislative framework, ensure better accessibility and variety and quality of services.
- Single initiatives under the ***Community EQUAL Initiative*** - coordinated by the Ministry of Social Security and Labour. Initiatives concerning employment were implemented in cooperation with the National Labour Exchange Office and its regional and local offices throughout the country[70].

– *Other activation initiatives:*

- ***Law on Social Enterprises*** – amendments in 2005 created incentives to employ disabled people as well as creating a legal framework for an easier establishment of a social enterprise by disabled people themselves. If special requirements are fulfilled, a social enterprise of disabled persons is entitled to an additional financial support from the State. Amendments at the end of 2006 aimed at simplifying the legal environment in which social enterprises operate and increased available support to those which employ disabled people, e.g. in addition to various subsidies and compensations that were available to the social enterprise employing a disabled person of capacity to work level between 30-55%, this now was made available to all disabled people with capacity to work level of up to 55% as well as for the employers employing disabled people above the retirement age etc.;
- Amendments to ***the Law on Profit*** Tax and ***the Law on Public Procurement*** were adopted along to the Law on Social Enterprises. Amendments to the Law on Profit Tax state that the profit of social enterprises is of 0% taxation rate, if specific requirements are met. The Law on Public Procurement simplifies purchase of good and services procedures to the companies employing disabled people.
- ***Reasonable accommodation / reasonable workplace adjustments*** for people with disabilities - this now is required by law after the need to transpose the EC Directive 2000/78 (specificly Article 5): to guarantee compliance with the principle of equal treatment, employers now have an obligation to provide *reasonable workplace adjustments* to people with disabilities, unless the adjustments would impose a disproportionate burden on the employer. The obligation is transposed into the national Law on Equal Treatment, but it is not detailed in any other laws yet - there is no compensation system established to compensate the costs to the employers[71].
- A ***quota system*** which gives an obligation to the employers to employ people with disabilities proportionally to the total number of the employees, but this does not work in practice, i.e. the provisions are not effective enough in encouraging the employment of people with disabilities and specifically with learning disabilities[72].

[69] Lithuanian Government (2007), *Operational Programme for Promotion of Cohesion for 2007–2013*. Retrieved 5 August 2008, from: http://www.esparama.lt/en/pasirengimas/.

[70] More information: Ministry of Social Security and Labour (2007). *EQUAL: New Solutions in the Labour Market. Catalogue of Examples of Good Practice and International Cooperation of the Lithuanian Development Partnerships*.

[71] Ziobiene, E., Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf.

[72] EU Monitoring and Advocacy Program (EUMAP) of the Open Society Institute (OSI) and the Open Society Mental Health Initiative, in cooperation with the Lithuanian Welfare Society for People with Intellectual Disability 'Viltis' (2007). Why are people with intellectual disabilities in Lithuania not allowed to work?, Retrieved 14 August 2008, from: The

- There is no framework for ***supported employment*** in Lithuania, and to date, there have been only few projects on supported employment for people with intellectual disabilities where supported employment is internationally recognised as the best way for people with intellectual disabilities to access jobs[73].

– *Key bodies responsible for enforcement / delivery (including state, private and third sector)*

Main governmental bodies dealing with the affairs of the disabled people:

- ***The Ministry of Social Security and Labour***
- Leads national coordination and preparation process to ratify the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol; The Ministry also was the Managing Authority of the Community Initiative EQUAL in Lithuania.
- ***Council for Disabled People's Affairs under the Ministry of Social Security and Labour***

An inter-institutional body was set up by the Government in 1997 with the aim to co-ordinate multi-dimensional integration processes of the disabled people in line with the Law on the Social Integration of the Disabled. It is a collegial institution comprising representatives from various governmental bodies and major national non-governmental disability organisations. The composition is approved by the Minister of Social Security and Labour and is accountable to the Government;

- ***The Department for Disabled People's Affairs under the Ministry of Social Security and Labour***

Works in cooperation with the Council for Disabled People's Affairs and is responsible for planning, organisation and coordination of the implementation of social integration policy of the disabled;

- ***Disability and the Working Capacity Assessment Office under the Ministry of Social Security and Labour***

A governmental institution which is responsible for the national methodology guidelines and facilitation, organisation and coordination of the disability ascertain process (level of disability for persons under the age of 18 and the ability to work level for people between the age of 18 and retirement pension, special and rehabilitation needs etc.) at the national level;

- ***Lithuanian Labour Exchange Office*** and its regional and local offices.
- ***The Office of the Equal Opportunities Ombudsperson***

A specialised non-judicial body investigating and dealing with discrimination complaints was established in April 1999. Initially responsibilities covered anti-discrimination on the ground of gender, but in November 2003 the responsibilities were broadened and now also include anti-discrimination on the ground of sexual orientation, disability, age, race, ethnicity, religion and beliefs.

Municipality institutions:

- ***Rehabilitation Centres*** around the country (there are several centres for medical rehabilitation and only one that systematically deals with professional rehabilitation).

Non-Governmental Organisations:

- ***Coalition of NGOs for Protection of Women's Rights***[74];
- ***Women's Issues Information Centre***[75];
- ***Lithuanian National Forum of Disabled (member of European Disability Forum)***[76];
- ***Centre for Equality Advancement (CEA)***[77];

Centre for Equality Advancement, http://www.gap.lt/research, Report: http://www.eumap.org/topics/inteldis/reports/pressrelease/lithuania/englishpr.pdf.

[73] *Ibid.*

[74] Coalition of NGOs for Protection of Women's Rights, http://www.moterukoalicija.webinfo.lt/veikimopr_struktura.htm.

[75] Women's Issues Information Centre, http://www.lygus.lt/.

[76] Lithuanian National Forum of Disabled (member of European Disability Forum), http://www.lnf.lt/.

[77] Center for Equality Advancement (CEA), http://www.gap.lt.

[78] Kaunas Women's Employment and Information Centre, http://www.muic.lt/.

- ***Kaunas Women's Employment and Information Centre***[78];
- ***Human Rights Monitoring Institute***[79]***.***

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Please provide disaggregated data where available (e.g. by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

Data concerning disabled people is not disaggregated by gender.

<table>
<tr><th></th><th>Women and girls with disabilities</th><th>Non-disabled women and girls</th><th>Men and boys with disabilities</th></tr>
<tr><td>Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels

(ISCED 0)
As of 31 December 2006, the number of pre-primary schools (including general schools with special groups) and pupils by impairment[80]:
<table>
<tr><th>Impairment</th><th>Schools</th><th>No of children</th></tr>
<tr><td>In total</td><td>105</td><td>3914</td></tr>
<tr><td>Of which Hearing</td><td>10</td><td>65</td></tr>
<tr><td>Speech</td><td>35</td><td>2293</td></tr>
<tr><td>Vision</td><td>9</td><td>469</td></tr>
<tr><td>Learning</td><td>5</td><td>181</td></tr>
<tr><td>Physical and movement</td><td>3</td><td>172</td></tr>
<tr><td>Other</td><td>15</td><td>171</td></tr>
<tr><td>Complex</td><td>28</td><td>563</td></tr>
</table>
Able-body children in pre-primary education, as compared to the number of children of 1-6 years old – 54,7%.

(ISCED 0; ISCED 1; ISCED 2; ISCED 3)
As of 31 December 2006, the number of children and pupils with special needs which are integrated</td><td>Data is not disaggregated by gender</td><td>Data is not disaggregated by gender</td><td>Data is not disaggregated by gender</td></tr>
</table>

[79] Human Rights Monitoring Institute, http://www.hrmi.lt/.

[80] Statistics Lithuania (2007). Social Integration of the Disabled 2006, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1163.

in general groups of pre-primary and general schools, 2006-2007[81]:

	Number children and pupils
Children with special needs integrated in general groups of pre-primary schools	14423
Percentage from the total number of children in pre-primary education	15,9%
Pupils with special needs general schools	53029
In partial integration groups	797
Pupils with special needs entirely integrated in general groups of general schools	52232
Percentage from the total number of pupils	10,3%

As of 1 September, pupils with special needs in special and sanatorium schools, 2006-2007[82]:

Number of special and sanatorium schools	66
Total number of pupils	5052
Of which, by type of impairment: Hearing	505
Speech	258
Vision	236
Learning	3541
Physical and movement	310

[81] *Ibid.*
[82] *Ibid.*
[83] *Ibid.*
[84] Pupils with several disorders are added several times respectively.
[85] Statistics Lithuania (2007). Social Integration of the Disabled 2006, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1163.
[86] Union of Lithuanian Students, Survey of 40 higher university establishments in Lithuania, May 2008, Retrieved 5 August 2008, from: http://www.lrytas.lt/-12113616141210203329-p1-Mokslas-Tyrimas-vis-daugiau-ne%C4%AFgali%C5%B3j%C5%B3-siekia-auk%C5%A1tojo-mokslo.htm.
[87] An interview with Mr. Vytis Muliuolis, Lawyer, The Office of Equal Opportunities Ombudsmen in Lithuania, 3 April 2008.
[88] The Office of Equal Opportunities Ombudsmen in Lithuania (2006). Annual Report of The Office of Equal Opportunities Ombudsperson in Lithuania 2005. Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7 (in Lithuanian
[89] Statistics Lithuania (2007). *Education 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1114.
[90] Due to national specifics in education categorisation separate statistical data by ISCED level is not available.

As of 1 September, pupils with special needs integrated into general groups of general schools (entire integration), 2006-2007[83]:

Total number of integrated pupils	52232[84]
Of which, by type of disorders: Hearing	377
Speech and communication	29613
Vision	385
Learning	3118
Physical and movement	1507
Special learning	7006
Emotional, behavioural and social development	1237
Chronic somatic and neurological	3441
Complex	5567
Other development disorders	4260

(ISCED 4) / (ISCED 5)
Disabled pupils and students in[85]:

	2004-05	2005-06	2006-07
Vocational schools	1749	1242	1071
Colleges	109	161	238
Universities	219	253	289

According to a recent study, there were 915 disabled students at higher education establishments in academic year 2007-2008 comparing to 640 students in 2006-2007 and 530 in 2005-2006[86]. Despite gradual improvements in this area, inappropriate physical and information environment, lack of specialised learning material and learning means as well as education specialists with appropriate qualifications are yet considered among the main obstacles to access higher education for people with disabilities[87].

According to report, from the total number of disabled people of 250 thousands, only 19 thousand have acquired higher education[88] (there is no data on the number of disabled people above 25 years of age).

Comparing to data of general population:
In general, Lithuanian population is considered as having high attainment levels at all levels of education, especially high education, and particularly among women.

Participation rates in general education
Graduates of lower secondary (ISCED 2) education as compared to the population aged 16 (2006) – 90,6%[89].

Graduates of upper secondary (ISCED 3) education as compared to the population aged 18 (2006) – 83,7% (ISCED 4) / (ISCED 5)[90]: Higher education (as of 1 September 2006) - Bachelor and professional programmes (2006-2007) (all students: 113745) Females – 67745 (59,6%) Males – 46000 (40,4) - Master's programmes (all students: 25593) Females – 16078 (62,8%) Males – 9515 (37,2) (37,2%) ISCED 6) Residency, doctoral and post-graduate art programmes (3866): - Females – 2407 (62,3%) - Males – 1459 (37,7%) Percentage of female students (beginning of academic year 2006-2007): - General schools - 49,5% - Vocational schools – 39,4% - Professional colleges – 18,8% - Colleges – 59,7% - Universities – 60,2%			

Qualitative data:

According to The Office of Equal Opportunities Ombudsmen in Lithuania, still employment and education are the two main areas where disabled people experience discrimination most often[91].

Description of legislation and policies to recognise right of disabled persons to education

General (equality) legal framework prohibiting discrimination on the grounds of sexual orientation, age, disability, race and ethnic origin and religious beliefs in all areas, including education:

- ***Law on Equal Opportunities for Women and Men***;
- ***Law on Equal Treatment***;
- ***National Anti-discrimination Programme 2006-2008, 2009-2011***
- ***Law on Education of the Republic of Lithuania***[92] – comprises articles concerning education for people with special needs, e.g. Article 15 Special Education; Article 22 Special-Pedagogical Assistance and Special Assistance; Article 34. Accessibility of Education to People with Special Needs; Article 35. Accessibility of Education to Persons with Limited Mobility; etc.

Specialised:

- ***Law on Social Integration of the Disabled*** – includes general provisions that the social integration of the disabled shall be organised following the principles of equal rights, equal opportunities, prevention of discrimination, ensuring independence and freedom of choice, accessibility, compensation for disability, decentralisation and destigmatisation in all life areas including education. Implementation and

[91] The Office of Equal Opportunities Ombudsmen in Lithuania (2007). *Annual Report of The Office of Equal Opportunities Ombudsperson in Lithuania 2006*. Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7 (in Lithuanian).
[92] Retrieved 22 August 2008, from: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=281043.

development progress of these principles is monitored and reported in annual Social Reports prepared by the Ministry for Social Security and Labour.

- ***Law on Special Education***[93] **–** a special legal act establishing the structure of the system of Special Education as well as administration and management of early and pre-school, general, supplementary, vocational college, university and adult education of persons with special needs.

Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:

There are no special national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education. Measures that already exist equally address both girls and boys. Personalised and integrative measures at school are defined by the Law on Special Education, provision of assistive technologies are covered in several programmable documents (as below). With the aim to support disabled students seeking higher education, Description of the Procedure of Providing Financial Support to the Disabled Students Studying in Higher Educational Establishments was approved by the Ministry of Social Security and Labour and the Ministry of Education and Science in 2006. According to the Procedures:

- a monthly payment of an allowance which equals 50% of the basic social insurance pension can be granted for a disabled person's special needs; and
- contribution to university fees up to 3,2 minimum subsistence levels (established by the Government) paid as a lump sum for every semester.

In 2006, financial support was provided to 542 students[94].

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

- What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention?

There is no definition of independent living in Lithuania.

- What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources?

There are no services explicitly dedicated to women to support their independent living. Taking in general, availability of community support / out-patient services to support independent living of the disabled people

[93] Retrieved 22 August 2008, from http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=93743.

[94] The Ministry of Social Security and Labour (2007). *Social Report 2006-2007*, Retrieved 12 August 2008, from: http://www.socmin.lt/index.php?93931350.

is as yet very poor in this country. This is also recognised in the Operational Programme for Promotion of Cohesion for 2007–2013 – one of the key documents outlining the implementation of the National General Strategy: the Lithuanian Strategy for the use of European Union Structural Assistance for 2007-2013[95]. A survey carried out in 2006 discovered that the potential demand for community support services is much greater than the current supply (if at all), especially of those delivered to home or out-patient institutional care settings; there are relatively more services provided to disabled children or children with psychical disabilities, but only every tenth of them has recognised special needs for constant nursing and care receives social services in out-patient institutions; the situation is more or less similar concerning social services provided to adults under 60 with severe psychological or complex disability; but the situation is even worse concerning people above 60 years of age: the percentage of those receiving home care or even in-patient services is very low[96]. Special emphasis to develop these kinds of services is defined in the Operational Programme for Promotion of Cohesion for 2007–2013 (as mentioned above).

There are several initiatives that partly contribute to the independent living of disabled people in Lithuania:

- ***Provision of Technical Aids to Residents***

The Ministry of Social Security and Labour implements a special programme - Programme for the Development and Implementation of Effective System of Provision of Technical Aids to Residents living in the Regions (under The 2004–2010 Strategy on Technical Aids Supply to People with Disabilities) under which disabled residents may receive technical aids depending on their needs as well as receive maintenance services of these items.
The main responsibility for carrying out these activities lies with the Centre of Technical Aids for the Disabled under the Ministry of Social Security and Labour and it is 6 regional offices in the country.
In 2006, it has purchased around 22 thousand units of technical aid, provided partial compensations to the equipment purchased by the disabled persons themselves, repaired and adapted for individual use 2,5 thousand units of technical aid; bought and delivered 44 electrical wheelchairs etc.[97] according to the report, technical aids were provided to more than 22,000 people and the need for compensation for technical aids has been satisfied by 90%. Current strategic documents aim to create an integrated legal, economical and organisation system, ensuring more efficient use of available funding and thereby improving supply of technical aids to people with movement, vision and hearing impairment (technical aids to persons with vision and hearing disabilities was started being provided by the Centre since 2007, replacing scattered initiatives offered by NGO) and as a result facilitating their medical, social and vocational rehabilitation. For this reason, there are immediate plans to expand the network of centres providing technical aids in order to make them more accessible for those in need[98].

[95] Lithuanian Government (2007), *Operational Programme for Promotion of Cohesion for 2007–2013*. Retrieved 5 August 2008, from: http://www.esparama.lt/en/pasirengimas/.
[96] *Ibid.*
[97] The Ministry of Social Security and Labour (2007). *Social Report 2006-2007*, Retrieved 12 August 2008, from: http://www.socmin.lt/index.php?93931350.
[98] Lithuanian Government (2007), *Operational Programme for Promotion of Cohesion for 2007–2013*. Retrieved 5 August 2008, from: http://www.esparama.lt/en/pasirengimas/.
The Ministry of Social Security and Labour (2007). *Social Report 2006-2007*, Retrieved 12 August 2008, from: http://www.socmin.lt/index.php?93931350.
[99] *Ibid.*
[100] Lithuanian Statistics (2007). *Social Integration of the Disabled 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1163.

- ***Programme for the Adaptation of Housing for the Disabled for 2007–2011*** – is implemented by the Ministry of Social Security and Labour. The purpose of the Programme is to contribute to the social integration of the disabled by providing possibilities for their relative independence - meeting their special needs for adaptation of housing and their living environment[99]. The programme is primarily targeted at the disabled with movement impairment and having difficulty moving around at home and is funded by the national government and local authorities.

According to the report, as of January 2006, there were 1465 people in need of adaptations in their housing environment; 345 of which (or 23,5%) have received housing adjustments by the end of the year[100].

Quantitative data:

– Rates of independent living of women with disabilities, compared to men with disabilities (Please disaggregate by age group: <15, 16-64, >65)

Only some of the data is disaggregated by gender, but none of it by age groups. Data in the table does not reflect the actual need of these kinds of services.

	People with disabilities receiving assistance and social care at home[101]			**Disabled visitors of day centres (in thousands)**			
				2005		**2006**	
	2004	2005	2006	Females	Males	Females	Males
Disabled children, in total	109	103	57	0,8	0,9	1,0	1,1
- Urban areas	77	50	24				
- Rural areas	32	53	33				
Disabled adults, in total	4295	4135	3997	20,9	13,7	28,1	17,9
- Urban areas	3016	2962	3001				
- Rural areas	1279	1173	996				
People of retirement age, in total	3742	3427	3340	11,3	7,1	15,5	9,5
- Urban areas	2647	2488	2511				
- Rural areas	1102	939	829				

– Rates of women with disabilities in care

Available data is not disaggregated by gender.

Data in the table does not reflect actual need of these kinds of services.

	Care institutions for people with disabilities and their residents[102]	
	2005	**2006**
Number of special schools and centres[103]	50	50
Number of their residents with disabilities	3627	3253
- of which (age group):	86	67

[101] *Ibid.*

[102] Lithuanian Statistics (2007). *Social Integration of the Disabled 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1163.

[103] Special schools and centres were social services are received

- under 7 years of age		
- 7-9	418	370
- 10-14	1345	1211
- 15-17	1140	1046
- 18 and above	638	559
Care setting for children and youth with disabilities	4	4
Number of their residents	735	733
- of which (age group): - under 7 years of age	21	16
- 7-9	33	34
- 10-14	99	93
- 15-17	101	86
- 18 and above	481	504
Care setting for adults with disabilities	27	27
Number of their residents	5412	5409
- of which (age group): - under 50 years of age	2164	2140
- 50-59	1155	1202
- 60-64	575	534
- 65-69	583	574
- 70-74	429	427
- 75-79	293	322
- 80-84	129	140
- 85 and above	84	70

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

There is no specific recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services. Girls and women with disabilities are entitled to the same healthcare services as able-bodied women. No further data is available.
Social protection is based on the Law on State Social Security Insurance. Every employee has social security protection and receives state health care services free of charge. Children under 18 years of age are granted social protection and health care free of charge. In the case of disability, the State covers social security and health care. Social protection, social security and health care are governed by a number

of special laws that cover areas such as social benefits, pension insurance, health insurance and health care, although these laws lack non-discrimination provisions[104].

Quantitative data: Please compare access rates for women with disabilities and women without disabilities to the following:

In 2007, 72% of applications from disabled people for the placement in care institutions were satisfied. Moreover, the regional differences exist in providing the institutional care for disabled people. In addition, not all of the services provided are available in all the parts of the country. For instance, as few as 5 enterprises providing the disabled with professional rehabilitation services are presently operable in Lithuania. In view of the total number of the disabled persons of working age who reside in Lithuania and the potential need of the disabled for the services of professional rehabilitation, Lithuania needs no fewer than 500 rehabilitation places. These places should be evenly distributed in each of the 10 counties.105 (National Report of Lithuania on Social Protection and Social Inclusion Strategies 2008 – 2010, 2008, Vilnius. At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/lithuania_en.pdf)

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

– *Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)*

There are no specific legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living. General benefit system is equally applied to women and men.

The National Programme for Social Integration of the Disabled for 2003-2012 approved by a resolution of the Government of the Republic of Lithuania lists important measures assigned to the Ministry of Social Security and Labour – to improve the procedure for provision of the disabled with the essential reimbursed personal hygiene products, to improve decentralised provision of the population with technical assistance measures, at all treatment and rehabilitation institutions to organise psychological assistance for persons experiencing spiritual crisis, short- and long-term mental disorders and having other disabilities. In 2007, training was organised for 332 specialists working with the disabled in the community and in a team (caregivers and social workers). Also, the funds of the Compulsory Health Insurance Fund are used to support target psychosocial rehabilitation programmes for the disabled in the community.[106] (National Report of Lithuania on Social Protection and Social Inclusion Strategies 2008 – 2010, 2008, Vilnius. At:

[104] Ziobiene, E., *Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007*, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf.

[105]

[106]

http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/lithuania_en.pdf)

– *Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources)*

Support that is available is equally entitled to women and men rising a disabled child[107]:

- ***Medicines***. 100 percent of the basic price of reimbursed medicines included into the List of Diseases and Related Reimbursed Medicines and the List of Reimbursed Medicines and of medical aid measures included into the List of Reimbursed Medical Aid Measures for out-patient treatment;
- ***Treatment***. 100 percent of the basic price for medical rehabilitation including the treatment to restore health for people sent for completion of treatment after a serious disease or injury is included in the list approved by the Ministry of Health. 90 percent of the basic price of sanatorium (antirelapse) treatment is reimbursed;
- ***Provision / compensation for the technical aids*** (as above);
- ***Crossing the border control posts***. Entry without queuing is granted to cars carrying disabled children upon presentation of the disability certificate;
- ***Use of the 'disabled' sign***. The sign may be used by a person driving a child with severe or average disability or, after 1 July 2005, a person with a severe or average disability level;
- ***Transport privileges***. The right to buy public transport tickets with an 80% discount as well as for one accompanying person;
- ***Living area.*** Families raising a disabled child who were granted soft loans before 31 December 2002 and after 1 January 2003 to families raising a disabled child receive a reimbursement of 20 percent of the remaining amount of the loan. A grant for repayment of some of the housing loan is given to borrowers who are families raising a disabled child; they receive a reimbursement of 20 percent of the (remaining) amount of the loan. A family raising a disabled child and living in the premises rented by the municipality with the useful area per one family member of less than 10 sq. m or 14 sq. m is entitled to improvements in social housing conditions. The lists of families raising a disabled child and entitled to social housing are compiled according to the date on which the application was registered in the municipality. The list includes families raising a disabled child;
- ***Employment.*** Employees who have disabled children may not be appointed to work overtime or sent on business trips against their own will. Employees raising a disabled child have one additional paid rest day during the month (or shortened working time by 2 hours per week);
- ***Vacation.*** Vacation of 35 calendar days for the disabled. Single employees who raise a disabled child are entitled to an annual leave of 35 calendar days. Single employees raising a disabled child are entitled to choose the period for the annual leave after the period of 6 months of uninterrupted work for the same employer. At the employee's request, employees raising a disabled child under 18 are entitled to the unpaid leave of up to 30 calendar days;
- ***Land.*** By decisions of municipal councils, families raising a disabled child might be exempted from the additional payment for utilities calculated according to the value of the land lot to be purchased;
- ***Business licences***. The municipalities are entitled to apply a lower income tax for the persons raising a disabled child who have business licences;

[107] The Ministry of Social Security and Labour, Retrieved 5 August 2008, from: http://www.socmin.lt/index.php?871165750.
[108] The Ministry of Social Security and Labour, retrieved 5 august 2008, from: http://www.socmin.lt/index.php?519662112.

- ***Legal assistance***. Irrespective of the assets and income level established by the Government of the Republic of Lithuania, people recognised as severely disabled as well as their guardians are entitled to receive secondary legal assistance, where the legal assistance guaranteed by the state is necessary to represent and protect the rights and interests of the charge;
- ***Stamp duties***. People under 18 with the established disability level (before 30 June 2007, also invalidity level) are exempted from the stamp duty for the issue and replacement of the identity card and passport and issue of the document certifying the place of residence of the person.

– *Assistance with disability-related expenses*

Support that is available is equally entitled to disabled women and men[108]

- ***Medicines.*** 100 percent of the basic price of reimbursed medicines included into the List of Diseases and Related Reimbursed Medicines and the List of Reimbursed Medicines and of medical aid measures included into the List of Reimbursed Medical Aid Measures for out-patient treatment (for people recognised as incapable for work (0–25%), people with recognised disability group 1 and people eligible for old-age pension with the established level of large special needs as required by legal acts). 50 percent of the basic price of reimbursed medicines included into the List of Reimbursed Medicines and of medical aid measures included into the List of Reimbursed Medical Aid Measures for out-patient treatment (for people recognised as partially capable for work (30–40%), people eligible for old-age pension with the established level of average special needs and people with recognised disability group 2);
- ***Treatment.*** 100 percent of the basic price for medical rehabilitation including the treatment to restore health for people sent for completion of treatment after a serious disease or injury included into the list approved by the Ministry of Health (for people recognised as incapable for work (0–25%), people with recognised disability group 1 and people eligible for old-age pension with the established level of large special needs as required by legal acts).

  In case of disease or injury, employed persons receiving the state social insurance pension for disability may receive a benefit for temporary incapacity for work for 90 days once during the calendar year (for people recognised as incapable for work (0–25%) or partially capable for work (30–40%), people with recognised disability group 1 or 2 and people eligible for old-age pension with the established level of high or average special needs as required by legal acts);
- Provision / compensation for the ***technical aids*** (as above).

Quantitative Data

Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	Non-disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	No data	No data	No data
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	No data	No data	No data

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

- ***The Law on Building*** - Article 6 declares that while planning, reconstructing or reconditioning buildings or constructing buildings it is necessary to accommodate them for the specific needs of persons with disabilities.
- ***Law on the Social Integration of the Disabled***[109] – Article 11. *Environment adaptability* generally states that while undertaking territorial and building planning, either of public and residential buildings and their environment, public transport and its infrastructure and the adaptation of the information environment special needs of people with disabilities shall be taken into account.
  The Ministry for Environment is responsible for the preparation and monitoring of the implementation process of the technical building requirements for the environment adaptability for people with special needs. Municipalities and the actual owners or users of the objects are responsible for making them accessible for people with special needs. A special institution authorised by the government is responsible for the adaptability of the information environment to people with special needs. There have been no court cases related to reasonable accommodation. In practice accessibility of buildings and transport yet remains very poor[110].

– *Are there any schemes or programmes in place which provide assistive technologies (specifically to women with disabilities, or to disabled people in general) and is there any data on take-up (by women with disabilities and men with disabilities)*

Equally available to women and men (as above):

- ***Provision of Technical Aids to Residents***
- ***Programme for the Adaptation of Housing for the Disabled for 2007–2011***

According to the report, as of January 2006, there were 1465 people in need to adapt their housing environment; 345 of which (or 23,5%) have received housing adjustments by the end of the year[111]. The process is very slow and the uptake is very low mainly due complicated state support and compensation procedures and very bureaucratic process in general[112].

– *Are there any legal acts requiring public and private bodies to provide access to goods and services?*

- ***The Law on Equal Treatment*** – traders, manufacturers of goods or service provider must:

[109] Retrieved 5 August 2008, from: http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=264550.
[110] Lithuanian Disability Forum, Novikovas A., President of the Lithuanian Disability Forum (November 2007). Retrieved 5 August 2008, from: http://www.lnf.lt/index.php?option=com_content&task=view&id=61&Itemid=63.
[111] Lithuanian Statistics (2007). *Social Integration of the Disabled 2006*, Retrieved 10 April 2008, from: http://www.stat.gov.lt/lt/catalog/viewfree/?id=1163.
[112] Lithuanian Disability Forum, Novikovas A. (November 2007). Retrieved 5 August 2008, from: http://www.lnf.lt/index.php?option=com_content&task=view&id=61&Itemid=63).

"1) create equal conditions for all consumers, regardless of their age, sexual orientation, disability, racial or ethnic origin, religion or belief to obtain the same products, goods and services, including the provision of housing and applying equal terms of payment and guarantees for the same products, goods and services and those of equal value.
2) when providing information on products, goods and services or advertising them ensure that there will be no humiliation, insult, restriction of rights or granting of privileges based on age, sexual orientation, disability, racial or ethnic origin, religion or beliefs and no formation of public opinion about the superiority or inferiority of a person due to the latter grounds."

Although the number of complaints is still very low, access to goods and services is the main area of the complaints to The Office of the Equal Opportunities Ombudsperson regarding disability-based discrimination[113]. Banking and insurance sectors are the main subjects of the discriminatory practices so far, for example[114]:

- ***Insurance with higher insurance risk level*** - insurance company explained that due to the physical condition (disability), a life insurance agreement had an increased insurance risk level as people with innervation disorders have greater risk of death. In response to the query of the Equal Opportunities Ombudsperson, the Ministry of Health Care stated that in Lithuania there are no official statistics or approved methodology that would substantiate the statements that disabled individuals face higher probability of life risk because of their disability-related health complications. Having carried out the investigation, the Ombudsperson found that the actions of the insurance company with regard to the disabled person, as a result of unfounded insuring of his life on unfavourable conditions, were discriminatory and violated provisions of the Law on Equal Treatment.

- ***Banking services are not accessible for blind*** – there are quite a lot of complaints related to disability (especially visual impairment) based discrimination in the banking sector. For instance, visually impaired persons can only get a limited amount of money from their bank the same day (this requirement is not applied to able-body persons) as a signature is required to receive a higher amount of money, however the signature of a disabled person is not recognised in the banking sector. In these kind of circumstances a disabled person can only get larger amounts of money if they are accompanied by someone having legal documents to represent them (this is not required from the able-body people). There are also restrictions on the type of bank cards visually impaired people can apply for (usually with limited functionality and therefore limited range of services they can access) and restrictions use electronic banking services. Although there is some progress

[113] An interview with Mr. Vytis Muliuolis, Lawyer, The Office of Equal Opportunities Ombudsmen in Lithuania, 3 April 2008.
The Office of Equal Opportunities Ombudsmen in Lithuania. *Annual Reports of The Office of Equal Opportunities Ombudsperson in Lithuania 2005, 2006, 2007.* Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7.
[114] The Office of Equal Opportunities Ombudsmen in Lithuania. *Annual Reports of The Office of Equal Opportunities Ombudsperson in Lithuania 2005, 2006, 2007.* Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7.
[115] An interview with Mr. Vytis Muliuolis, Lawyer, The Office of Equal Opportunities Ombudsmen in Lithuania, 3 April 2008.
The Office of Equal Opportunities Ombudsmen in Lithuania. *Annual Reports of The Office of Equal Opportunities Ombudsperson in Lithuania 2005, 2006, 2007.* Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7.

made already, many issues still remain problematic[115].

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

The Office of the Equal Opportunities Ombudsman (hereafter The Office)
Each natural and legal person has the right to file complaints with the Equal Opportunities Ombudsman about the violation of equal rights. The decisions of the Equal Opportunities Ombudsman in cases of discrimination on grounds of sex, age, sexual orientation, disability (provisions establishing anti-discriminatory principles on the grounds of disability came into force in 2004), racial or ethnic origin, religion or beliefs include the right to refer the material of the complaints to pre-trial investigative bodies and to address institutions with a recommendation to discontinue the violations of the Law on Equal Opportunities for Women and Men and the Law on Equal Treatment. The Ombudsman has been granted the right to investigate administrative cases and impose administrative sanctions for violations of the Law on Equal Opportunities of Women and Men, which is one of the most important and effective tools of gender equality policy. The recommendations of the Equal Opportunities Ombudsman are of a binding nature, and persons obstructing the Ombudsman in the exercise of his duties are held liable under the law and face administrative sanctions. Public institutions as well as private companies have duly implemented the majority of the decisions of the Ombudsman so far.

The **State Strategy on Fighting Violence against Women for 2007–2009** envisions allocation of resources to NGOs assisting abused women, improvements in the legal framework, and introduction of effective penalties.[116] (CERMI 2008, *Recognising the Rights of Girls and Women with Disabilities: an Added Value for Tomorrow's Society*, European Conference Report, Madrid)

– *Requirements to make reasonable adjustments in the delivery of services*
There are rules requiring that courts/ buildings are physically accessible. Where necessary, information must be provided in Braille. The same rule applies to sign language interpreting.
Irrespective of the assets and income level established by the Government, people recognised as incapable of work as well as their guardians are entitled to receive secondary legal assistance, where the legal assistance guaranteed by the state is necessary to represent and protect the rights and interests of the charge[117].

In practice, the issue of unequal access to justice by different social groups exists[118]. Although a few legal aid clinics (mostly staffed by law students) are in operation, an effective system of state legal aid

[116]

[117] Ministry of Social Security and Labour, retrieved 5 August 2008, from: http://www.socmin.lt/index.php?-619596834.

[118] Ziobiene, E., Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf.

needs to be strengthened in order to provide more opportunities for all members of the society to defend their rights[119].

– *Appropriate training for those working in the field of justice*
There is no disability specific training so far.

– *Helplines, help centres, (accessible) shelters, dedicated staff in the police and other law enforcement agencies*

Although there several helplines, help centres and shelters for women, none of them specialise in disability related issues or staff has special training. There are no dedicated staff in the police and other law enforcement agencies.

– *Sensitive and personalised investigation procedures*

Issues that still exist:

- The law does not provide regulations for special procedures for dealing with individuals with ***learning disabilities***. On the assumption that people with intellectual disabilities are unable to protect their own interests, the courts in Lithuania declare the vast majority of adults with intellectual disabilities legally incapable when they reach the age of 18[120]. They are then placed under guardianship and lose all their civil and economic rights, including the right to work[121]. Although existing legislation does provide the possibility to only limit — rather than fully remove — an individual's legal capacity, these provisions are not applied to persons with intellectual disabilities[122];
- ***Low number of complains*** - although the appropriate provisions establishing anti-discriminatory principles came into force in 2004, the number of complaints remains very low. According to statistical data, in 2005 the Office of the Equal Opportunities Ombudsman has only received 13 complaints, of which only in 3 cases the Office was competent to help the complainants, in 2006 – 10 and 1 and in 2007 – 17 and 5 respectively[123]. According to the Office, this certainly does not reflect the real situation of disabled people in society[124];

[119] EU Monitoring and Advocacy Program (EUMAP) of the Open Society Institute (OSI) and the Open Society Mental Health Initiative, in cooperation with the Lithuanian Welfare Society for People with Intellectual Disability 'Viltis' (2007). *Why are people with intellectual disabilities in Lithuania not allowed to work?,* Retrieved 14 August 2008, from: The Centre for Equality Advancement, http://www.gap.lt/research, Report: http://www.eumap.org/topics/inteldis/reports/pressrelease/lithuania/englishpr.pdf.
[120] Ibid.
[121] Ibid.
[122] Ibid.
[123] The Office of Equal Opportunities Ombudsmen in Lithuania. *Annual Reports of The Office of Equal Opportunities Ombudsperson in Lithuania 2005, 2006, 2007.* Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7.
[124] *Ibid.*
[125] *Ibid.*
[126] Ziobiene, E., Report on Measures to Combat Discrimination Directives 2000/43/Ec and 2000/78/Ec Country Report Lithuania. State of Affairs up to 8 January 2007, retrieved 2 April 2008, from: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ltrep07_en.pdf and an interview with Mr. Vytis Muliuolis, Lawyer, The Office of Equal Opportunities Ombudsmen in Lithuania, 3 April 2008.

- ***Unequal access*** - The Office of the Equal Opportunities Ombudsman is mostly approached by the residents of major Lithuanian cities, while people in regions are exercising their rights less[125]. It is suggested that at least one trained employee in each municipality could provide advice to residents on issues of equal opportunities. Education of residents in the regions on the topic of discrimination remains a priority;

- The Law on Equal Treatment ***does not permit a shift of the burden of proof*** from the complainant to the respondent in the cases of discrimination on the grounds of age, sexual orientation, disability, racial or ethnic origin, religion and beliefs[126]. This mean that in the cases of discrimination on the grounds of gender the fact of discrimination is presumed - the person or institution under suspicion will have a duty to prove their innocence. However, the same rights have not yet been granted in regard to discrimination on other grounds - the person or institution under suspicion does not have a duty to prove their innocence in cases of discrimination on the grounds of age, sexual orientation, disability, racial or ethnic origin, religion or beliefs.

Quantitative data:

- Levels/rates of those suffering abuse (related to their age)

There is no data on the extent of abuse of disabled women or girls may suffer. Only general data is available[127]:

403 women and 42 men were victims of sexual abuse[128]. Sexual abuse is more often suffered by the rural female population. Per 100 000 female population, 29 women in rural and 19 – in urban areas were victims of sexual abuse. In 2006, 425 women and 83 men were victims of domestic violence, i.e. family members – a spouse, cohabitant.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Qualitative data might include:

– *Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities)*

There is no data available on participation in political parties, achievement in political careers of women with disabilities, but because of the fact that there is no visibility in the public life of disabled women, an assumption can be made, that the participation is very low. However, available general data indicates that

[127] Department of Statistics of the Republic of Lithuania (2007), *Women and Men in Lithuania 2006*. Retrieved 3 April, 2008, from: http://www.stat.gov.lt/lt/catalog/list_free_releases?year=2007&cat_id=3&x=8&y=9.

[128] i.e. Registered victims - natural persons included in the Departmental register of criminal offences during the reference period, who have directly suffered from a criminal offence, i. e. natural persons who have become victims of a criminal offence, suffered pecuniary or non-pecuniary damage due to a criminal offence.

[129] Department of Statistics of the Republic of Lithuania (2007), *Women and Men in Lithuania 2006*. Retrieved 3 April, 2008, from: http://www.stat.gov.lt/lt/catalog/list_free_releases?year=2007&cat_id=3&x=8&y=9.

the participation of able-body women is very high[129]:

- Candidates and members of Lithuanian parliament (Seimas) 2004 – 2008, - 26% and 22,0% women and 74,0% and 78,0% men respectively;

- Candidates and members to the European Parliament, 2004 – 22% and 38% of women and 78% and 62% of men respectively;

- Members of Parliament (Seimas) Committees, 2006 – the majority of women participate in the Health Affairs Committee (43% of all its members) and Committee of Education, Science and Culture (36%); least female participation is in the Committee of Economics (7%);

- The total number of civil servants in 2006, was 17 663 for women and 7 127 for men. Civil servants of political (personal) confidence – 60% women and 40% men; Career civil servants – 72% women and 28% men and at Managerial positions – 32% of women and 68% of men;

- Members of the municipal councils in 2007 – 22% women and 78% men.

The Lithuanian public service is characterised both by horizontal and vertical segregation: women dominate among career public servants but the number of women managers is very small despite similar educational attainment levels of men and women[130].

- Participation in cultural life

Physical (public environment) of the resorts, local transport and its infrastructure are not adjusted for people with disabilities and therefore even large cultural events are usually not accessible for people with special needs[131]. Public events tend to be separated – for the general public and for people with special needs whereas the number of later events is also very small[132].

- Participation in sports

As in 2006, there were only 5 sport organisations for disabled people, with 2968 sportsmen and 32 staff[133]. And although there also is a Paralympic Committee and Lithuania is represented in the Paralympic Games, qualitative research reveals that the sport for disabled people is far underfunded, lacks sport facilities and specialists[134].

Until 2007 there were also discriminatory practices applied in awarding premiums to disabled sportsmen

[130] Lithuanian Government (2007), *Technical Assistance Operational Programme for 2007–2013.* Retrieved 5 August 2008, from: http://www.esparama.lt/en/pasirengimas/.
[131] The Office of Equal Opportunities Ombudsmen in Lithuania. *Annual Reports of The Office of Equal Opportunities Ombudsperson in Lithuania 2005, 2006, 2007.* Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7.
[132] An interview with Mr. Vytis Muliuolis, Lawyer, The Office of Equal Opportunities Ombudsmen in Lithuania, 3 April 2008.
[133] Department of Statistics of the Republic of Lithuania (2006), *Culture, Press and Sports*. Retrieved 3 April, 2008, from:, http://www.stat.gov.lt/en/catalog/viewfree/?id=1227.
[134] Maciukevicius, J. (20 September 2008), *Why it is sad after Paralympics?* Retrieved 20 September, from: Lietuvos rytas: http://www.lrytas.lt/-12218918221221078187-p1-sportas-kod%C4%97l-li%C5%ABdna-po-parolimpini%C5%B3-%C5%BEaidyni%C5%B3.htm.
[135] The Office of Equal Opportunities Ombudsmen in Lithuania. *Annual Reports of The Office of Equal Opportunities Ombudsperson in Lithuania 2006.* Retrieved 6 April 2008, from: http://www.lygybe.lt/?pageid=7.

and women, their coaches and assisting personnel for outstanding sport achievements[135].

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Luxembourg

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

The minister competent for women and for disabled persons is now one and the same person for all the ministries mentioned. This has been an evolution over three phases. Between 1994 and 1999, the Ministre de la Famille and Ministre de la Promotion féminine (responsible for women issues), together with the Ministre aux Handicapés et Accidentés de la vie (responsible for issues concerning disabled persons, starting to focus attention on the specificities of women with disabilities. Between 1999 and 2004, the Ministre de la Famille, de la Solidarité et de la Jeunesse (with competence for disabled persons) and the Ministre de la Promotion féminine (women issues) established links and dialogue between them. More recently from 2004 up to date, the Ministre de la Famille et de l'Intégration (competence for disabled persons) and the Ministre de l'Egalité des chances (equality between women & men) have placed these issues in the mainstream.

Legislation:

Security and health for working women

- Law of 26 May 2000 concerned protection against sexual harassment at work and modified various previous laws

Anti-Discrimination

- Law of 15 May 2003 including an approl of the amendment of paragraph 1 of Article 20 of the Convention on the elimination of all forms of discrimination against women.

Equality in treatment & Centre for equality in treatment

- *Law of 28 Nov 2006 concerning the* implementation of the principle of equal treatment and establishing a centre for equal treatment. The centre has the role of promoting, analysing and supervising equal treatment between all people with no discrimination based on religion or beliefs, handicap, age, sexual orientation or ethnic origin.

Revision of the Constitution

- Law of 13 July 2006 revising article 11, paragraph 2 of the Constitution, introducing wording to the following effect: "Women and men are equal in rights and duties. The State takes active care to promote the elimination of obstacles existing as regards equality between women and men*".*
- Law of 29 March 2007 revising paragraph (5) the Constitution: "the law regulates according to its principles the social security, the protection of health, the rights of workers, the fight against poverty and the social integration of citizens affected by a handicap".

UN Convention on the rights of disabled persons, adopted on 13.12.2006

The Convention on the rights of disabled persons was ratified by the Grand-Duchy of Luxembourg on March 30th, 2007. The aim of this Convention is to promote, to protect and to guarantee the complete and equal entitlement of all human rights and all the fundamental liberties of disabled persons and to promote respect for their human dignity.

Positive actions taken by the Government:

- Media campaigns: information & awareness raising relative to equality between women and men;
- Fight against violence towards women & fight against domestic violence (information, awareness raising and detection of the specificity of domestic violence, thematic training modules, intervention network);
- Gender training;
- Agreements with employees' bodies attached to the Ministry of Family and Integration and the Ministry for Equal opportunities;
- Collaboration with the women's and disability movements (sponsorship, conferences, training etc.).

B. Positive actions by the organisation Info-Handicap asbl

Positive actions specifically regarding women:

Action and awareness raising week "Images of women" on the occasion of the International Women's Day on the 8th of March and in the framework of the European Year of Disabled Persons 2003, in close collaboration with the Departments for women from 3 local public authorities (municipalities): photo exhibition, film screenings, concerts, round table discussions and conferences, self-defence workshop, relaxation workshop, accessibility workshop, PC training course for women with a mental disability. (www.bettembourg.lu/files/infos/Brochure%20Femmes%20et%20Handicap2005.pdf). The project *"Images of women*" was one of 5 European projects selected by the European Commission and presented in Rome during the EYDP 2003 Closing Conference.

Selection criteria: a joint approach to two kinds of discrimination (gender and disability), collaboration between different types of actors but in close relation to citizens (NGOs and 3 local public authorities), differential approach showing as detailed as possible an image of the realities linked to different types of disabilities and trying to offer possibilities of expression and active participation to women affected by very different handicaps.

Follow up: since 2003, independent PC training workshops and self-defence training workshops for persons with a mental deficiency continue to be organized in partnership with local public authorities, high schools, and other associations.

Future specific actions regarding women:

- Empowerment training courses for girls and women with hearing problems;
- Concept and publishing of a “Leitfaden” which contains training modules aimed at women with a physical disability, mental deficiency and hearing problems.
- General positive actions*: Awareness, Accessibility, Tourism, etc*.

The activities of Info-Handicap in favour of disabled persons in general also concerns disabled women. For example:

- Dossier pédagogique (Educational Leitfaden for schools, high schools, social workers, etc.);
- Training workshops in accessibility: C.F.L., Université du Luxembourg, Ministère de la Fonction Publique, car garages;
- Training/information workshop: Lycée technique pour professions éducatives (High school for educational professions);
- Training workshop for family assistant staff organised by the Ministry of Family and Integration;

- Project Travel accompanying guide (training of the volunteers and project coordinating);
- Different accessibility projects: Welcome, ECA, Build for All, Polis, Euregio for All;
- Rollitour (Tour of Luxembourg in wheelchairs);
- Participation in Salon des solutions pour tous, Salon Vacances, Bourse du Bénévolat;
- Sessions in conferences Université du Luxembourg + Pédagogues curatifs + ANCE: Handicap et Egalité des chances, mainly for university students;

Campaign 1 million signatures;

- The EU Campaigns against discrimination & European Year of equal chances for all, organsed by the Ministry of Family and Integration (truck, conferences, round-table discussions, etc.);
- Itinerant exhibition ASTI-Info-Handicap-Service RBS in the framework of the European Year of equal opportunities for all (21 portraits showing diversity in Luxembourg - aspects: age, disability, ethnic origin).

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

No data available

	Women with Disabilities	Non disabled women	Men with disabilities
Size of population	n/a	n/a	n/a
% of total population	n/a	n/a	n/a
% of female population	n/a	n/a	n/a
Disaggregate by age if possible as follows:	n/a	n/a	n/a
< 15 year olds	n/a	n/a	n/a
16-64 year olds (as percentage of total population)[1]	9.6% of total population	n/a	13.7% of total population
> 65 year olds	n/a	n/a	n/a
Disaggregate by ethnicity	n/a	n/a	n/a
Disaggregate by type/severity of disability[2] Three most common types of disability as % of total:	Back or neck – 27.3% Legs or feet – 12.6% Other LSHPD – 11.6%	n/a	Back or neck – 33.6% Legs or feet – 14.2% Arms or hand – 11.2%
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[3]	**Women 16-24 years** Considerably	n/a	**Men 16-24 years** Considerably

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU=SILC.

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU=SILC.

[3] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	disabled – 0.8% To some extent disabled – 0.3% Not restricted – 98.9% **Women 25-54 years** Considerably disabled – 1.7% [arms/legs/back = 56.1% see/hear/speech/skin = 5.4% chest/heart/stomach/diabetes = 4.6% epilepsy/mental = 18.8% other =15.1%] To some extent disabled – 1.7% [arms/legs/back = 50.9% see/hear/speech/skin = 2.8% chest/heart/stomach/diabetes = 12% epilepsy/mental = 12% other = 22.2%] Not restricted – 96.7% **Women 55-64 years** Considerably disabled – 3.8%		disabled – 0.9% [arms/legs/back = 14.8% see/hear/speech/skin = 30.3% chest/heart/stomach/diabetes = 0% epilepsy/mental = 33.3% other = 21.5%] To some extent disabled – 1.1% [arms/legs/back = 49.4% see/hear/speech/skin = 0% chest/heart/stomach/diabetes = 0% epilepsy/mental = 0% other =50.6%] Not restricted – 98% **Men 25-54 years** Considerably disabled – 2.5% [arms/legs/back = 57.8% see/hear/speech/skin =

	[arms/legs/back = 56.9% see/hear/speech/skin = 1.7% chest/heart/stomach/diabetes = 23.6% epilepsy/mental = 4.2% other = 13.6%] To some extent disabled – 3% [arms/legs/back = 61.9% see/hear/speech/skin = 0% chest/heart/stomach/diabetes = 32.2% epilepsy/mental = 0% other =5.9%] Not restricted – 93.2%		2.9% chest/heart/stomach/diabetes = 12.7% epilepsy/mental = 12.6% other = 14%] To some extent disabled – 2.4% [arms/legs/back = 75.4% see/hear/speech/skin = 0% chest/heart/stomach/diabetes = 13% epilepsy/mental = 2.9% other =8.7%] Not restricted – 95% **Men 55-64 years** Considerable disabled – 6.7% [arms/legs/back = 64.7% see/hear/speech/skin = 0% chest/heart/stomach/diabetes = 26.5% epilepsy/mental = 2.6%

			other =6.2%] To some extent disabled – 4.5% [arms/legs/back = 46.4% see/hear/speech/skin = 8.1% chest/heart/stomach/diabetes = 29% epilepsy/mental = 10% other = 6.5%] Not restricted – 88.8%

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

The National Strategy Report for Social Protection and Social Inclusion contains the following data:

- The employment rate of the female active population in the country is 52.2%, slightly superior of that of men, 51.3%.
- 18.8% of female employment is part-time, while the national average stands at 17.1%
- Active women tend to start their professional career sooner than men.
- 213 people in Luxembourg have the status of "disabled workers", from which 111 have effectively a work contract.

Characteristics of workers with a disability and workers with diminished capacity

	In Year 2003	In Year 2006
Resident job seekers , of which:	7 003	9 487
Disabled workers (ie with capacity reduced by 30%) (STH)	337	499
workers with diminished capacity (according to the labour code) (CTR)	127	981

Source: Not specified by national expert.

	Women with disabilities	Non disabled women	Men with disabilities
Employment rates	n/a	n/a	n/a
Unemployment rates	n/a	n/a	n/a
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates	n/a	n/a	n/a
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

In professional life, there are still inequalities between women and men, for example: differences in salary and the unemployment rate is higher for disabled women. Furthermore, a latent double discrimination, namely exclusion due to gender and disability. (Source: Luxembourg report produced for the European Conference on Recognising the Rights of Girls and Women with Disabilities)

[1] Please provide the definition of 'poverty' used in your country

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Number of pupils by gender in the academic year 2004/2005:

Type of Centre	Girls	Boys	Total
Regional centres of differentiated education	165	224	389
Logopedics Centre	60	136	196
Institut pour infirmes moteurs cerebraux	20	40	60
Institut pour enfants autistiques et psychotiques	9	18	27
Centres d'observation	9	14	23
Centre d'integration scolaire	0	11	11
TOTAL in specialised centres and institutes	263	443	706
%	37,3%	62,7%	100%

Source: Education prescolaire, education primaire et education differenciee, Statistiques generales, Annee Scolaire 2004/2005, Ministry of National Education and Vocational Training, Luxembourg, September 2005.

NOTE:The level of education of the centres and institutes included in the table is not specified but is assumed to be primary and secondary education. This is because during the academic year 2004/2005, a total of 749 students attended differentiated education: 706 attended compulsory education while another 43 persons attended the sheltered workshops which offer vocational training (the 'Centres de propédeutique professionnelle'). These 43 persons are not included in the table above.

	Data available				
Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	Pre-primary (4-6 years): 10,441 Primary (6-12 years): 32,840 *Secondary (12-19 years): 29,319 Total: 72,600	Pre-primary (4-6 years): 8 Primary (6-12 years): 254 *Secondary (12-19 years): 3,712 Total: 3,974	76,574	2005 / 2006	Source: Statec (National Statistical Institute of Luxembourg). * Compulsory school is from 4 to 15 years. There are no separate statistics concerning the number of pupils from 12 to 15 years in secondary schools.
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	1,603	-	1,603	2005 / 2006	Source: Statec.
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	852	-	852	2005 / 2006	Source: Statec.
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	751	-	751	2005 / 2006	Source: SREA (service responsible for SEN pupils included into mainstream schools).
Compulsory age phase	Compulsory education in Luxembourg covers 11 years: two years of pre-primary school (4 to 6 years), six years of primary school (6 to 12 years) and the first three years of secondary school (12 to 15 years).				

Clarification of Public - Private sector education	The Luxembourg State is in charge of organising and controlling the educational system. Public and private schools are teaching the same topics. In Luxembourg most primary and post-primary schools are public schools. Public education is free of charge. Private schools are nearly all Catholic schools and are not free of charge.
Legal Definition of SEN	Law of Special Education of 1973: "The Government makes sure, that every child because of his mental, sensorial, emotional or motor particularities gets the instruction required by his state or situation in structures of Special Education." The Law on Inclusion (1994) uses the same definition of SEN. However a new definition of SEN is now being prepared by an expert-group in the Ministry of Education.

Source: European Agency for Development in Special Needs Education

	Women and girls with disabilities	Non disabled women and girls	Men and boys with disabilities
Participation rates in general education (2002)[1] (data is only available disaggregated by age)	Women 16-19 years = 89% Women 20-24 years = 47.5% Women 25-49 years = 8.4% Women 50-64 years = 1.6%	n/a	Men 16-19 years = 89.3% Men 20-24 years = 48.1% Men 25-49 years = 11.1% Men 50-64 years = 4.1%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels:[2] Low = ISCED 1 + 2 Med = ISCED 3 + 4 High = ISCED 5	**Women 25-54 years.** Considerably disabled: Low = 70.9%, med = 24.9%, high = 4.2% To some extent restricted: low = 72.1%, med = 22.1%, high = 5.8%	n/a	**Men 25-54 years** Considerably disabled: low = 63.5% Med = 35%, high = 1.6% To some extent restricted: low = 66.3%, med = 28.9%, high = 4.8%

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	Not restricted: low = 37.8%, med = 44.6%, high = 17.6% **Women 55-64 years** Considerably disabled: low = 84.3%, med = 15.7%, high = - To some extent disabled: low = 59.8%, med = 26.4%, high = 13.8%. Not restricted: low = 58.6%, med = 31.7%, high = 9.7%.		Not restricted: Low = 31.2%, 45.7%, high = 23.1% **Men 55-64 years.** Considerably disabled: low = 60.5%, med = 35.8%, high = 3.7% To some extent disabled: low = 38.9%, med = 55.4%, high = 5.6% Not restricted: low = 34.7%, med = 41.8%, high = 23.6%
Number and type of specialist schools (i.e. level, for which target groups)		6 specialised institutions and 10 regional centres of differentiated education (see below for details)	

Qualitative data:

Description of legislation and policies to recognise right of disabled persons to education

In Luxembourg, the Government makes sure that every child of compulsory age, who cannot follow mainstream or special education because of his/her intellectual, emotional, sensory and motor difficulties and who has special educational needs, gets:

- appropriate instruction in a centre or institution of Special Education or
- individual help and support by a service of Special Education in mainstream pre-primary, primary or post-primary schools.

According to their educational needs, the following support structures of Special Education have been created:

a) Pre-primary and primary centres and centres of professional training;

b) Children homes, boarding-schools and reception houses;

c) Observation classes and centres;

d) Ambulatory resource centres;

e) Ambulatory education services;

f) Multidisciplinary medico-psycho-pedagogical services.

The law of June 28th, 1994 states that children with motor, sensory, intellectual and emotional difficulties of compulsory school age may be integrated into mainstream schools. In accordance with this law, the "Service Ré-Educatif Ambulatoire" (SREA) was created. In agreement with the inspector of primary education and the local authorities or the concerned director of post-primary schools, the SREA organises support for these children, who have special needs and require specific pedagogical help during their school time

Special education is organised and managed by the Ministry of Education (service of special education) and is free of charge. The government provides the equipment and the didactic material and organises the school transport[1].

Regarding education and vocational training, reforms are absolutely necessary. On July 19th, 2007, the Ministry of National Education and Vocational Training submitted 3 draft laws which will, together, reform the 1912 Education Law; there is, furthermore, a project to reform vocational training.

In Luxembourg education for disabled children can be characterised by three important periods:

- Law of 10.08.1912, was in effect excluding disabled children from education;
- Law of 14.03.1973, introduced the educational obligation for all disabled children (special education);
- Law of 28.06.1994, promoting the integration in education for disabled children: giving possibilities for complete integration and partial integration.

(Source: Luxembourg report produced for the European Conference on Recognising the Rights of Girls and Women with Disabilities)

Special education is under the supervision of the communes and contains special classes for children having some disorders. A medical and psycho-pedagogical Commission (“médico-psychopédagogique”) can direct a child towards a special class according to her/his needs. Special education is provided to help children with difficulties in their training. These schools are organised in regional centres and special institutes.

- The logopedics centre (Centre de logopédie) is aimed at children having auditory deficiency, serious communication and speech difficulties.
- The Institut pour déficients visuels deals with the partially-sighted and blind persons aged between 4 and 15 years old.
- The Institut pour infirmes moteurs cérébraux is responsible for children having a physical or mobility disability.
- There are also 10 regional centres of differentiated education. They receive children with mental disability, mobility disorders and special needs. Differentiated education (éducation différenciée) is intended for children having special educational needs and who cannot continue in ordinary or special education. It includes 16 schools and 2 services working with the logopedics Centre.

[1] European Agency for Development in Special Needs Education

- The Centre d'observation Olm is intended for children presenting serious behavioural disorders.
- The Centre d'intégration scolaire Cessange is intended for children aged between 6 and 12 years old and presenting some behavioral disorders.
- The Institut pour enfants autistiques et psychotiques is intended for autistic children
- The Centres de propédeutique professionnelle (Clervaux, Ettelbruck/Warken, Walferdange) are sheltered workshops offering professional training to children with learning disorders or who are mentally disabled.
- The Centre d'observation Pétange is intended for teenagers (between 10 and 15 years old) with a mental disability or serious learning disorder. Children (aged between 4 and 12 years old) having the same problems are taken in charge by the Centre of differentiated education of Differdange).

(Source: Luxembourg country report of the Study of compilation of disability statistical data from the administrative registers of the Member States)

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

Some women live independently, while some live in sheltered institutions, no data is readily available on their numbers.

Quantitative data:

No data available

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

The dependence insurance allowance compensates for the expenses of care and assistance of a third party for the essential acts of life and is given to persons who as a consequence of physical, mental or psychological disease (or of a deficiency of comparable nature) have an important and regular need for assistance from a another person for personal hygiene, nutrition, mobility etc.

Quantitative data: No data available

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

Financial Help for Families with Children with Special Needs[1]

Additional Child Benefit
Each child younger than 18 years, who has a handicap of at least 50% of his/her physical or mental abilities, is entitled to get this special allocation. This additional benefit continues for every person who is unable to cover his/her needs and who doesn't get the RMG (minimal guarantied salary) or doesn't have a salary.

Educational Benefit
For each child getting the additional child benefit, the educational allocation to the parents is maintained until the child is 4 years old, instead of 2.

Dependence Insurance
The dependence insurance finances help and care for persons who are dependant in the following fields:

- assistance in basic acts of life
- assistance in domestic tasks
- support activities
- advices
- products necessary for assistance and care
- technical aids
- adaptation of accommodation

[1] European Agency for Development in Special Needs Education

A person is considered as dependant if he/she, because of a disease or a physical, psychical or mental handicap, needs regularly help of someone else for the basic acts of living. To specify the degree of dependence of children, the additional needs compared to children of the same age are considered.

Quantitative Data

	Women with disabilities	Non disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

The situation of disabled women in everyday life is not much different when compared to men with disabilities. The problems occurring are often communication problems and seldom based on bad intention, but are more likely to be based on the fact that there are very few occasions of contacts or exchange. A disability is tied to a person's capacities and the context where those capacities should be used. Once this barrier is overcome, often the problems are cleared up.

Public transport is hardly accessible: non-existent or difficult access for wheelchairs/announcement of the stopping places by acoustic signs (blindness), visual signs (for people with hearing problems) and pictograms (mental deficiency) hardly exist.

The Built environment: The situation is the same with regard to access and sign posting. Ad hoc improvements are going on here and there, but there is still huge work to be done.

(Source: Luxembourg report produced for the European Conference on Recognising the Rights of Girls and Women with Disabilities)

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Legislation against violence includes the Law of 8 Sept. 2003 concerning domestic violence.

In terms of appropriate training, e*mpowerment training has been supported i*n the framework of the transnational Daphne Initiative 1998, financed by the European Commission. In this context, Mobility International organised an educational programme on self-assertiveness", in order to train sexual violence prevention trainers. Selected individuals were trained with the aim of offering similar training modules on a national level in Europe. On their return, they elaborated a concept focussing on Luxembourgish specificities (based on the original Netherlands concept "Weerbarheid"). Since 1999, they have organised two empowerment training courses for women with a physical disability and four for women with a mental deficiency; and continuous empowerment training for women with a physical disability & a mental deficiency.

(Source: Luxembourg report produced for the European Conference on Recognising the Rights of Girls and Women with Disabilities).

Quantitative data:

- **Levels/rates of those suffering abuse (related to their age)**

There is no official data in this respect in Luxembourg, due, on the one hand, to the legislation relative to the protection of personal data, and on the other hand to the fact that no studies or statistics have been made so far.

Even refugee homes and services for women who have confronted violence do provide data in relation to disabled women.

According to the Higher Council of Disabled Persons, the types of violence a disabled person might face are not much different from the violence that all other person might face. However, a woman with a disability is distinctly more vulnerable, because her possibilities for defence as much as her possibilities of communication are limited. It seems, however, that very subtle forms of violence and aggressiveness are more and more prevalent.

Refugee homes for women in distress have not much experience so far concerning disabled women in general (as far as physical disability is concerned, partly due to the lack of accessible infrastructures - but, accessible rooms are foreseen in their future accommodation projects). Nevertheless, these services for women in distress welcome *all women* and look for mostly adapted solutions by a targeted orientation.

(Source: Luxembourg report produced for the European Conference on Recognising the Rights of Girls and Women with Disabilities)

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Although women (disabled & non-disabled women) represent the majority of the population, there is a lack of women leaders at all levels of decision-making. This situation is not in proportion to the importance of women in society (extremely low rate in Municipality Councils, only one woman out of 21 members of the Council of State). Although the participation of Luxembourgish women in political life is not much developed, the fact that a

third of the members of the Government are women shows the will of the political parties to promote the participation of women on this level. Women are also under-represented, particularly in the most prestigious positions in associative and economic life.

Conseil Supérieur des Personnes Handicapées (Higher Council of Disabled persons)

Mrs. Andrée Biltgen is the president of the Higher Council of Disabled Persons. This council is the Government's unique advisory body for political matters in favour of disabled persons (women & men). The Higher Council's mission has been defined by the Law dated 12.09.2003 relative to disabled persons. Its mission is to assist and advise the minister competent for policies for disabled persons in his coordinating work; To bring together the partners involved; To advise all projects for law or regulations regarding the field of disability; To study all questions and subjects submitted by the minister.

Groupe de travail et de réflexion représentant les femmes ayant un handicap (Working and reflexion group representing women with a disability)

In 2003, the 'European Year of Disabled Persons', an "ad hoc" committee was created within our organisation Info-Handicap asbl, in order to widen the scope of sensitisation and awareness in society, and particularly among non-disabled women, with regard to the problems faced by women with disabilities (cf.: Positive actions of Info-Handicap). This working group still exists and is responsible for specific activities.

(Source: Luxembourg report produced for the European Conference on Recognising the Rights of Girls and Women with Disabilities)

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Republic of Macedonia

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

Legislation in the country that protects disabled people in different fields:

- **Constitution of the Republic of Macedonia**
- **Article 1**
- R.Macedonia is a sovereign, independent, democratic and **social state**.
- **Article 9**
- The citizens of the R.Macedonia have equal rights and freedom disregarding the gender, colour of the skin, nationality and social background. The citizens are equal in front of the Constitution and the laws.
- **Article 35**
- The Republic takes care for the **social protection and social security of the citizens** according to the principles of social equity.
- The Republic guarantees the **right to help the weak and incapable to be working citizens.**
- The Republic provides special **protection to people with a disability and conditions for their inclusion in society**

1. Social protection, right on residence, child protection

- **Law on old-age and disability pension** ("Official Gazette" of R.M. No.80/93, 3/94,14/95,71/96, 24/97, 32/97, 49/97, 24/2000, 50/2001, 85/2003, 40/2004, 4/2005)
- **Law on Social protection** ("Official Gazette" of R.M. No.50/97 and 16/2000)
- **Regulations on the specifically needs of the disabled with physical and psychical development** ("Official Gazette" of R.M. No.30/2000)
- **Law on child protection** ("Official Gazette" of R.M. No.98/2000, 17/2003, 65/2004)
- **Law on housing** ("Official Gazette" of R.M. No.2/98 and 48/2000)

2. Employment and insurance

Law on employment of disabled persons ("Official Gazette" of R.M. No.44/2000)

The Law on employment and Regulations on employment of the disabled persons gives the special conditions and rights for employment of the disabled persons especially for:

- Employment of disabled person on no determined time
- Qualifying for work because of employment
- Adaptation of the place of work
- Procurement of the equipment, instruments, apparatus, tools and special parts;
- Providing tax free and providing the financial resources for free and other financial support

- **Law on Labour Relations** ("Official Gazette" of R.M.No. 25/2000)
- **Law on employment and insurance in the case of unemployment** ("Official Gazette" of R.M. No. 37/97 and 25/2000)
- **Low on protection at work** ("Official Gazette" of R.M. No. 13/98)
- **General collective agreement for the trade of the RM** ("Official Gazette" of R.M. No. 29/94, 16/96, 45/2000)

3. Disabled veterans

- **Law on rights of the disabled veterans, their family members and family members of the fallen soldiers** ("Official Gazette" of R.M. No. 13/96)

- **Law on the civil disabled veterans** ("Official Gazette" of R.M. No. 33/76, 38/91, 81/99)

4. Health insurance and protection

- **Law on health insurance** ("Official Gazette" of R.M. No. 25/2000 and 96/2000)

- **Law on health protection** ("Official Gazette" of R.M. No. 38/91, 46/93, 55/95, 17/97, 21/98)

5. Family, obligatory relations, notary work

- **Law on family** ("Official Gazette" of R.M. No. 80/92, 9/96, 83/2004)

- **Law on obligatory relations** ("Official Gazette" of R.M. No. 29/78, 39/85, 57/89, 18/2001, 4/2002, 5/2003, 67/2002)

- **Law on notary work** ("Official Gazette" of R.M. No. 59/96, 25/98)

6. Education

- **Law on Primary Education** ("Official Gazette" of R.M. 44/95, 24/96,36/96, 35/97, 82/99, 29/2002, 52/2002, 40/2003, 42/2003, 63/2004, 82/2004)

- **Law on Secondary Education** ("Official Gazette" of R.M. 44/95, 24/96,34/96, 35/97, 82/99, 29/2002, 52/2002, 40/2003, 42/2003, 67/2004)

- **Law on Tertiary Education** ("Official Gazette" of R.M. 64/2000, 49/2003)

7. Planning the space an objects

- **Regulations on standards and norms for the planning the space** ("Official Gazette" of R.M. 69/99, 102/2000)
- **Regulations on standards and norms for planning the objects** ("Official Gazette" of R.M. No.69/99, 102/2000)

8. Customs, Taxes, Roads, Transportation, Telecommunication services

- **Law on customs** ("Official Gazette" of R.M. 26/98, 63/98, 86/99, 25/2000)
- **Law on taxes** ("Official Gazette" of R.M. 44/99, 59/99, 86/99, 11/2000)
- **Law on public roads** ("Official Gazette" of R.M. No.26/96, 40/99, 96/2000, 29/2002, 68/2004)
- **Law on road safety** ("Official Gazette" of R.M. No.14/98, 38/2002, 38/2004)
- **Regulations on providing the universal service** ("Official Gazette" of R.M. No.106/2000) according to the Law on telecommunications)

9. Criminal

- **Criminal law** ("Official Gazette" of R.M. No.37/96, 80/99)
- **Law on criminal charges** ("Official Gazette" of R.M. No.15/97, 44/2002, 74/2004)
- **Law on out of process charges** ("Official Gazette" of R.M. No.19/79)

10. Equal opportunities

- **Law on equal opportunities for women and men** ("Official Gazette" of R.M. No.66/06 from 29.05.2006)

11. Indiscrimination

- **Law proposals in procedure:**
- **Proposal for Law on Social protection and Social Security** (in accordance to directive 200/43/EC) 2008
- **Proposal for Law on Indiscrimination** (Feb. 2008)

(In the European year of equal opportunities, the Republic of Macedonia without a law on indiscrimination
In 2007, the Law on Indiscrimination was not passed, although passing a separate law on this area represents a basic prerequisite for efficient and effective discrimination protection.)
Source: Annual Report 2007, Highlights in the work of the Ombudsman in 2007

- The Parliament of the Republic of Macedonia, on the session held on July 23rd 2003, enacted the Declaration for promotion and protection of the human rights of people with special needs, which is in accordance with the principles of the Legal document of UN, the Universal declaration for human rights, the UN's Resolution for Standard rules of equal opportunities for people with disability, the European convention for human rights and other international acts.
- The development of the National Strategy on Achieving Equal Rights for the Persons with Disabilities in the Republic of Macedonia is based on European and national legislation and on the Standard

Rules for Equalisation of the Opportunities for Persons with Disabilities. The National Strategy is promoting the necessity of creating conditions for full inclusion of the persons with special needs in all spheres of the community system. The National Strategy is based on recognition, analyzes and point to the need of bringing important decisions on protection, education, rehabilitation, qualification and employment of the persons with disabilities.

- The issue of disability in our country had been regarded and defined even in the very beginning as solely a social one. The institutions which accommodated people with disabilities were primarily considered as social and that is why in the field of social policy an institutional service for the problems, protection, education and rehabilitation of people with disabilities, was enacted. Even currently there are not such services for people with disabilities at the Ministry of Health and the Ministry of Education.
- The state authorities in R.Macedonia have begun to recognize the significance of activities undertaken by NGOs, as well as the opportunity for their personal promotion through the work of this sector. This is particularly emphasized by the official task given to the Government body to minimize the administrative system, which lessens the opportunity to create qualitative services for people with disabilities.
- Persons with various disabilities have their own associations and they try to exercise and accomplish their rights and needs for socialization trough these associations. The oldest non –governmental organization in R.Macedonia is the Association of Organizations of the Disabled Persons, founded in 1986. This Association is financed by the Government budget, and consequently, its activities are tightly connected to the governmental politics. The Association is organized in seven larger national organizations of various types of people with disabilities. They have local branches or representatives in thirteen towns through Macedonia in which there are at least two employees engaged in membership registration and benefits that members are entitled to. The Association operates on the basis of membership numbers. The department of social insurance at the Ministry of Labour and Social Policies allocates finance for social help for persons with disabilities and finance for its members. Besides financing, it also provides certain benefits such as: lower telephone tax, free of charge public transportation tickets, rehabilitation, holidays etc.
- In the recent years, the number of NGOs which operate out of the framework of the Association of Organizations of the Disabled Persons is increasing. With various activities (campaigns, providing a free service for cases connected with the human rights of disabled persons, computer clubs and educative centers to encourage persons with disabilities to enhance their prospects in the job market etc.) for the socialization of people with disabilities they are trying to change the attitudes, habits and behaviour of the overall population, and aims to raise consciousness of people with disabilities and their needs.
- The legislation also gives directions for enforcing the legislation on the local levels. Local-self governments have good collaboration with the NGO sector, but because of the long and inefficient administrative procedures, it takes a lot of time to enforce the legislation.
- There isn’t legislation specifically addressing disabled women and there is no ministerial responsibility for women with disabilities. But the rights of the disabled women are in some ways covered by the Law on equal opportunities for women and men ("Official Gazette" of R.M. No.66/06 from 29.05.2006).
- A Commission for equal opportunities for women and men was constituted by the Parliament, on September 2006, responsible for addressing the low regulation of gender equality, suggested by the Government.
- There is a Department for Equal Opportunities established in the Ministry for Labour and Social Affairs. In other ministries there are coordinators for equal opportunities, employed in the departments for human rights with responsibilities to address the activities for implementation of equal rights for women and men. At the local level, there are commissions for equal opportunities for women and men responsible for giving concrete suggestions and solutions for equal gender rights. But they don’t have any specific activity that covers the problems of the women with disabilities.

- The Law on equal opportunities for women and men (Article 21, 22 and 45) states that "data that is collected, processed, are related, preserved, analysed and presented according to gender structure in frames of activities of the State Statistical Office" (Article 22)

  The need for gender statistics holds for the whole national statistical system. Article 21 under the heading "Statistical data" reads as follows:

  "The Parliament, the Government, juridical bodies, other central authority bodies, local self-government authorities, legal persons when performing duties in form of public entitlement, non-governmental organisations and foundations, public enterprises, educational institutions, institutions in area of social protection, health institutions, political parties, public information services, trade unions and other subjects are obligated to collect, process and present data referring individuals by gender affiliation."

- In 2007 work started on the third inter - party parliamentary lobby group for the human rights of people with special needs, with members from all the political parties in the parliament. The activities of this lobby group are directed toward efficient advocacy for people with disabilities in R.Macedonia.

- On January 25, 2008 the **UN Convention on Rights of Persons with Disabilities** had its public promotion in Skopje. Borislav Batic, the President of the National Coordination Body for Equal Rights for Persons with Disabilities, emphasized that the Convention means that all measures shall be taken and applied to eliminate discrimination based on disability, provide access to means designed to increase the mobility of the disabled, as well as other types of assistance by support and technical services. The Prime Minister Nikola Gruevski, said that the Government intends to place the persons with disabilities in the forefront of its activities and will fully support and endorse the ratification of the Convention.

  Source:http://mk.oneworld.net

- But until now, the optional protocol is not signed, by the Ministry of Foreign Affairs, which is a condition to put the Convention into effect.

  Source: Gjerogi Gruevski - Association of Organizations of the Disabled Persons

- The establishment of the framework for the promotion, protection and monitoring of the Convention, is still in the phase of planning. Because of the timing before elections and the constitution of the new government that was established in July 2008, the whole process has been slowed down.

- In the scope of all relevant institutions in the country like ministries, statistical agencies they are planning their next steps in accordance with the Convention. A special methodology for collecting statistical and research data is in the process of establishing.

  Source: Apostol Simovski, State Statistical Office

- There is not a specific agency or government body responsible for women with disabilities. In organisations for people with disabilities they say the women have equal rights as men have, in giving the suggestions and solutions but female members are fewer than male members. There are women who are members of the executive boards at the organisations for people with disabilities

  Source: Gjorgi Gruevski – Union of Organisations of Persons with Disabilities, Skopje

- The Government doesn't publish information on public expenditure at national level on women with disabilities. Republic of Macedonia still doesn't have precise statistic parameters for the number of the disabled children/persons.

Ref:

http://www.disabilitymonitor

Association of Organizations of the Disabled Persons,Gjerogi Gruevski, member of the executive board

National Coordination Body for Equal Rights for Persons with Disabilities,Borislav Batic president

State Statistical Office, Apostol Simovski, representative

http://mk.oneworld.net

www.vlada.com.mk

www.mtsp.com.mk

www.zdravstvo.com.mk

www.stat.gov.mk

www.avrm.gov.mk

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Persons with disabilities in Macedonia

In the year 2000 a new "Regulation for assessment of specific needs of children with physical or psychological disorders in Macedonia" ("Official Gazette" of R.M. 1776/2000). It is founded on the WHO classification, according to which, persons with physical or psychological disorders who have specific needs are:

- Persons with sight deficiency (partially sighted and blind)
- Persons with hearing deficiency (deaf and semi-deaf)
- Persons with voice, speech and language deficiency
- Physically infirm and disabled persons
- Mentally retarded persons (lightly, mildly, heavily and severely)
- Persons suffering from autism
- Chronically ill people
- Persons with several types of deficiency (combined disorders)

Source: "Official Gazette" of R.M. 1776/2000

- The **Law on employment** of the disabled people in article 2, specifies the persons that this law regards:
  „A disabled person according to this law, is a person with visual impairment, hearing impairment, with a voice, speech and language disability, body impairment, with disability in the intellectual development and people with multiple disabilities who have special needs in relation to their work depending upon the degree of disability".

  „A disabled person is also considered as person that is a unable to work with a

residual and decreased work ability and who is enrolled in the evidence of the Agency for employment of Republic of Macedonia as a unemployed person …"

Source: Gazette of R.M.nb.87/2005

- In the Proposal for the adoption of the Law on protection of rights and dignity of persons with disabilities (September 2005), proposed by the NGO Polio Plus

Article 3

The subject of protection in this Law shall be the rights and dignity of persons with disabilities in the Republic of Macedonia. For the purpose of this Law "disability" shall mean disrupted communication between an incapacitated person and the society. For the purpose of this Law "a person with disabilities" shall mean an individual who has been prevented from or has been considerably hindered in performing one or several daily activities and functions due to considerable and long-term disruption of bodily, mental, and/or Sensory functions.
Source: http://www.polioplus.org.mk

- In the Proposal for Law on Social Protection and Social Security (2008) in the part for general regulations, Article 2, The meaning of Person with disability is defined as:
"Person with disability is a person who is not able to attain and fulfill, completely of partially the needs for normal individual and social life because of the disability, whatsoever innate or acquired, in regard to his physical or intellectual abilities."
Source: www.mtsp.gov.mk

Quantitative data

For all data, please indicate the definition of disability used and the source of the data (research definitions may differ from legal definitions).

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population Total: 2 040 228 Women: 1 017 159 (49.86%) Men: 1 023 069 (50.14%) Source: Population estimations, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office**	/	/	/
% of total population	n/a	-	n/a
% of female population	n/a	-	n/a
Disaggregate by age if possible as follows:	n/a	-	n/a
< 15 year olds **Population estimations 2006** Total number of population by basic age groups, 2006 **(0-14 year olds):**		-	

Women: **189 716 (18.6%)** Men: **201 649 (20%)** **Source:** Population estimations, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office** **Classified persons with disabilities 2006** Total number of classified persons with disabilities : **(0-17 year olds): 813** **Source:** Disaggregate underage persons in 2006 **Institute for social activities, Skopje**	**310 (38.1%)** of total number of classified persons with disabilities at (0-17 years old) **Total: 813**		**503 (61.9%)** of total number of persons with disabilities at (0-17 years old) **Total: 813**
16-64 year olds • **Population estimations 2006** Total number of population by basic age groups, 2006 **(15-64 year olds):** Women: **701 258 (69%)** Men: **719 193 (70%)** **Source:** Population estimations, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office** The only source for this kind of data for disabled persons is the data for beneficiaries of social welfare*: Total number of underage recipients of social welfare by categories: - Physically and mentally handicapped Women: **2723 (40%)** Men: **4070 (60%)** Total number of adult recipients of social welfare by categories: - Physically and mentally handicapped Women: **6657 (44%)** Men: **8385 (56%)** ***A beneficiary of social welfare** is considered to be any physical person who makes use of same forms, measures or services provided by social work centers, once or several times in the course of the reported year. **Source:** Population estimations, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office**			

Another source is Institute for social activities: • **Status and trend of adults beneficiaries of social welfare and age, sex and place of residence, Status 31.12.2006** Beneficiaries of social welfare with physical and mental disability disaggregate by age(18-65 years old); Total number of classified persons: - Beneficiaries of social welfare: **12 522** Women: **5422** Men: **6402** - Persons without answer **698** **Source: Institute for social activities, Skopje**	**5422 (45.9%)** of total number of persons with disabilities at (18-65 year old) Total: 11824		**6402 (54.1%)** of total number of persons with disabilities at (18-65 year old) Total: 11824
> 65 year olds **Population estimations 2006** Total number of population by basic age groups, 2006 **(65 + years old):** Women: **125 540 (12.3%)** Men: **102 021 (10%)** **Unknown:** Women: **645 (0.06%)** Men: **206 (0%)** **Source:** Population estimations, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office** • **Status and trend of adults beneficiaries of social welfare and age, sex and place of residence, Status 31.12.2006** Beneficiaries of social welfare with physical and mental disability disaggregate by age(65 + year olds); Total number of classified persons (men and women): - Beneficiaries of social welfare: **2 072** **Source: Institute for social activities, Skopje**			

Disaggregate by ethnicity	/		/
Disaggregate by type/severity of disability • **Classified underage persons (0–17 year olds) by type of disability:31.12.2006** Mentally retarded persons Blind and partially sighted Deaf and semi-deaf Speech and voice deficiency Physically infirm Combined disorders Total : **813** • **Status and trend of adults beneficiaries of social welfare and age, sex and place of residence, Status 31.12.2006** Mentally retarded persons Psychological disorders Blind and partially sighted Deaf and semi-deaf Physically infirm Other disorders Total : **12 522** **Source: Institute for social activities, Skopje**	 90 22 17 6 150 132 **503** 1254 464 433 100 1009 2162 **5422**		 159 26 25 11 106 69 **310** 1576 553 443 168 1127 2535 **6402**
Is there information on the size of the household where they live?	n/a	n/a	n/a
Multiple desegregations (if available e.g. by age and ethnicity, by age and type/severity of disability)	n/a	n/a	n/a
Ref: - Institute for social activities, Skopje - "Women and men in the Republic of Macedonia, 2008" State Statistical Office - www.polioplus.org.mk - Ministry for Labour and Social Policy www.mtsp.gov.mk			

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

- Employment in the Republic of Macedonia is characterised with very unfavourable gender structure. This structure has been unchanged in a longer period of time due to: unstable economically social conditions in the country and inbalance of the available and required profiles on the labour market.

- The employment rate in the R.Macedonia in 2006 for women was 27.0% and for men the employment rate was higher and at 43.5%. Unemployment rates for women and men are quite close and they are 37.2% and 35.3% respectively. Activity rate for women is lower and it is 42.9% and for men is remarkable higher at 67.3%.

  Employment rate – participation of the number of employed in the total population aged 15 years and over
  Unemployment rate – participation of the number of unemployed in the total labour force
  Activity rate – participation of the labour force in the total population aged 15 years and over

  Source: Labour Force Survey, 2006
  "Women and men in the Republic of Macedonia, 2008" **, State Statistical Office**

- In 2004, the association ERGOS conducted research on "Interest of the economical subjects for the employment of people with special needs" with the aim to transfer the employment of people with disabilities from Trade unions to an open economy. In the research only 9% of 170 firms that were questionaired, have been employed people with special needs. According to the type of disability 68% of employees were persons with physical disability, 19% were persons with hearing deficiency and 13% persons with mental disorders. Most of the employed persons with disability are employed in the textile and food industry.
  Source:http://mk.oneworld.net/article/view/88576/1/2278

- According to State Statistical office data, in 2007 the percentage of poor people in the Republic of Macedonia was 29.4%, which in relation with 2006 decreased by 0.4 percentage points. Analyzed by profiles, most vulnerable groups are from large households having in mind the fact that 60.4%of poor people live in households with 5 or more members. Poverty rates for the unemployed were 39.1%, so 45.9% of all poor people, were unemployed. Education of the household head also influences the number of the poor people, namely 64.3% from the poor group live in households where the head of the household have no education, or had only finished their primary education.
  Source: Line of poverty, 2007, News Release, **State Statistical Office**

- One of the government measures for fighting the poverty is an operational plan for active policies for employment for 2008 where a special budget was planed for the employment of the self-supporting

parents and people with disabilities. The budget planned for subvention of the employment of the 200 people with disabilities is more than one million euros. The special fund for employment of people with disabilities is in competence of the Agency of employment of R.Macedonia. The aim of this subvention of the employment of the people with disabilities is for better socialising of this category of unemployed persons and their more successful integration into the labour market.
Source: National Strategy for employment 2010, **Ministry of Labour and Social Affairs**

Quantitative data

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates **Persons disabled and rehabilitated in institutions for professional rehabilitation, 2006** Persons disabled and rehabilitated 2000 Employed disabled persons 1840 -Institution for professional training and employment and enterprises of disabled persons - Persons working at home - Persons disabled and rehabilitated 160 Disabled persons according to type of disability 2000 Physical disability 448 Visual impairment 130 Totally or partially unable to hear 226 Mentally disabled 933 Others 263 Seeking for job 47 Women 14 Men 33 **Source:** Statistical review 2.4.7.18/574 **State Statistical Office**	648 640 604 0 44	**27.0%** **Source:** Labour Force Survey, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office** **39.6%** Population aged 15 years and more by economic activity and gender in the I quarter 2008 **State Statistical Office**	1352 1200 1234 2 116
Unemployment rates		**37.2%** Source: Labour Force Survey, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office**	

Unemployed disabled persons under the type of disability 3036 Disabled veterans Labour invalids Visual impairment Totally or partially unable to hear Speech Physical disability Mentally disabled Combined disorders Other categorised invalids Other uncategorised invalids **Source:** Review of unemployed disabled persons under the type of disability, 31.12.2007 **Agency for employment of RM**	3 249 35 38 12 126 241 47 22 12 785	**38.3%** Population aged 15 years and more by economic activity and gender in the I quarter 2008 **State Statistical Office**	30 274 54 72 14 259 529 190 31 13 2251
Long-term unemployment rates			
Inactivity rates		**57.0%** Source: Labour Force Survey, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office** **63.9%** Population aged 15 years and more by economic activity and gender in the I quarter 2008 **State Statistical Office**	

Part-time work rates		**7,6%** Full time and part time employed,2006 Source: Labour Force Survey, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office**	
Self-employment rates		**17%** Employment by economic status by population over 15 years of age, sex distribution, 2006 Source: Labour Force Survey, 2006 "Women and men in the Republic of Macedonia, 2008" **State Statistical Office**	
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+) Definition of **Poverty:** Having in mind orientation of Macedonian Statistics to international standards and need of providing internationally compared data, as starting definition for poverty is used definition of Eurostat. "The poor shall be taken to mean persons, families, and groups of persons whose resources (material, cultural and social) are so limited as to exclude them from minimum acceptable way of life in the Member State in which they live". • **Relative poverty by the age of household head 2007** **Head count index-** percent of the persons living below the poverty line. under 39 29.2 % 40 to 59 30.1 % 60 and over 28.3 % **Source:** Poverty Line, News release, 2007	/	/	/

[1] Please provide the definition of 'poverty' used in your country

State Statistical Office			

Qualitative data

- Legislation and policies are the same for men and for women, none target women specifically.
- Legislation and policies to address discrimination with regard to employment and employment of disabled persons specifically:

  - Law on employment of disabled persons ("Official Gazette" of R.M. 44/2000, 16/2004)

  - Law on Labour Relations ("Official Gazette" of R.M. 25/2000)

  - Law on employment and insurance in the case of unemployment ("Official Gazette" of R.M. 37/97 and 25/2000)
- Protection of the right to just and favourable conditions of work

  - Low on protection at work ("Official Gazette" of R.M. 13/98, 21/98, 33/2000, 29/2002)

  - General collective agreement for the trade of the RM ("Official Gazette" of R.M. 29/94, 16/96, 45/2000)

Protective companies

- Today according to the type and level of the disability there are special schools, centres for education and rehabilitation, day care centres, stationary institutions and protective companies for employment of the disabled persons. The situation for people with disabilities in the Macedonian workforce is largely governed by the Law of protective companies that gives the companies official benefits for employing workers with disabilities.
- The regulations give workers with disabilities the right to the same working conditions as non-disabled workers.
  Article 4 in this document specifies the special conditions and benefits for employing and working of disabled persons to be:
  - Creating working conditions by adapting the working place, equipment acquisition, rebuilding and adaptation of work space according to the disabled person who will be working there as well as the regulations;
  - Tax relief and securing of funds for legal contributions; Financial work support.

  Article 5 follows up with requirements for the companies:
  - When employing the disabled person, the employer should create appropriate working conditions according to the type and degree of disability and education of the disabled person and the work place.

  Article 8 specifies the provision of Special Funds:
  - The funds for creating special conditions and benefits for employing and working of disabled persons by: adaptation of the work place, equipment supply, rebuilding and adaptation of the workspace, are provided by the Special Fund.

  According to article 11,of the Law for employment of disabled persons (Gazette of R.M.nb.87/2005)
  - "For the employment of disabled persons protective companies are founded as Commercial companies. A protective company can be founded if it employs at least five people on a indeterminate time period, from which at least 40 %are disabled people from the total number of employees, from which at least half are people with a diagnosed disability according to article 2,premise 1 of this law ".

  Before 2000, when the Law for employment was implemented (Gazette of R.M.nb.44/2000),there were companies for professional training and employment of the disabled. From the middle of 2000 these

companies were re-registered and continued to work as protective trade companies under the condition to fulfill the above mentioned conditions (specified in article 11 of the Law for employment of disabled persons).
According to article 4 of the Law for employment of disabled persons the following measures for improvement of the conditions for employment and work of the disabled person:

- "-grant of irretrievable means for employment on an indeterminate time of the unemployed disabled person, adaptation of the work place, that the disabled person will work on, if necessary and purchase of equipment according to the criteria and on a manner determinate with an act of the Minister of Labour and Social Policy; tax relief and providing means for the salaries and financial support for the work".

The means for improvement of the conditions for employment and work of the disabled persons, the adaptation of the work place and purchase of equipment, according to article 8 of the mentioned Law, are provided from the Special Fund for improvement of the condition for employment and work of the disabled person. The work training and employment of the persons with disability in the republic of Macedonia are regulated with the policy for work training of disabled persons (Gazette of R.M.nb.54/2004) and with the Law for employment of disabled persons (Gazette of R.M.nb.44/2000) and the Laws for changes and annex of the Law for employment of the disabled persons (Gazette of R.M.nb.16/2004 and 62/2005), on the grounds of which is made a refined text of the Law for employment of disabled persons (Gazette of R.M.nb.87/2005).
Source: "Workplaces for All", A pilot study on employment and working conditions for people with disabilities in Macedonia, University "St Ciril and Methodius", SINTEF, OSI Macedonia

- Employment Policy Reform; One of the government measures for fighting the poverty is an operational plan for active labour market policies for employment, for 2008 where special budget is planed for the employment of the self-supporting parents and people with disabilities. The budget planned for subvention the employment of the 200 people with disabilities is more than one million euros. The special fund for employment of the people with disabilities is in competence of the Agency of employment of R.Macedonia. The aim of this subvention of the employment of the people with disabilities is for better socialising of this category of unemployed persons and their more successful integration on the labour market.

- The Law on employment and Regulations on employment of the disabled persons gives the special conditions and rights for employment of the disabled persons especially for:
  - Employing of the disabled person on no determine time
  - Qualifying for work because of employment
  - Adaptation of the place of work
  - Procurement of the equipment, instruments, apparatus, tools and spear parts;
  - Providing tax free and providing the financial resources for fee and other financial support

- In the R.Macedonia women's labor is less well paid than men's labor. This is because of the bigger expenses of women's labor because of paid maternity leave, which lasts 9 months.

- Key bodies responsible for enforcement / delivery (including state, private and third sector) are Ministry of Labour and Social Affairs, Agency for employment of RM., Ministry of Finance, Ministry of Economy, Ministry of Education and Trade companies.

Ref:

- Line of poverty, 2007, News Release, **State Statistical Office**
- National Strategy for employment 2010, **Ministry of Labour and Social Affairs**
- "Workplaces for All", A pilot study on employment and working conditions for people with disabilities in Macedonia, University "St Ciril and Methodius", SINTEF, OSI Macedonia
- State Statistical Office
- Agency for employment of RM

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Legislation and policies:

Law on Primary Education ("Official Gazette" of R.M. 44/95, 24/96,36/96, 35/97, 82/99)

Law on Secondary Education ("Official Gazette" of R.M. 44/95, 24/96,34/96, 35/97, 82/99)

Law on Tertiary Education ("Official Gazette" of R.M. 64/2000)

Quantitative data:

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Participation rates in general education • **Students in educational process, 2005/2006** Primary and Lower Secondary Education Women 114 414 (49%) Men 120 771 (51%) Upper Secondary Education Women 44 530 (47%) Men 49 378 (53%) Tertiary Education (2006/2007) Women 31 052 (54%) Men 25 959 (46%) **Source:** Statistics of education "Women and men in the Republic of Macedonia, 2008" **State Statistical Office** • **Students who continue the educational process, 2005/2006, percentages** From primary and lower secondary to upper secondary education Women 84% Men 92%			

From upper secondary to tertiary education

Women	67%
Men	60%

Source: Statistical surveys for primary and lower secondary education 2005/2006
"Women and men in the Republic of Macedonia, 2008"
State Statistical Office

Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels

- **Population by age and educational attainment,2002,percentage distribution**

Education	Age		
	15-19	20-24	25-29
Without and with Incomplete primary Education			
Women	5	6	6
Men	4	4	4
Primary			
Women	73	30	37
Men	73	29	35
Secondary			
Women	21	61	43
Men	22	65	52
Higher and University			
Women	0	3	14
Men	0	2	9

Education	Age		
	30-39	40-59	60 +
Without and with incomplete primary education			
Women	8	20	68
Men	4	9	42
Primary			
Women	37	36	18
Men	32	30	24
Secondary			
Women	41	31	10
Men	53	44	21
Higher and University			
Women	14	13	4
Men	11	17	13

Source: Census of the Population, Households and Dwellings in the R.Macedonia, 2002
"Women and men in the Republic of Macedonia, 2008"
State Statistical Office

Number and type of specialist schools (i.e. level, for which target groups)

- **In the special primary and lower secondary education** (for the students with disabilities), at the end of the school year there were 45 schools with 1093 students and 251 teachers.

Schools for children with mental disability	41
Schools for children with sight disabilities	1
Schools for children with hearing and talking disabilities	1
Schools for children with physical disability	1

- **In the special upper secondary education** (for the students with disabilities**),** schools worked with 317 students and 79 teachers. **4**

Schools for children with mental disability	2
Schools for children with sight disabilities	1
Schools for children with hearing and talking disabilities	1

- **Special primary and lower secondary schools** **45**

School year 2005/2006

1. Schools for students with mental disabilities	41
Female students	366
Total	1019
Graduated students total	138
2. Schools for students with sight disabilities	1
Female students	8
Total	22
Graduated students total	2
3. Schools for students with hearing disabilities	1
Female students	3
Total	14
Graduated students total	3
4. Schools for students with physical disabilities	1
Female students	6
Total	18

Graduated students total	0	
• **Special upper secondary schools** **School year 2005/2006**	**4**	
1. Schools for students with hearing disabilities	1	
Female students	20	
Total	49	
Graduated students total	9	
2. Schools for students with sight disabilities	1	
Female students	7	
Total	14	
Graduated students total	4	
3. Schools for students with mental disabilities	2	
Female students	79	
Total	254	
Graduated students total	74	

Source: Primary, lower secondary and upper secondary schools in the Republic of Macedonia at the end of the school year, 2005/2006 previous data
State Statistical Office, www.stat.gov.mk

Qualitative data:

Description of legislation and policies to recognise right of disabled persons to education

- The primary education of people with disabilities in R.Macedonia is compulsory and guaranteed by Article 5 of the Law on Primary Education, as follows: "For pupils with physical and psychological disorders, depending on the type and degree of the deficiency, specialized primary schools are to be established and separate classes within regular primary schools."

- The educational activities for pupils with physical and psychological disorders are organized and implemented with specialized curriculum designed by the Pedagogical Council of Macedonia. Those pupils who are unable to attend the regular school are registered at specialized primary schools or in specialized classes within regular schools. Depending on the type of deficiency, the primary school may be organized at other public facilities: institutes, hospitals, centers, etc. (Ex.: Institution for care and rehabilitation – Banja Bansko; Special orthopaedic hospital in Ohrid; Orthopaedic Clinic in Skopje, etc.) According to the Law on Secondary Education (Official Gazette of RM No. 44/95) such education is also provided for handicapped pupils who are previously categorized, that is, graded and registered according to the type and degree of deficiency

  Source: Ajdinski Lj. And Andreevski V.: "50 years protection, rehabilitation, upbringing and education of handicapped people in R. Macedonia, Skopje" 2001

- One of the circumstances which exceedingly hinder the incorporation of physically handicapped children into mainstream education is the architectural access. Most of the schools lack special access or a ramp. Such children who attend school must be regularly accompanied by another

person (usually their parent).

- The specialized schools have a specifically designed curriculum. In these schools where the qualified personnel (psychologist, pedagogue) cooperate with teaching staff, in case they are willing to further assist the children towards incorporation into the regular curriculum, design their own adjusted curriculum or introduce new guidelines to help these children and their parents. It would undoubtedly be remarkably beneficial if other schools as well, within their regular curriculum, introduced a segment of specialized curriculum, ensuring that teachers would also be skilled to work with disabled children.

- Both the teachers and pupils assert it is easier to adjust to classmates with physical disabilities, rather than mental. In view of the question to incorporate children with severe mental disabilities into regular education, the psychologists and pedagogues agree that it is practically impossible. The pupils and their parents are not always willing to accept such a friend. On the other hand, incorporating disabled children into regular education imposes additional strenuous engagement by both the qualified personnel and teachers, not only with the disabled child, but also in working with the remaining pupils and communication with their parents. There are cases when parents, in their endeavour to accomplish the rights for normal life of their disabled children, are often not realistic in evaluating their abilities and opportunities and thus expose them to unnecessary strains which additionally decreases their socialization."

  Source: V.V.Stefanovska, K.Edrovska, B.Bozinovska, M.Stefanovska "A study on rapid assessment of psychosocial condition and opportunities for socialization of handicapped people in Republic of Macedonia", Skopje 2002

  Tertiary education

- It is very difficult for people with disabilities to attend higher and university education because of the bad conditions (architectural access). Some universites sill doesn't have ramps for students with disabilities. "They are clever and self-conscious and nothing can stop them from going on with their education, only bad conditions" – says Zoran Savreski from NGO Polio plus. For example the Association of Blinds has 2000 members and only 10% can read. They write books but say that nobody can read these books because most of the blind are illiterate.

- Nenad Markovic the president of the Association for supporting the people with handicap "Dignitas", is one of the few students that have continued his educational process. For most disabled young people higher and university education is not accessible because of the inaccessibility of the educational institutions and uncompleted regulations which pose threats for students with disabilities at university. Many of the students with disabilities in secondary schools don't finish their education. At the university and Student homes there are no special quotas for people with disabilities. This is from a student at the Faculty for Philosophy:
  "I am one of the few persons with disability that have finished the regular school. The faculties and student homes are not accessible for persons with disabilities. I am studying English language on the Faculty of Philosophy that is the only faculty that has good conditions and good collaboration with the Deans' office. Only here you can meet people with wheelchairs." says Nenad Markovik
  Source: SEE Portal – Macedonian – Handicapped cant reach the faculties, September 2004
  http://mk.oneworldsee.org/article/vew/94371/1/2544

- There is an Association for students and youth with a disability (www.zspop.org). The main aim of this association is to attain the equality of young people and students in creating conditions for their education and complete realisation of their intellectual capacities. In 2004 there was an

initiative to the law on tertiary education at University "St.Ciril and Methody" in Skopje. The study of the Law on tertiary education (Official Gazette of RM No. 64/00) shows that there is only short explanation of the rights and privileges for students with disabilities:

- There is a Society of Students and Young people with disability – Skopje founded in 2002. This organization had realised several activities:
  - Campaign for changing the attitude of the students at University toward the students with disabilities " I want to be … I know I can"
  - An information office for students with disabilities
  - A project for transportation of students with disabilities from their homes and back.
  - Analysis of the Law on Higher education and the Statute of the University"St.Ciril and Methodius" linked to students with disabilities in R.Macedonia, 2005.

- One of main activities of the Society was the analysis of the Law on tertiary education with regard to students with disabilities. The analysis of the Law show that there is only a short explanation of the rights and benefits for the students with disabilities, in the **Article 157**:
  "Students, candidates for doctorate and specialisation who are orphans, **persons with sight disability, persons with hearing disabilities, persons with disabilities of first and second group**, mothers of children six yare old and less and hospitalized persons, they have right on special benefits given with the Statute of the institutions for higher education."

- The existing system and practice of education of persons with disabilities that are characterised by fragmentation, isolation, incoherence and inefficiency, will need to be integrated at institutional, organisational, conceptual, technological, staff and space level in a way and to an extent that are, on the one hand possible and needed, and on the other hand will provide for not only rationality, but maximum efficiency as well.

Source: www.zspop.org

Ref:

- V.V.Stefanovska, K.Edrovska, B.Bozinovska, M.Stefanovska "A study on rapid assessment of psychosocial condition and opportunities for socialization of handicapped people in Republic of Macedonia", Skopje 2002
- Ajdinski Lj. And Andreevski V.: "50 years protection, rehabilitation, upbringing and education of handicapped people in R. Macedonia, Skopje" 2001
- SEE Portal – Macedonian – Handicapped cant reach the faculties, September 2004 http://mk.oneworldsee.org/article/vew/94371/1/2544
- www.zspop.org
- State Statistical Office, www.stat.gov.mk

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

- **Law on housing**

  Part III. Apartment houses and apartments which are government property

  Article 34

  The Government of the R.Macedonia, decides to rent apartments which are governmental property of the R.Macedonia to:

  …

  Social menace persons without housing supply, according to the Low on social protection;

  …

  ("Official Gazette" of R.M. No.2/98 and 48/2000)

- In the last few years the process of deinstitutionalization has been implemented. The Ministry of Labour and Social Affairs is financing several projects including the project for Daily centres for people with disabilities. This project is concerned with building and equipping of the Daily centres for the people with disabilities in Demir Kapija which will be integrated in the local community and their families. There are 15 daily centres in Macedonia for children with special needs which provide for 300 children.

Quantitative data:

- There is not accessible quantitative data.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

- The Centres for Social Work, within the Social Welfare System, undertake the coordination of activities for meeting the specific needs of children and persons with disabilities over a long period of time, but there is a need, for a more organised and continuous preparation of the community for acceptance and quicker adaptations for persons with disabilities.

Types of care of people with disabilities

For the purpose of creating appropriate care for disabled people in R.Macedonia, two types of services have been provided: non-institutional and institutional.

- The **non- institutional** care is applied by allocation of social allowances which are determined by the type and degree of the disorder, that is, for the severely disabled persons it is inability for rehabilitation. These social allowances are being granted through social service centres, which are under direct jurisdiction of the Ministry of Labour and Social Affairs. The social allowances are calculated according to the type of disability – light, heavier and severe and amount in average from 20 EUR to 45 EUR a month.

  The other type of non-institutional care that totally or partially non-locomotive people with a disability are entitled to, is the right to be supported by a third party. After determining the type and degree of the disorder, the institutional care of people with disability is likewise determined, depending both on the type of disability and the social status of families having a member with a disability.

- The **institutionalized** care in R.Macedonia is characterized by closed type institutions and the program for accommodation and acceptance of people with disabilities, generally located at a large distance from the families. They are predominantly institutions of social, health care and educational features, including primary and secondary education or protective workshops. In our country, there are still specialized schools which are partly boarding schools offering specialized programmes for children suffering from psychological and physical disorders. According to the type and degree of the disability, the following institutions are established in R.Macedonia:

  - Institutions for accommodating and rehabilitating children and youth with mild mental retardation
  - Institutions for accommodating, educating and rehabilitating persons with sight deficiency (partially blind and blind persons)
  - Specialized institutions for persons suffering from severe psycho-locomotion disorders
  - Institutions providing accommodation, and educating and rehabilitating persons suffering from hearing deficiency (semi-deaf and deaf persons)

  These institutions may be organised at two levels: boarding or non-boarding (external) accommodation. The services provided by the boarding facilities are food, lodging and daily residence. Schools with the specific curriculum provide both the educational and rehabilitating process for disabled children, according to the type and degree of the disorder.

  The team obliged to work in most of these institutions is multi-disciplinary (defectology specialists, psychologists, doctors specialists for speech problems, health care personnel, social workers etc.) The number of employees is in dependent upon the number of "clients" in the institution.

  There are institutions which provide protection, education and rehabilitation for these people and are within the jurisdiction of the Ministries of Labour and Social Affairs, Health Care and Education. The social work centres are authorized for persons directed to these institutions and are also their legal representatives. Although there are official legal procedures to determine both the degree and type of disability and the requirements of the institution’s accommodation, yet numerous families have indicated inconsistencies in these principles as applied by the authorized institutions in granting the letters of verifications

  The clients accommodated in particular health care and rehabilitation facilities are mainly content by the obtained care, conditions and nursing.The clients’ comments mostly refer to not respecting the categorization of the type and degree of disability. All of them are accommodated in one place and with the same conditions, regardless of the age, type or degree of disability. That is why, especially for elderly disabled people in these institutions, it is utterly unacceptable not to have priority in exercising their rights.

  With the financial support of the Ministry of Labour and Social Affaires new facilities were build for adult people with disabilities at the Institute for rehabilitation Banja Bansko in Strumica. In these

facilities there is a programme to implement a curriculum, adjusted to suit the abilities of the clients. The clients can also fulfil their spare time by engaging themselves in various other activities (music, poetry, drama, art clubs). A large number of them spend most of their lives in these institutions.

The sole Governmental support in the process of preventing people with disabilities from being institutionalized, that is, living within their own families, is the Law on Labour relations, Article 62, according to which one of the parents of a severely disabled child is entitled to a salary supplement for part-time working due to caring responsibilities. The right to part-time working is exercised if both parents are employed or if there is only one employed parent. The payment of such a salary supplement is effected according to the social insurance regulations. The salary supplement amounts to 30% of the average monthly salary. Regrettably, most of the parents of disabled children are unemployed.

Source: V.V.Stefanovska, K.Edrovska, B.Bozinovska, M.Stefanovska "A study on rapid assessment of psychosocial condition and opportunities for socialization of handicapped people in Republic of Macedonia", Skopje

Access to GP/family doctors

- Particularly in the rural environments, doctors who mostly perform field work are well acquainted with the people with disabilities and their families in that area. They are aware of their problems and needs and primarily administer the necessary care and nursing in domestic conditions. In regions with well developed private medical practice, people with disabilities are entitled to their own General Practitioner who can engage in keeping their illness under observation and proceed accordingly. This is especially appropriate with children.

  Unfortunately, only a small number of families can afford to finance the private health care, which cannot be refunded by the state health care insurance. People with disabilities, particularly the non-locomotive ones, and their families further claim that besides being incapable of going to hospital, it is also virtually impossible to be given proper health care in domestic conditions.

Access to specialist healthcare services

- Both people with a disability and their families inevitably go through certain administrative procedures in the course of implementing their rights, which needless to say, severely aggravates the entire state of affairs. The comments received from doctors, other experts and the people with disabilities themselves, are identical. There is mutual consent that the professional services do not cooperate among each other in terms of accomplishing the rights of the people with disabilities for timely health and social care. The professional services lack current information and data, skilled training and professionalism. Early and timely diagnosis is one of the basic problems that families face in cases of possible disability in their child. In most of the municipalities in the country there are not enough trained qualified personnel and sophisticated equipment both for prenatal and postnatal diagnosis. The regional professional services throughout the country do not offer proper expert opinion, help and services and therefore these required are claimed directly from the capital city Skopje.

Access to rehabilitation services

- The Law on Health Care comprises rehabilitation as its constituent and integral component of the health care which is constitutionally guaranteed for all Macedonian citizens. In the country, the rehabilitation programmes are implemented at various types of rehabilitation centres in the larger municipalities, where access to psychologists and psychotherapists is also available. The system of rehabilitation services is not present in all municipalities and is not designed to meet the individual needs of all people with disabilities. Parents or family members who look after a person with disability are seldom included in rehabilitation programmes as instructors, trainers or advisers. There are many evident flaws overall in the rehabilitation program, which causes severe

consequences in terms of quality of life and the health condition of the disabled person. So there is a need to improve the quality of existing programs for rehabilitation with the purpose to meet the needs of all those who require and need them. There is need for designing, establishing and advancing specific programmess focused on the individual needs of a person with disability.

V.V.Stefanovska, K.Edrovska, B.Bozinovska, M.Stefanovska "A study on rapid assessment of psychosocial condition and opportunities for socialization of handicapped people in Republic of Macedonia", Skopje

Access to any support measures allowing access to healthcare, eg. home visits

- Unfortunately, only a small number of families can afford to finance the private health care, which cannot be refunded by the state health care insurance. The disabled people, particularly the non-locomotive ones, and their families further claim that besides being not capable of going to hospital, it is also virtually impossible to be given proper health care in domestic conditions.

Affordability of social and health services

- Theoretically speaking, the regular state health care system offer services to meet the basic health care needs of disabled people. Nonetheless, specialized health care and privilege in supplying medicines for them are practically and realistically reduced to none. Those medicines which should be obtained free of charge are not to be found at all in the state's pharmacies and thus the patients are forced to purchase them in private pharmacies, being charged the full amount for the medicines. Such state undoubtedly burdens them additionally, since their standard of living is anyway very low.

  Starting from the fact that the Centres for Social Work, within the Social Welfare System, do the coordination of activities for meeting the specific needs of children and persons with disabilities in a long period of time, there is a need, without delay, for a more organised and continuous preparation of the community regarding acceptance and adaptations for persons with disabilities. Persons with disabilities usually look for information's regarding social and health services within disability organisations.

– **Quantitative data:**

- **The Republic Institute for Health Protection** is the institution determined by the Ministry of Health, as the one responsible for provision of the first data in the state on the key indicators for monitoring the improvements of the health reforms.
  The Report on women's health in the Republic of Macedonia (2006) shows that:
  The age distribution of women who most frequently seek health services is 15-49 years (86.4%), 11.6% are women 50-64 years old, and other age categories are present at 0.5%
  The morbidity of girls under 14 years old is three times higher than in previous years because of the large number of registered diseases on the genital and urinary system, infectious diseases and neoplasm's.

- Similar results are obtained from the: "Report for patient's satisfaction with the quality of health care services in 6 hospital institutions in R.Macedonia" (2006) done for the purpose of the Project on management the health sector in R.Macedonia.
- The study of patients' satisfaction with the quality of health services in the hospitals provides patients' suggestions for improvement of the conditions in hospitals, specifically for: improving access for the persons with disabilities, and for better organisation of the transportation of the patients to outpatient departments. Inside the hospitals there is a need for helping devices for

people with disabilities, wheelchairs, special elevators, access ramps and a separate entrance for the disabled and emergency.

Ref:

- V.V.Stefanovska, K.Edrovska, B.Bozinovska, M.Stefanovska "A study on rapid assessment of psychosocial condition and opportunities for socialization of handicapped people in Republic of Macedonia", Skopje
- Ministry of Lbour and Social Policy
- Ministry of Helath
- Republic Institute for Health Protection

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

- The right of the disabled persons to an adequate standard of living is provided with Law on social protection:

  Law on Social protection ("Official Gazette" of R.M. No.50/97 and 16/2000, 17/2003)
  4. Right on social aid

  Article 20: Right on social assistance includes:
  - permanent financial assistance for people incapable to work and socially unprotected;
  - social financial assistance for persons capable to work and socially unprotected;
  - financial assistance for help and care;
  - right on health protection;
  - assistance for reduced working hours and care allowance of the disabled child;
  - single payments and assistance in kind;
  - right on housing.

  Article 21: Right on permanent financial assistance for people incapable to work and socially unprotected,
  Article 22: Person incapable to work is person: with mildly, heavily and severely deficiency in psychological development and person with other types of deficiency because of what he can't acquire education, the same and for the person who become disabled in the developmental period because of what is incapable to work.
  Article 33: Assistance for reduced working hours and care allowance of the disabled child is regulated with the Law on labour relations and realises in the Centre for social work. The amount of the assistance is 30% of the average salary established with this law.
  Article 35: The right on housing is provided for "social menace persons" – housing unprotected. Social menace persons are: beneficiaries of permanent financial assistance and orphans to 18 years old or to 26 years old who are in the process of education. The financial resources for the right on housing are provided form the budget, donations, funds, credits etc.

  In the part outlining non- institutional care for old, weak and disabled persons who are not able to take care of themselves and who need care and help, the rights to non- institutional care means to have:
  - first social aid
  - aid for a single person

- aid for a family
- Home care and aid for a single person and family
- Daily care and aid to a single person and family
- Housing in foster families

- The parent of a child with development and special educational problems have rights to half of the full working hours if both of the parents are employed, or self-supporting and if the child is not accommodated in the special social and health care institution. The half working hours is considered as full working ours and they have a right to financial assistance according to the regulations for social protection and Law on labour relations, Article 169).

- The parent of the child with disability to 26 years old has a right to financial assistance like special aid (according to the Law on child protection (Article 26). The level of the assistance is 26.30% from the average salary of employed in Macedonia, in the previous year.

SOCIAL WELFARE – REPORT, Skopje 21.05.2007

INSTITUTIONS, TYPES, MEASURES AND SERVICES OF SOCIAL WELFARE, 2006 (PRELIMINARY DATA)

Institutions	Number of institutions	Number of recipients with physical and mental disability
- Institutions for care of persons with disabilities	3	521
- Institutions for professional training and employment of disabled persons	1	161
- Enterprises for employment of disabled persons		
Private ownership	236	1312
Other ownership	20	527
Types of social welfare		23797
Measures of social welfare		303
Social welfare service		8064

Types of social welfare: Foster care, Adoption, Housing in foster families, Housing for social welfare Institutions, Housing in other institutions, Financial assistance (permanent and temporary, single payments) Other assistance (assistance for education, assistance in kind, home care and assistance, assistance and care allowance, rehabilitation allowance, other supplements), Other forms

Measures of social welfare: Assistance for housing in preschool institutions, Training and vocational assistance, Assistance for employment in workshops providing professional protection, Conflict resolution in family disputes, Disciplinary measures for the underage, Increased care and supervision by parents or foster parents, Increased care and supervision by foster care institution, Assignment to institutions for the mentally ill underage, Other measures of social welfare

Social welfare service: Marital counseling, Assistance in achieving certain rights, Categorization (distribution), Social and professional work.

41% of the recipients of types of social welfare are persons with disabilities. They mostly are recipients of: financial assistance, other assistance (assistance for education, assistance in kind, home care and assistance, assistance and care allowance, rehabilitation allowance, other supplements).
In 2006, the recipients of social cash benefit of total population were 20% women and 80% men as head of

the household. 21.32% of the recipients are persons with disabilities.
Financial assistance is 32.66 euros for a household with one member and 81 euros for households with 5 or more members.
Source: Social welfare – Report, Skopje 21.05.2007,
State statistical office, www.stat.gov.mk

- **Recipients in institutions for care persons with disabilities, 2006**

	Number		Sex distribution	
	women	men	women	men
Moderate mentally handicapped	77	102	43%	57%
Severe mentally handicapped	123	136	47%	53%
Profound mentally handicapped	8	13	38%	62%
Totally or partially unable to hear	1		/	/
Locking the power of speech	3	3	50%	50%
Physical handicap	25	30	45%	55%

- **Persons disabled and rehabilitated in institutions for professional rehabilitation, 2006**

	Number		Sex distribution	
	women	men	women	men
Employed disabled persons	604	1236	33%	67%
Persons disabled and rehabilitated	44	116	28%	72%

Source: Statistics of social welfare, "Women and Men in Macedonia", 2008
State Statistical Office

Quantitative Data
Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	Non-disabled women	Disabled men
Life expectancy (breakdown by age group if possible)		Life expectancy for women is **76.21**	
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	-	n/a
Ref: - Social Welfare Report 2007 State Statistical Office - Ministry of Labour and Social Policy			

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

- R.Macedonia is still in the initial stages of accomplishing the preconditions for socialisation of people with disabilities. Activities are undertaken to adjust the roads, streets and public facilities, by which the essential preconditions and requirements for a normal life of any person with disability would be partially met.
- The specifically designated car parks in our country are very rare, and it is not always respected by the other drivers. Even in their own houses and surrounding areas eople with disabilities are not in the position to move around and independently carry out their errands due to the existing architectural barriers, let alone in the wider environment. Public transportation is another precondition for socialisation of people with disabilities which has not been discussed so far. You can rarely meet a person with disability on public transportation.
- In the **Law on building (2005)** – outline in part II for Basic requirements for building, Article 11, Unlimited access and moving to and inside the building it is pointed that the buildings for public and business purposes should be designed and built to provide people with disabilities unlimited access, and movement to stay and work inside the building.
  In a building with 10 flats or more for public and business purpose there must be included one flat designed for people with disabilities (ie one in every ten flats).
  Source: Law on building ("Official Gazette" of R.M. No.11/94, 18/99, 25/99, 2005)

- According to **Regulations for standards and norms for urbanity planning (2007-2008)** in the part for Sport and recreation it points out that when dimensioning the group parks, a minimum 3% of parking places should be planned for people with disabilities. If there are 20 parking places planned, then one place has to be planned for people with a disability. The planned dimensions should be 3.50/5.50, and this has to be located near the entrance of the building and provide walking space.
  Source: Regulations for standards and norms for urbanity planning (2007-2008)

- From 15th of March 2005 a special bus for transporting students with disabilities started to transfer the students from their homes to schools and university. Now the students are more regularly at school and the university is more accessible for the students with disabilities (stated by the Association for student with disabilities). Students have free driving. Some of the children with disabilities need to be joined by their parent, that's why in the future it is planned for assistants to be engaged to help the students with disabilities using the bus.
  Source: www.dnevnik.com.mk

Ref: Law on building ("Official Gazette" of R.M. No.11/94, 18/99, 25/99, 2005)
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www.dnevnik.com.mk

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

- There is a shelter centre in R.Macedonia for women exposed to exploitation, violence and abuse. There is not a special help centre specifically for woman with disabilities. Provisions and procedures are the same as for other women. In this women's organisation it is the same as in the others, they realise that women with disabilities still choose to be silent about their problems, and this is a typical attitude and mentality of most of the women in Macedonia.
  Source: Daniela Dimitrievska representative of the European Women's Lobby for Macedonia

- There is not a system to aggregate data for women with disabilities. For example, some of the court procedures delivered to the ombudsman are in regard to the dissatisfied beneficiaries of different types of social welfare like financial assistance, or assistance and care allowance, which are mostly delivered to people with disabilities, or people who care for people with disabilities, but non of the responsible institutions aggregate special data for women with disabilities as yet.
  Source: Nevenka Krusarova, Ombudsman of the Republic of Macedonia

- There are organisations, help centres, shelters for women but none especially accessible for the problems of the disabled women. In these centres disabled women have the same service and help, like the other women.

- In the court there is not a special department specific to persons with disabilities. The only obligation of the court is to ask for determination regarding the work capability of a person with disability that takes part in a court procedure – this is done by the Local Service for Social Work. If the person has no work capability, then the social service has to determine whether a representative from the Centre for social work to represents the rights and interests of the person with a disability in the court procedure.
  Source: Gordana Rolevska Cupeva, judge

- The National Council of Women of the Republic of Macedonia (NSZM-SOZM) promoted the new SOS National Intervention Centre against violence on women. Beside the 24 hours available SOS line, the intervention centre offers psycho-social counselling, a 24 to 48 hours shelter for victims, as well as help in contacting authorities and institutions. The Council reports they don't have any specific data on disabled women looking for any kind of help in the Centre.
  Source: www.sozm.org.mk; Savka Todorova, member of the executive board of the National Council of Women of the Republic of Macedonia

- The monitoring of the media on the problem of violence in Macedonia, completed in 2003, showed that the category of incidents mostly present was: prostitution/trafficking – 34.6%, beating/torture - 15.4%, murder and rape with 12.8% and physical attack with 10.3%. The victims of the violence and abuse are mostly girls under 18 - victims of physical (63.6%) and sexual (36.4%) violence.
  The short review on the legal status of the violence on women, covered by the media in 2003 shows that only 33.3% of the articles inform that the criminal charges are brought against the perpetrator of the violence. One third of the charges were still under investigation, 26.9% were denounced as incidents of violence and only 9% are incidents for which a final verdict was pronounced.
  In Macedonia abuse faced by the women is considerable and its visibility is on a very low level. The laws don't protect the victims of violence and abuse appropriately, the institutions do not approach the

problem systematically and efficiently and always there is a lack of official data and study of this problem. That is why the women-victims don't talk about the abuse; they do not report the abuse and try to heal their wounds only with the help they are given by the women's organisations.
Source: SEE Portal – Macedonian – Monitoring of the Media, 2003: Violence…
http://mk.oneworld.net/article/vew/81544/1

- In the articles in the media over the last years it is possible to find that among the victims of violence and abuse, in some cases, there are young girls and boys with disabilities. The treatment of these persons is the same as for the other victims of violence and abuse. There are no special staff, trained in treating persons with disabilities exposed to violence and abuse.

- The usual way of treatment of this violence and abuse in the official institutions:

Ministry of internal Affairs	Ministry of Labour and Social Affairs	Ministry of justice Civil court
- they refer the case to the Ministry of Labour and Social Affairs	- Centre for Social Work they give shelter to the victim and refer to the court	- initiate divorce proceedings

Source: UNICEF:Institutional Assessment of the Responsiveness of Service Providers to Violence against Children in Macedonia.2005

- Quantitative data is not accessible.

Ref:

- Daniela Dimitrievska representative of the European Women's Lobby for Macedonia
- Nevenka Krusarova, Ombudsman of the Republic of Macedonia, www.ombudsman.mk
- Gordana Rolevska Cupeva, judge
- Savka Todorova, member of the executive board of the National Council of Women of the Republic of Macedonia, www.sozm.org.mk
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- UNICEF:Institutional Assessment of the Responsiveness of Service Providers to Violenceagainst Children in Macedonia.2005

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

- The participation of women with disabilities in public and cultural life is mostly supported through the activities of the associations for persons with disabilities (creative workshops for painting and handcrafts, handcrafts exhibitions for sale, sport activities and competitions and other activities).

- The Macedonian Olympic Committee in its proposal for the new Law on sport (2006), points to the importance of realising a special programme for sport activities for people with disabilities, and the integration of people with special needs and disabilities to all levels of sport and the affirmation of woman in sport. All this is with regard to the EU documents and standards for the Project "Sport for all".
  Source: www.mok.org.mk

- The Special Olympiad was founded in 2002. The mission of this organization (with more than 2500 members) is to provide opportunities for integration and socialisation of people with intellectual disorders (children and adults) by training and competition in sports of the Olympic style through the whole year. In this way they can develop their physical condition, show courage, feel joyous and show their potential and abilities, associate with their families, other competitors and society.

- In 2006, The Special Olympiad organised the European basketball week in Macedonia, which was a part of the Pan-European manifestation European basketball week.
  Source: www.som.org.mk

- The Special Olympiad – Macedonia organized "2007 Special Olympiad European football week" in Valandovo Macedonia. 250 participants took part and the national football tournament in men's and woman's competition was organised

- Macedonia has more than 50 Olympic athletes with special needs. In 2003 Macedonia joined the summer Olympic Games of the special Olympic Games in Dublin for the first time. In 2004 in Luxemburg, Macedonian football representation became the European champion in football, and girls with special needs achieved first place on abilities.
  Three Macedonian successful shooters took part in the Para-Olympic games in Peking.
  Source: www.a1.com.mk/vesti/

- Gorgi Surlovski, a person with disability is a European champion in basketball. He says that people with disabilities need more attention from the government; he is an example, of someone who had successfully finished secondary education and has not had an opportunity to go on with his education. He has pointed out the difficult conditions in secondary schools and at university for people with disabilities.

- At the local level there are initiatives to improve the life of the people with disabilities by giving them better conditions for socialisation and rehabilitation. In municipality of Kisela Voda in Skopje, they have reconstructed the old sports centre which is now intended for people with disabilities. The centre was reconstructed with the support of Agency for youth and sport, Municipality Kisela Voda and a building firm Ilinden. The centre has grounds for handball and small football, a hall for ping-pong, a rifle range and some space for other activities.

Source: www.vreme.com.mk

- The initiatives by persons with disabilities are supported with certain awards. For example the award for sustainable development Hert Jan van Apeldorn, was given to Mile Stojkovski who travelled the distance (704 km) from his native place Prilep to Athens where the Olympic games took place in 2004, in his wheelchair. He got the award for promotion and support of the right for equal opportunities and access.
  Source: http://mk.oneworld.net/article/vew/114360/1/

Ref:

- www.mok.org.mk
- www.som.org.mk
- www.a1.com.mk/vesti/
- www.vreme.com.mk
- http://mk.oneworld.net/article/vew/114360/1/

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

- Until now, there has not been any strategy to improve the life of women and girls with disabilities - not in the official institutions, nor even in the NGO sector.
- Everything that is planed to be undertaken in the next period, is in response to the Millennium developmental goals (1990 and 2015) among which are the goals 3 and 4: Improvement of the gender equality and strengthen women, and Elimination of the gender disparities in primary and secondary education till 2005 and in all levels of education until 2015.
- The Government of the R.Macedonia signed the Millennium declaration and took the obligation to support the national millennium goals. UNDP gives support to all the associations in this process (Government, civil sector, private sector, media and local communities) and financial support too. The Government, supported by UNDP, developed the strategies and institutional frame for monitoring, evaluation and report of the progress of the Millennium goals. The State Statistical Office is the main institution responsible for monitoring and evaluation of data.
  Source: Millennium development goals – indicators, www.gov.mk

Summary

- The problem of persons with disabilities is still the social problem and main care of the Ministry for Labor and Social Policy. The need to bring a special Law for people with disabilities is obvious, but the Law is still not passed. Certain changes and amendments are made in the frames of the current legislation.

- The process of deinstitutionalisation is still on-going, but all the involved institutions are still not prepared to complete this process which is in interest for all the sides involved.

- The data presented differentiate from one to another institution because of the different methodologies for aggregating and analysing the data for people with disabilities. There are no accurate statistics about the number of people with disabilities in the Republic of Macedonia. The new methodology is prepared for the Census of the Population which will be realised in 2011.

- There is a lack of social awareness of the issues for women and girls with disabilities in the Republic of Macedonia. There is a lack of recognition of this issue, as a specific social problem. Women and girls with disabilities should have equal status, equal treatment in accomplishing their rights and in development of their individual potential through which they can contribute in societal development.
  For now the rights of women and girls with disabilities are covered mainly by the regulations in regard to the Legislative for people with disabilities and the Law for equal opportunities for women and men.

References:

Organisations contacted for information about legislation and policies regarding women with disabilities:

Ministry of Labor and Social Policies
Department for social protection – Slobodanka Zdravkovska
Department for equal opportunities – Elena Grozdanova

Ministry of Education and Science

Faculty for Special education teachers, Skopje

Ministry of Health
Mihajlo Tripunov - government secretary in the Ministry of Health

Republic Institute for Health Protection
Gordana Kuzmanovska

Ministry of Justice
Jasminka Angelovska

Ombudsman of the Republic of Macedonia
Department for the rights of the children – Nevenka Krusarova

Ministry of Culture

Agency for youth and sport

State Statistical Office
Department of Social welfare, Education and Science - Liljana Kukovska
Apostol Simovski

Agency for employment of the RM
Veljka Juran – sector manager

Institute for social activities, Skopje
Mladica Kotevska - director

Union of Protective Companies, Skopje

Macedonian Women's Lobby
Daniela Dimitrievska

National Council of Women of the Republic of Macedonia
SOS National Intervention Centre
Savka Todorova

National SOS line for the victims of violence

Union of Organisations of Persons with Disabilities, Skopje
Gjorgi Gruevski - member of the executive board

Polio Plus – Movement Against Disability

PORAKA – Republic Centre for support of the persons with intellectual disability, Skopje

Commision for equal opportunities for women and men of the Community of Strumica

Institution for care and rehabilitation – Banja Bansko, Strumica

Psychiatric Hospital – Demir Hisar
Lazo Kuzmanovski - director

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REPORT: Report on Violence and Health in Macedonia and Manuel for Prevention, 2006

University of St.Cyril and Methodius

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Republic of Macedonia CEDAW/C/MKD/CO/3

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Introducing the Gender Concept in political Parties at the Local Level. National; Project Women Can Do II- Local Elections 2005 prepared by Ms. Sonja Lokar, the Chairperson

Report of the Republic of Macedonia on Millennium Development Goals, Government of the Republic of Macedonia, June 2005

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www.stat.gov.mk
www.avrm.gov.mk

Country fiche: Malta

1. National implementation and monitoring

Key questions	Specification
What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention?	• Malta was among the first signatories of the UNCRPD. The Maltese Government has set up an Inter-Ministerial Committee to advise it on the measures that need to be taken in order to ensure swift ratification. For the moment no official body has been set up to monitor the implementation of the Convention, but the Kummissjoni Nazzjonali Persuni b'Diżabilità (KNPD), carries out monitoring on an informal level.
What legislation is there in the country to protect disabled people? What is the key legislation that specifically protects the rights of women with disabilities?	• Malta adopted a comprehensive anti-discrimination legislation called the **Equal Opportunities (Persons with a Disability) Act** in 2000 {Cap 413}. This law covers physical accessibility, goods and services, employment, education, housing and insurance. • No legislation directly targeting disabled women exists at present.
How / to what extent is the legislation enforced?	• The **Equal Opportunities Act of 2000** (EOA) established the legal basis for the Kummissjoni Nazzjonali Persuni b'Dizabilita (National Commission Persons with Disability)[1]. The KNPD itself takes the role of enforcer whilst taking up individual cases. The **Equal Opportunities Compliance Unit** within the KNPD handles such cases. • The total number of complaints in 2007 were in the areas of physical accessibility (111), services (36) employment (21), education (10), insurance (2) and housing (1)[2]

[1] Kummissjoni Nazzjonali Persuni b'Dizabilita (KNPD), Url: http://www.knpd.org/

[2] KNPD: Equal Opportunities Act Annual Report for 2007, available from: http://www.knpd.org/pubs/pdf/eoarpt07e.pdf

2. Population / prevalence of women with disabilities

Key questions	Specification
What are the national definitions of disability?	The **Social Security Act**, which regulates pensions and other social benefits, defines disability in terms of a medical model defining a "… 'Severely disabled person' [as] a person who still has a reasonable expectancy of life and who is incapable of supporting himself through full-time employment or self-occupation, or who will be rendered so incapable when of age to do so, owing to a permanent disability…"1. The **Equal Opportunities (Persons with a Disability) Act** also uses a medical model definition of disability, defining disability "as a physical or mental impairment that substantially limits one or more of the major life activities of a person"[2]. However, it also makes reference to social and environmental factors that create disability in the terms of the social model, such as in lack of access to buildings or to information and services. The EOA is in the process of being updated, this includes the definition of disability. The aim is for the EOA to adopt the same definition as the UN Convention on the Rights of Persons with Disability.
What is the population of women with disabilities in the country?	According to NSO 2005 Census figures the number of disabled women represent: • 2.96% of total population, with disabled men representing 2.94% of the total population. • 5.89% of total female population • The majority of disabled females are to be found between the ages of 70 to 79 (21.6%), followed by ages 80 to 89 (18.1%) and ages 60 to 69 (15.9%). This indicates that a majority of disabled females are elderly people. In addition, this could be attributed to the fact that women, as a general rule, live longer than men. The least number of disabled females can be found in the age groups 0 to 9 (2.4%), followed by 90 plus (3.8%) and ages 10 to 19 (3.8%). On the other hand, the age group distribution for disabled males is different with higher proportions of males belonging to the age group 50 to 59 (22.8%), followed by ages 60 to 69 (16.6%) and70 to 79 (14.3%). The least age groups represented by disabled males are the 90 plus (1.2%) followed by the 0 to 9 group (3.6%) and finally ages 10 to 19 (5.5%).

[1] Laws of Malta: Social Security Act / Cap 318 Available from: http://docs.justice.gov.mt/lom/legislation/english/leg/vol_7/chapt318.pdf

[2] Laws of Malta: Equal Opportunities (Persons with a disability) Act 2000 / Cap 413 Available from: http://docs.justice.gov.mt/lom/legislation/english/leg/vol_13/chapt413.pdf

	• The majority of disabled females who responded to the NSO survey have a physical impairment (31.4%), followed by a visual impairment (17.4%) and 16.6% stated they had more than one impairment. The lowest number of disabled females belonged to the categories of intellectual impairment (4.3%), mental health issues (7.3%) and hearing impairment (8.1%). Comparatively, the majority of disabled males are also physically disabled (33.2%) whilst 15.2% claimed they had 'other impairments' (not listed under the major categories) followed by 14.9% stating they had 'more than one impairment. The least number of disabled males are to be found in the categories of intellectual impairment (6.1%), hearing impairment (7.6%) and mental health issues (8.8%). • The NSO Census surveyed the entire population and is the only quantitative study on the entire Maltese population to date that has included a reference to disabled people. However, it should be noted that declaring one's disability relies on the reference person completing the questionnaire. Therefore, data regarding disabled men or women not identifying / not identified as disabled may be missing.
What are the key sources of information to support this?	• Malta: National Statistics Office[1]
	NB. This part will also provide key information on the compatibility of the data between the national and EU sources.
Multiple disaggregation by age, type and severity of disability: [2]	**Women with disabilities** 16-24 years Considerably disabled – 1.6% To some extent disabled – Not restricted – 98.4% 25-54 years Considerably restricted – 2.5% [arms/legs/feet = 46.3%, See/hear/speech/skin = 0%, chest/heart/stomach/diabetes = 27.3%, epilepsy/mental = 14%, other = 12.5%] To some extent restricted – 2% [arms/legs/feet = 40.6%, See/hear/speech/skin = 10.4%, chest/heart/stomach/diabetes = 35.8%, epilepsy/mental = 6.7%, other = 6.5%] Not restricted – 95.5% 55-64 years

[1] National Statistics Office, Url: http://nso.gov.mt/

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	Considerably restricted – 6.7% [arms/legs/feet = 53.4%, See/hear/speech/skin = 11.3%, chest/heart/stomach/diabetes = 27.7%, epilepsy/mental =7.6%, other = 0%] To some extent restricted – 5.4% [arms/legs/feet = 55.1%, See/hear/speech/skin = 0%, chest/heart/stomach/diabetes = 44.9%, epilepsy/mental = 0%, other = 0%] Not restricted – 87.8% **Men with disabilities** 16-24 years Considerably disabled – 1.4% To some extent disabled – 21.1% Not restricted – 97.5% 25-54 years Considerably disabled – 4.1% [arms/legs/feet = 48.9% See/hear/speech/skin = 1.9%, chest/heart/stomach/diabetes = 16.7%, epilepsy/mental = 23.4%, other = 9.2%] To some extent disabled – 0.8% [arms/legs/feet = 35.1%, See/hear/speech/skin = 0%, chest/heart/stomach/diabetes = 40.9%, epilepsy/mental =12.6%, other = 11.4% Not restricted – 93.8% 55-64 years Considerably disabled – 10.1% [arms/legs/feet = 30.9%, See/hear/speech/skin = 8.3%, chest/heart/stomach/diabetes = 34.9%, epilepsy/mental = 25.9%, other = 0%] To some extent disabled – 6.2% [arms/legs/feet = 28.2%, See/hear/speech/skin = 0%, chest/heart/stomach/diabetes = 50.4%, epilepsy/mental = 12.2%, other =9.2%] Not restricted – 83.7%

3. Economic situation and employment

Key questions	Specification
What is the economic situation of women with disabilities?	No specific data relating to levels of income of disabled men or women has been collected to date. This means that solid claims on the actual rate of poverty and living conditions of disabled people cannot be empirically calculated. However, the results of the NSO Census 2005 indicate that the households of disabled women often lack more appliances at home than disabled men and disabled women have, in general, a lower level of education and are grossly under-represented in the labour market. This data suggests that disabled women have a greater chance of falling below the poverty line and of having a lower standard of living than the general population and that of disabled men.
What factors influence the economic situation of women with disabilities?	Factors that might influence disabled women' participating in employment include: • The low level of educational attainment of disabled women. However, it is worth noting that this trend may be more prevalent in the older age groups and might be related more to gender than disability. This is especially true of disabled women who may have acquired their impairment later on in life but still had no opportunity to attend since many women did not attend school before. • The low expectation of family members placed on disabled girls and women. • The traditional ideas that women in general should not work. • The religio-cultural stereotypes that may still regard disabled people as helpless, dependent and incapable of productive work. In case of disabled women, this may be compounded by the gender stereotype of women as requiring protection and of being maintained and not to be expected to work. Accessing employment and working may be hampered by: • Negative attitudes of employers to employing a disabled woman. • Lack of physical access at the place of work. • Unavailability of support or willingness to provide assistive apparatus on the place of work. • Inflexible hours of work. Another factor that acts as a disincentive on disabled people seeking employment is the risk of losing any social service benefits

	if they earn more than the national minimum wage. In fact, in a study by Cordina (2003)1, the 'benefits trap' or the fear of losing benefits when entering work was shown to be a disincentive to work – especially if the financial gain made through work does not justify the time and energy invested in the work carried out. The 'benefits trap' may be an added pressure for disabled women to remain out of work because of social/family expectations. Disabled women with severe disabilities, intellectual impairments or severe disabilities may find additional problems in accessing the world of work due to lack of support, reluctance to make adaptations in the work environment, greater negative attitudes by employers and greater over-protection by family members.
What are the economic activity, inactivity and unemployment rates of women with disabilities?	**GENERAL EMPLOYMENT STATISTICS** The results of the NSO 2005 Census revealed that: • 35.2% of disabled females were retired compared to 42.7% of disabled men. Given the survey was taking into account the entire population over 15 years of age, this finding is to be expected – especially since the Maltese population is aging. However, it is interesting to note that disabled women are less likely to be retired – even if they are greatly represented in the higher age groups with disabled women constituting 63.8% of the disabled population. • 34.6% of disabled females were taking care of family/or house with only 1% of disabled men doing these jobs. This suggests that although disabled women do not participate in employment, they are still expected to continue doing work in the house. However, as we do not have data relating to when disabled women acquired their impairments, we cannot make any claims on whether a majority of the disabled women involved in housework had an impairment early on in their life. • 13.1% of disabled women couldn't work due to illness or disability, compared to 25.8% of disabled men. • 7.6% of disabled women didn't say what was their labour status with 2.6% of disabled men not wanting to say either. • Only 7% of disabled women were employed compared with 22.5% of disabled men. This suggests that disabled women are less likely to be gainfully employed. • 1.5% of disabled women were students or trainees with 2.1% of disabled men stating this. • 1% of disabled females declared they were unemployed compared

[1] Cordina, G. (2003) The Economic Dimension of Independent Living, Malta: KNPD Available from: http://www.knpd.org/pubs/pdf/gcordina_rpt.pdf

	to 2.9% of disabled males. However, we should interpret this in the light of the low employment rate and disabled women's high involvement in the family/house. In 2005[1], disabled women were employed: • As service or sales workers (27.8%). In contrast, 12.1% of disabled men were employed in this area. • As Technicians or associate professionals (19.1%). 10.1% of disabled men occupied this position. • As Clerks (16.4%), compared to 11.5% of disabled males occupying this position. • In elementary occupations (13.4%) with a high number of disabled males (22.7%) occupying this position. • As professionals (12.1%) compared to 6.3% of disabled males working in this area. • Disabled men largely outnumber disabled women when it comes to craft or trade work with 19.1% working in this area compared to just 1.1% of disabled women employed in these occupations. This suggests that of those disabled women currently working, most occupy relatively higher positions than that of disabled men. This might be attributed to the better educational opportunities younger disabled women have access to in mainstream compulsory education and in higher educational institutions. However, due to the fact that disabled women are still under-represented in the labour market, it would be interesting to see whether a larger number of disabled women in employment might reveal similar figures to those of disabled males. More recent data released from the Employment Training Corporation (ETC), the state-run agency providing employment and training services reveals the following facts about the situation of disabled women as at March 2008 in respect of employment: • The total number of disabled women employed is 262 or 21.9% of the employed disabled people registered with ETC. The rate for disabled men is 933 or 78.1% of the employed registered disabled people. The total of employed disabled people was 1195 people. • Disabled women only comprise 0.433% of the total employed female population.

[1] KNPD (2007), Report on the employment of disabled people in European countries – Malta

EMPLOYMENT RATES

Of those who are employed:

- 4 (1.53%) of disabled women were self-employed, compared with 52 (95.9% of disabled men. The percentages reflect the rates in the total of self-employed disabled people, which amounted to 56. People.
- 174 (18.6%) of disabled women were in full-time employment compared with 759 (81.4%) of disabled men. The total of disabled men in this category stood at 933 people.
- 84 (40.8%) of disabled women were in part time employment compared with 122 (59.2%) of disabled men. The total of disabled part time employees was 206 people.

UNEMPLOYMENT RATES

Of those disabled women who were unemployed:

- 63 (20.3%) were registering for full time employment compared to 247 (79.7%) of disabled men. The total number of unemployed disabled people registering for full time employment was 310 people.
- 7 (26.9%) disabled women were registering for part time employment compared to 19 (73.1%) disabled men. The total number of disabled people registering for part time employment constituted 26 people.
- 32 (19.9%) disabled women were long- term unemployed with 129 (80.2%) disabled men having been long term unemployed. The total number of long term unemployed disabled people stood at 161 people.

Inactive Status

- The number of registered disabled women who were inactive (unemployed but not seeking employment) was 306 (26.4%) with 851 (73.6%)disabled men as inactive.

What legislation and policy is in place to recognise the right of disabled women to work? How / to what extent is the legislation enforced?	The first law to recognise disabled people's right to work was the **Persons with a Disability Employment Act (1969)**[1]. This law stipulated that local companies employing 20 or more employees had to employ at least 2% of the work force from the ETC's disabled unemployed register. This law was only successful in securing few jobs for individual disabled people within government institutions and had no real success in the private work sector. However, this law was superseded by the **Equal Opportunities (Persons with a Disability) Act**, which made it unlawful for employers to discriminate against disabled people in employment on the basis of their disability. Complaints are to be made within the **Equal Opportunities Compliance Unit** (EOCU) at the National Commission Persons with a Disability, which is also the enforcer of the anti-discrimination legislation.
What are the key policy measures and initiatives targeted specifically at women with disabilities?	• Currently, there is no legislation specifically targeting disabled women in employment.
What is the level of participation of women with disabilities in key active labour market programmes and initiatives? What is the participation of women with disabilities in passive labour market programmes (unemployment assistance, etc.)?	• The ETC offers disabled people and other excluded groups the opportunity to gain work experience and support to shift from unemployment to employment through the *Bridging the Gap scheme*. In 2007, this scheme involved the participation of 15 disabled men and 15 disabled women. • Another service offered by ETC is the *Supported Employment Scheme,* which gives disabled people the chance to be placed in work places and enter gainful employment. In 2007, this scheme successfully placed 11 disabled men and 8 disabled women in gainful employment. • ETC also operates a Supported Employment section which aims at enhancing the employability of disabled people and other disadvantaged groups. In 2007, the average monthly number of clients stood at 342 registered disabled people – with 270 disabled males and 72 disabled females making use of the services being offered.

4. Education, training and life long learning

Key questions	Specification
What are the key	Attempts to include disabled children into mainstream education started

[1] Laws of Malta: Persons with a Disability Employment Act / Cap 210 Available from: http://docs.justice.gov.mt/lom/legislation/english/leg/vol_5/chapt210.pdf

legislation / policies in relation to the education of women with disabilities?	as early as 1994 with the introduction of an Inclusive Educational Policy. Such attempts were enforced by the **Equal Opportunities (Persons with a Disability) Act**, which pushed private, and public schools to become more accessible both in terms of structures and services offered whilst adopting more inclusive modes of education, such as in the writing of **Individual Educational Programmes** (IEPs) for each disabled student. In addition, special schools were to be used as a last resort an retain a role as resource centres for disabled children around Malta The force of the EOA 2000 also extends to post-secondary institutions, and other higher education institutions.
What are the participation rates in different forms of education: - General, mainstream education - Special schools - Lifelong learning	According to NSO 2005 Census figures: • 9.8% within the disabled population had received no schooling at all. The rate within the non-disabled population was of 1.9%. • 1.7% had finished pre-primary level. The rate for non-disabled people was 0.3%. • 4.1% had attended special schools. Only 3 non-disabled individuals had attended a special school. • 42.3% had completed primary level. This percentage is higher than that for non-disabled people with 24.3% completing primary level. • 31.3% of disabled people finished secondary level. In contrast, 46.3% of non-disabled people attained this level. • 5.6% had attended post-secondary institutions. Non-disabled people completing this level stood at 14.4%. • 0.9% had completed non-tertiary level education. The rate amongst non-disabled people was 2.8%. • 4.4% had completed tertiary level education. The rate for non-disabled people was two times higher with 10% completing this level. The differences between non-disabled and disabled people start emerging, as children grow older – especially after completing primary level.
What are the barriers to participation?	Even if the situation for disabled children and adults in terms of education has improved thanks to an **Inclusive Policy and the Equal Opportunities (Persons with a Disability) Act**, disabled people still face problem in education. These barriers include: • Some schools are still inaccessible and by the time they are made accessible, disabled students may have finished their

	stay at the particular school. • There is still lack of specialised learning support for children with high complex needs and challenging behaviour in mainstream schools. • There are not enough Braille instructors to meet the demands. • There are no existing provisions for people with intellectual impairments in post-secondary levels. Moreover, in a 2005 report called “The Special and Inclusive Education Review”, it was noted that apart from the lack of appropriate learning support for disabled students, disabled people find themselves unable to find employment once they leave compulsory education. Whilst the inclusive educational system is being reformed, the problem with finding employment still remains. In this sense, disabled women share many of the barriers faced by disabled men – lack of support and barriers to physical access and to accessing information. Although no data or study exists focusing specifically on the barriers faced by disabled girls and women in education, negative attitude towards disabled people and women may play an important role in excluding disabled women from accessing education – as well as lack of support and assistance.
What are the educational attainment levels among women with disabilities?	The NSO Census also revealed gender differences when it comes to education. In fact: • Disabled women were more likely not to have attended special schools with 3.1% of disabled women having attended them, compared to 5.1% of disabled men. • Disabled women were more likely to have received no schooling with 12.4%, compared to 7.2% of disabled men receiving no schooling. • A high rate of disabled women had completed primary education with 47.4% reaching this level. The rate for disabled men was 36.9%. • In contrast, the rate of disabled women completing secondary level education was lower with 26.5% of disabled women finishing this level when compared with 36.2% of disabled men. • Disabled women tend not to have compared post-secondary level with 4.3% having done so when compared with disabled men who are represented by 7%. • 0.7% of disabled women completed non-tertiary level education while 1% of disabled men reached this level. • A lower rate of disabled women can also be found in the

	tertiary level with 3.2% of disabled women achieving this level compared to 5.6% of disabled men. This data suggests that disabled women may be unsupported or discouraged from carrying on with their education. Whilst the level of participation for disabled men and women in the early years are relatively similar and even favouring girls, things seem to change during and after secondary education where disabled women start to decrease in representation. **GENERAL EDUCATION LEVELS** However, It is encouraging to discover that the percent of disabled people with no schooling do not appear in the age ranges 10-29. On the other hand, the largest number of disabled people attending special schools can be found in the age range 20-29 with 25.7% of disabled people receiving such education. Disabled people who had more than one type of impairment were most likely to have received no schooling (16.6%), followed by people with an intellectual impairment (11.4%(and those with a hearing impairment (10.6%) and those with a physical impairment (9.6%). Those most likely to have had access to some form of schooling were people with other impairments (5.7%), people with a visual impairment (7.1%) and people with mental health conditions (7.8%) with no schooling. However, intellectually disabled people were most likely to have attended special schools (32.7%), followed by disabled people having more than one impairment (4.9%), people with mental health conditions (4.6%) and those with other impairments (3.8%). People with a visual impairment were least likely to have attended special schools with 0.6% having attended special schools. This was followed by people with a physical impairment (1.2%) and those with a hearing impairment (3.4%).
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[1]: Low = ISCED 1 + 2 Med = ISCED 3 + 4 High = ISCED 5	**Men with disabilities** **25-54 years** Considerably disabled: low = 94.4%, med = 5.6%, high = - To some extent disabled: low = 92.6%, med = 7.5%, high = - Not restricted: low = 75.4%, med = 12.5%, high = 12% **55-64 years** Considerably disabled: low = 90.8%, Med = 6.6%, high = 2.6% To some extent disabled: missing Not restricted: low = 88.1%, med = 3.6%, high = 8.3%

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	Women with disabilities **25-54 years** Considerably disabled: low = 91%, med = 5.8%, high= 3.2% To some extent disabled: low = 85.4%, Med = 3.6%, High = 11% Not restricted: low = 82%, Med = 10.1%, High = 7.9% **55-64 years** Considerably disabled: missing To some extent disabled: missing Not restricted: low = 93%, med = 2.8%, high = 4.3%
What are the key initiatives targeted specifically at disabled women and aiming to increasing their participation rates in education?	Even if no initiative targeting disabled women as a group exists, disabled women are included through: • The mainstreaming of disabled children, irrespective of gender, into private and public schools with special schools used as a last resort. • The provision of learning support assistants and the drawing up of Individual Education Programmes (IEPs). • The refurbishment of old schools to make them more physically accessible and the requirement that new schools are accessible to all. • Initiatives such as ETC's Bridging the Gap and an ESF funded Employment Aid scheme aimed to enhance the education and skills of disabled people. Schemes that have also benefited disabled people include a course jointly organised by the National Commission Persons with Disability and the University of Malta called Access to Professional Training (APT) aimed at providing socially excluded groups with skills and training in pursuing a career in social work by preparing them for studying for the social work degree course at University. Attempts were made to balance the gender distribution between disabled applicants in the course.

5. Independent living

Key questions	Specifications
Legislation / Policies recognising the equal right of persons (women) with disabilities to live in the community	• **The Equal Opportunities (Persons with a Disability) Act** affirms the right of disabled people towards independent living through rights in providing accessible accommodation, personal support and financial aid in purchasing assistive apparata.
Rates of independent living	**Levels/rates of independent living –** *Agenzija Sapport*, which provides personal assistance services within residential units and the community reported that:

- The number of service users within residential units totalled 52. The number of disabled males making use of the services was 28 whilst the number of disabled females was that of 24. It should be noted that this number also includes children, of which there was 1 disabled boy and 4 disabled girls benefiting from the services.
- The number of disabled people making use of the service of personal assistance within the community stood at 92. Disabled females making use of the service was lower than that of males with 38 making use of the service against 54 disabled males. The number of disabled boys benefiting from the service was 17 in contrast to 10 disabled girls.

This indicates that disabled women tend to make less use of personal assistant services. However, it should be noted that the demand for such service is high with long waiting lists to use the service. Moreover, these figures only indicate the number of disabled people making use of the services provided by this state agency. Other community residences owned by the Church, for example, may provide opportunities for independent living whilst other disabled people may have employed their own personal assistant.

Levels/rates suffering homelessness or living in temporary/substandard accommodation

According to the NSO 2005 Census figures, disabled people are more likely to live in sub-standard housing.

In fact, disabled people were 3 times more likely to live in dilapidated houses with 0.6% (127) within the disabled population, in contrast to 0.2% (905) in the non-disabled population.

The likelihood of housing accommodating disabled people needing serious repair is also proportionally higher for disabled people with 8.2% (1725) compared to 3.4% (12636) within the non-disabled population.

The rate of those houses needing moderate repairs is also twice higher for disabled people with 11.2
(2357) of disabled people's houses needing such
repairs when compared to 6.4% (24127) in the non-disabled population.

The rate of disabled people's houses requiring minor repairs is also slightly higher for disabled people with 33% (6930) of housing needing repair, with 27.5% (103419) of non-disabled people's houses needing such repairs.

	Finally, only 46.9% (9843) of housing accommodating disabled people was in a good state compared to 62.5% (235458) within the non-disabled population. **Levels/rates of disabled women in care** Disabled people have a higher tendency to live in an institutional household. This was confirmed by the NSO 2005 Census figures, which revealed that 11.8% (2808) within the disabled population lived in an institution, compared to 0.9% (3539) within the non-disabled population. In addition, disabled women have a greater chance of living in an institutional household with 15.2% (1820) of disabled women living in an institutional setting compared to 8.3% (988) of disabled men.
Measures in place to facilitate equal rights to live in the community	Measures to ensure disabled women have the opportunity to choose their place of residence, e.g. in-home, residential and other community support services) • No specific policy measures targeting disabled women exist in Malta. However, disabled people are entitled to equal opportunities when it comes to independent living, education and work whilst some government agencies and NGOs provide disabled people with the opportunity to develop independent skills. Duties placed on public authorities, particularly at local level and others responsible for • The Housing Authority (HA[1]), the state agency active in this sector, provides a wide range of benefits and services to disabled people and other disadvantaged groups, including single parents and elderly people. Disabled people are included in schemes aimed at restructuring property needing repair. In addition, the HA allocates 10% of new allocation schemes for disabled people. Apart from this, the HA also offers subsidy on rents which are not means-tested and subsidy on loans for disadvantaged groups, including disabled people.

[1] Housing Authority, Url: http://www.housingauthority.com.mt/

	• However, in relation to subsidy on loans, financial assistance is given on condition that the bank approves the loan. This measure might prove to be a barrier to unmarried disabled women who wish to purchase their own home. • The Equal Opportunities (Persons with a Disability) Act also established the principle that the built environment should be accessible to all. This prompted the publication by Kummissjoni Nazzjonali Persuni b'Dizabilita (KNPD) of the Access for All guidelines to ensure that buildings were accessible to everyone. Following this, the Malta Environmental and Planning Authority (MEPA), the agency in charge of buildings and development, gave KNPD the role of advisor when issuing new planning applications. This move is aimed to increase the number of accessible public buildings. Although MEPA chooses which plans are sent to KNPD, buildings offering education, employment or health services are expected to comply. • These provisions are helping disabled people to have greater control over their life. However, there are still difficulties when it comes to both housing and the built environment. In the former, disabled people (especially disabled women) might not have enough financial independence to own property and in the latter, the number of accessible buildings is still fairly low. Range of community support services available, e.g. personal assistance·
	• *Agenzija Sapport*[1], a government agency providing personal assistance to disabled people offers such services in private residences and has also helped in establishing small residences within the community offering supported living services. However, given that there is a high demand for these services within the community, there are long waiting lists for people needing this service. • On the other hand, through changes in the Social Security Act,

[1] *Agenzija Sapport*, Url: http://www.sapport.gov.mt/

[2] Callus A. M. and Bezzina F. (2004) Research about the Major Concerns of People with Disability and Their Families, Malta: KNPD. Available from: http://www.knpd.org/pubs/pdf/majconcrpte.pdf

	disabled people can employ their own personal assistant and are exempt from paying the national insurance on the employed person. This has increased the choice of certain disabled people when it comes to pursuing independent living. • Voluntary and private organisations also offer services such as that of respite care for disabled people and their families. However, there are also long waiting lists and the services offered (in private settings) may incur a fee. Accessibility to services and facilities for the general population· • Once more, the Equal Opportunities Act guaranteed that services or goods offered to the general population are also accessible to disabled people. This measure ensures that sectors ranging from education to leisure are made accessible to disabled people. However, as reported in a report called "The Major Concerns of Disabled People and their Families" (2003)[2], disabled people reported that areas of education, employment and community living were still areas they felt excluded from. . • The Ministry for Social Policy provides services of home help, telecare and handyman for those requesting them. Although these services are mainly targeted at elderly people, disabled people can freely make use of these services. However, because certain services are only offered during daytime, disabled people who work may have to take time off work to benefit of these services. Certain NGOs and service providers have also a key role to play in providing services to disabled people to access independent living. Some examples include: • Both the Eden Foundation and the Equal Partners Foundation provide life skills and introduce people with intellectual impairments to the world of work. • The Richmond Foundation is active in promoting the inclusion of people with mental health issues within the community through supported living and employment opportunities. • The Roman Catholic Church also provides disabled people having no family support with residences offering them support.

	Provision of auxiliary aids and adaptations (assistive technologies) · • The Assistive Apparatus Service or *Servizz Ghajnuniet Specjali* (SGhS) offers disabled people with financial aid in purchasing assistive equipment. It also provides disabled people with advice on the best-suited apparatus for each disabled person. Disabled people are also aided to purchase assistive equipment through the Community Chest Fund, which gathers funds throughout the year to aid various groups of people - including disabled people. • Disabled people are also given exemptions on paying tax when importing assistive equipment from abroad, including adapted vehicles. Use of individual assessments of need • Disabled people are also provided other services, including the allocation of reserved parking bays close to their home and the blue badge. Both services are assessed by GPs working for the KNPD who assess how the impairment might impact on disabled people's quality of life. The move to establish a number of GPs chosen by KNPD was taken to curb abuse of these services. • The provision of financial aid to make changes to houses is assessed by a board within the Housing Authority, which has the final say in granting subsidy when making changes to existing residences. • The Health department also offers rehabilitation services to disabled people. However, such services are based on a medical model of disability. • Finally, the KNPD is in the process of constructing an Independent Living Centre (ILC) aimed at providing disabled people with services related to independent living. Although it is envisaged that the ILC will eventually provide a wide range of services to people with different impairments, the current target is to provide assessment and training services to people with mobility impairments. Amongst the services planned, the ILC will provide general information related to disability services,

	wheelchair and driving assessment and training services, whilst giving disabled people the opportunity to test out equipment.

6. Access to social and health services

Key questions	Specifications
What legislation / policies are in place to recognise the rights of persons with disabilities to the highest attainable standard of health without discrimination on the basis of disability or gender?	• The **Equal Opportunities (Persons with a Disability) Act** makes it unlawful for health authorities to discriminate against disabled people when it comes to health care provisions, except when infectious diseases are concerned. The principle of non-discrimination also extends to health insurance coverage, as long as the risks involved do not make insuring a person unreasonable.
Is the access to social and health services the same among disabled women than of those non-disabled?	The state health system in Malta is free. This means that Maltese citizens are not required to pay for medical treatment, surgical interventions or for rehabilitation services. In case treatment cannot be given locally, government assists through community funds people who need medical treatment abroad. As far as health rights are concerned, the Equal Opportunities (Persons with a Disability) Act [EOA] stipulates that health services, including health insurance, should not discriminate against disabled people. The provisions of the EOA also insist on: • The right of disabled people to have access to information regarding health services. • The right to be treated fairly when it comes to the provision of health insurance. Moreover, the government has committed itself to making buildings, which offer health services, including private clinics, accessible to all. In order to introduce health care professionals to good practice when working with disabled people, the KNPD also carries out disability issues courses and disability equality training at the Institute of Health Care (IHC).

7. Standard of living and social protection

Key questions	Specifications
What legislation / policies	There is no specific legislation related to the standard of living or social

are in place in relation to the standard of living and social protection of women with disabilities?	protection of disabled women. However, disabled people receive two main state benefits: • A disability pension – a non-contributory pension awarded to Maltese disabled people over 18 qualifying under the definition of disability as set out by the Social Security Act. • An invalidity pension – a contributory pension awarded to people who have acquired a disability (as defined by the Social Security Act) in their working life. This pension assumes that the person in question has paid a minimum number of social security contributions. Since 2007, more stringent measures were adopted to curb abuse of this benefit, which significantly reduced the number of claims. New measures introduced in the Social Security Act were aimed at helping disabled people to gain greater independence and choice in their life: • Employers who employ a disabled person are exempt from paying social security contributions for the first 156 weeks of employment. • Disabled people who employ a carer are exempt from paying part of the social security contributions of the employed carer. • Two severely disabled people who marry each other retain their disability-related benefits. According to the National Report on Strategies for Social Protection and Social Inclusion: • The Government has introduced pension credits for carers of severely disabled children (4 years per child) until the age of 10. These incentives are available for married, single and adoptive parents, who may be employed, unemployed, inactive or self-employed. They are awarded only if the parent returns to employment for a minimum period equivalent to the period of credits awarded prior to retirement age.
What is the share of women with disabilities with access to social welfare provision?	Unfortunately, no data related to disabled women as such exists. The only available data relates to disabled people in general. • According to NSO data for the year 2007, the state paid €5,442k in invalidity pension (a decrease of 8.2% over 2006).

	On the other hand, the amount paid in disability pensions or allowance stood at €9,340k (an increase of 4% over 2006)[1]. • Also in 2007, the number of requests for assistance with making alterations in houses stood at 130 requests, of which 112 such requests were granted. However, other data regarding other assistance services offered through the Housing Authority are not available[2]. According to the KNPD Annual Report for 2007[3]: • The total number of applications granted through the Assistive Apparatus Fund, was 199 whilst the number of apparata granted was 250. The greatest number of applications was for wheelchairs/walking aids (38%) and bedding/seating equipment (31%). • The number of disabled people (or their families) who were exempted from paying duty on cars stood at 289 people. • 144 disabled people were also exempt from paying their car licenses in 2007. • 341 disabled people were also exempt from paying VAT on assistive apparata, each request averaging €180 each.
Are there any obstacles to accessing social welfare and why?	**Problems with accessing social welfare can include:** • Lack of accessible information on the social welfare services offered. • Lack of support in making use of the welfare services and on whether one is entitled or not. • Inaccessible local councils or authorities providing social welfare assistance, which might hinder disabled people from gaining access. On the other hand, disabled people may access information regarding social services through the Social Policy Information Centre (SPIC)[4], which provides information both via telephone, or online on social services available to the person concerned. Undoubtedly, this service can help disabled have greater control over their life whilst providing

[1] National Statistics Office (2008) "Government expenditure on Social Security Benefits: January -December 2007" (Ref: 055/2008) Available from: http://www.nso.gov.mt/statdoc/document_view.aspx?id=2144

[2] Housing Authority, Url: http://www.housingauthority.com.mt/

[3] KNPD (2007) Annual Report 2007 Available from: http://www.knpd.org/pubs/pdf/07annualreport_e.pdf

[4] Social Policy Information Centre (SPIC), Url: https://spic.welfare.gov.mt/ccisurf/index.jsp

	them with up to date information on the social services they are eligible to. The status of a woman with disability makes a difference even where social benefits are concerned in that a woman who is married and whose husband earns just more than the minimum wage loses all the benefits she enjoyed before getting married. She hardly finds any support from any agencies run by the government with the upbringing of her children. This can be particularly more serious when the mother is visually impaired[1].
What is the situation of those who do not receive State benefits?	No data is collected by social welfare services that are particular to disabled people[2]. However, if one considers that in the provision of disability pension benefits, if a disabled person marries a non-disabled person, he or she will lose any claim to pension benefits. This indicates that married disabled people, especially if they are unemployed, may be more dependent on their spouses for financial support than other groups.
	NB. We are also interested in the type of benefits that these women get. In many countries, including the UK, there was a shift to move people from unemployment benefits into incapacity benefits in order to lower the unemployment rate. Also, in some countries, especially older workers would be pushed into early retirement scheme and this trend is likely to be stronger among those disabled women who are employed but getting older.

8. Access to goods and services (e.g. financial services, transport and information and communications)

Key questions	Specifications
Legislation / Policy / Measures in place to facilitate access to goods and services	**The Equal Opportunities (Persons with a Disability) Act** stipulates that disabled people must have equal access to: • Goods and services • Information in accessible formats • Locally owned web sites • Public buildings

[1] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.
[2] As stated by representatives of *Agenzija Appogg*, which provides social welfare services in Malta.

	• Transport • Housing • Leisure • Health insurance • The EOA does not distinguish between public and private enterprises. However, if an individual feels that s/he has been discriminated, the person should make a formal complaint to the Equal Opportunities Compliance Unit (EOCU) within KNPD, which will take suitable action to ascertain that access is not discriminatory against disabled people.
Rates of access to goods and services	**Access to physical environment: buildings, roads, facilities such as schools, housing, medical facilities and workplaces** After the EOA came into effect, access to the physical environment became a requirement for new public buildings and for public buildings undergoing restructuring. Health, educational and places offering employment services are expected to comply. However, there remains considerable lack of access to buildings, roads, or pavements which creates problems for disabled people who wish to access the environment. **Access to financial services: e.g. banks providing information in accessible formats (websites and literature, etc)** Thanks to the EOA, many improvements have been made to the services offered by banks and financial institutions. These include a greater number of accessible banks, information and bank literature provided in large print, and accessible online and telephone banking services. Bank staff has also benefited from disability-equality training courses offered by KNPD, aimed at making staff more aware of the issues and ways to work with disabled clients. **Access to transport: Availability of specialist transport (e.g. 'ring n ride'), requirements for public transport to be accessible (e.g. ramps to access stations, low steps for access to vehicles)** There only around 100 public buses, which are accessible, which makes it impractical for disabled people for daily use. However, the government subsidises the service of accessible vans during working hours. However, the cost of using this service remains considerably high when compared to public transport and the rate becomes more prohibitive outside working hours. Moreover, there are long waiting lists for use of this service. Recently, a public tram service was introduced to cover parts of Malta. The trams being used are accessible to all.

9. Access to justice and protection from exploitation, violence and abuse

Key questions	Specifications
How is access to justice assured for people with disabilities?	• The **Equal Opportunities Act** affirms the principle of equal rights and opportunity for disabled people in relation to law. However, the EOA also makes reference to the principle of reasonableness when it comes to exercising law. In this sense, there are situations where the requirement to make changes (for instance to buildings) is deemed unreasonable or the cause of undue hardship on the person required to make such changes.
What are the rates of access to justice / legal services of disabled women?	The KNPD's **Equal Opportunities Compliance Unit** (EOCU) reported the following in 2007[1]: The number of new complaints in 2007 increased by 13 from that of 2006 (totalling 105) as opposed to 92 in 2006. This was an increase of 14%. The total number of complaints this year was 24 more than that of last year, an increase of 15%. The complaints in • Employment increased by 3 cases • Education decreased by 10 cases • Access had increased by 15 cases • Access to goods and services increased by 4 cases. The number of complaints closed in 2007 stood at 98, of which 3 were settled in court. 83 cases were still pending by the end of 2007. The complaints were made against government, parastatal entities, local councils, the Church and private entities. The KNPD managed to close the majority (54%) of the complaints on which it worked on in 2007. The Test of Reasonableness Board examined 30 cases, 22 less than 2006. 38% of the cases examined by the Board were deemed reasonable, an increase of 13% over 2006. However, KNPD also lost a court case on access in 2007 whilst opening proceedings against The Ministry of Education on the issue of the administration of medicine to school children. Moreover, we should keep in mind that these figures only lists complaints made by individuals or the KNPD whilst there are still issues

[1] KNPD (2007) Equal Opportunities Compliance Unit Annual Report for 2007 Available from: http://www.knpd.org/pubs/pdf/eoarpt07e.pdf

	that have not been taken up by individuals perhaps due to unawareness of the anti-discrimination legislation.
What are the key obstacles to access justice for disabled women?	Unfortunately, no data is collected on the situation of disabled people, let alone on disabled women[1] in respect of access to justice. However, the fact that a number of police stations are physically inaccessible and that disabled women might find it difficult to access justice due to the hold of the family suggests that accessing justice in these cases would be difficult.
What is the extent of abuse faced by the women with disabilities?	*Agenzija Appogg* and other entities working in this sector do not collect information related to abuse on disabled people and disabled women.
What measures / initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?	*Agenzija Appogg*, the state run agency providing community services and support to different groups of people experiencing violence, abuse or exploitation offers its services equally to disabled people. Moreover if, for example, a victim of domestic violence is disabled and needs alternative accommodation, the agency will identify suitable housing that is accessible.
What support services are in place for disabled women?	• Although the services offered in the community should be available to disabled people, no data exists to assess whether disabled people are receiving proper support. • Moreover, no services directly targeted at disabled women exist to date.

10. Participation in political, public and cultural life, recreation, leisure and sport

Key questions	Specifications
What are the levels of participation in political, public and cultural life, recreation, leisure and sport?	**Levels/rates of female elected officials with disabilities** • Disabled people in general appear to be largely absent from involvement in politics, except for a few exceptions. In addition, no disabled woman is represented in parliament. **Levels/rates of voters turnout among disabled people (estimates, anecdotal)** • Political parties are still very strong in Malta. As a consequence, parties are making sure that political activities (especially close to an election) are also open to disabled people. In fact, not only is physical access considered but the

[1] As reported by representatives of *Agenzija Appogg*, Url: http://www.appogg.gov.mt/

	services of sign language interpreters are also used. Moreover, in the last general election (2008), political parties offered accessible transport to disabled people whilst encouraging them to vote. Government has also increased the availability of accessible voting booths and introduced a new measure to allow blind people to vote independently. **Presence of political and other NGOs representing disabled people** • There are over 70 NGOs working in the interests of disabled people. However, most of the NGOs are still impairment based and sometimes run by non-disabled people. However, two main NGOs exist which attempt to follow the model of an organisation 'of' disabled people rather than one 'for' disabled people. **Levels/rates of participation in mainstream sport** **Levels/rates of participation in "parasports"** • According to NSO 2005 Census results, disabled people in general do not participate in sport with 92.3% within the disabled population who do not participate, compared to 76.3% in the general population. Disabled women are most likely not to participate in sport with 94.4% not participating against 90.2% of disabled males. In addition, only 2.3% of disabled males and 1% of disabled females participate in competitive sports whilst a slightly higher percent participate on a non-competitive basis - the rate is slightly higher for disabled men with 7.5% against 4.6% of disabled females. • Finally, few centres offer disabled people with sporting opportunities whilst para-sporting is still underdeveloped as a discipline. In fact, only 1 disabled person was chosen to compete in the 2008 Beijing Para-Olympics. **Existence of sport and cultural associations for disabled people (also in schools and adult education institutions)** • The number of sporting associations for disabled people is low whilst culturally based associations are absent. **Role of the local associations, faith-based groups, charities and NGOs** • A number of NGOs, especially those run by the Church, may still retain a charity model view of disability. In this sense, activities may be closely linked to religious events. However, there are other NGOs

	which provide disabled people with an opportunity to socialise, meet each other and also promote the idea of inclusion and rights. **Disabled women participating in tourism** • The Institute of Tourism Studies (ITS) provides training to people who seek a career in tourism. Efforts have been made to include disabled people in this field but no data is available.
What factors influence the level of participation?	**Accessibility of cultural events/ materials (access to buildings, materials in accessible formats etc)** Cultural and public events are becoming more accessible to disabled people. However, disabled people may still find problems in joining organisations or clubs offering opportunities since venues may be inaccessible or the information is not available in accessible format. **Existence of support services – e.g. physical adjustments in the sport an**d cultural facilities Although cultural facilities are becoming more accessible, disabled people's choices in pursuing sports may be more limited. This is especially true if one considers the low level of disabled people taking part in competitive sports. Moreover, sometimes the allocation of support services may be restricted to day-to-day activities and not consider provisions to visit cultural or participating in sporting ventures. **Existence of appropriate public transport or affordable alternatives** Transport is another significant barrier for the participation of disabled people in sports or culture. The current public transport system, as it stands, excludes many disabled people whilst the costs for alternative and accessible options can be financially prohibitive. **Awareness raising and promotional campaigns** Unfortunately, the majority of awareness campaigns carried out by NGOs involve fund-raising and are charity based. On the other hand, as a commission, KNPD has been involved in raising awareness through conferences and seminars - as well as less formal events - about the rights of disabled people. **Adjustments during travel and stay during holidays (tourism)**

	The Malta International Airport (MIA) has recently adopted measures to facilitate transit of disabled passengers from and to the airport. Moreover, it will be allowing guide dogs to board planes.
	• Certain hotels are accessible and have trained staff through KNPD in disability equality training.

Country fiche: The Netherlands

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

National legislation and policy

Dutch national policy in relation to people with a disability was coordinated –until 2001- by the **ISG**[1] (Intedepartementale Stuurgroep voor Gehandicapten, Interdepartmental Steering Group for people with a handicap). In 2001, the ISG was abolished because of a change in policy direction: from a "facilitating" policy to "inclusive" policy. Instead of focusing on setting up special facilities for people with a disability, people with a disability should be considered from the very start in any policy development in relation to any subject domain[2]. To offer the different ministries a guideline how to include people with a disability in their policy plans, the Ministry of Health, Welfare and Sport developed a brochure "Thought about everyone?"(Aan iedereen gedacht)[3].

The former ISG was replaced by a platform which brings together the relevant Ministries to discuss the different policy developments with respect to people with a disability within each Ministry. The platform is chaired by the Ministry of Health, Welfare and Sport[4].

The **Action Plan of equal treatment in practice** (Actieplan gelijke behandeling in de praktijk) of 2003 also emphasises the concept of an "inclusive" policy. In 2004, the action plan was followed by the set up of a **Taskforce Handicap and Society** (Taskforce Handicap en Samenleving). This Taskforce was responsible for the achievement of a "mentality change" in Dutch society to achieve equality for people with a disability and to stimulate the involvement of social partners in making society accessible to people with a disability[5].

Distinction on the ground of disability has only been incorporated into Dutch anti-discrimination law in 2003/04 in the **Equal Treatment Act on the ground of Disability and Chronic Illness** (Wet gelijke behandeling op grond van handicap of chronische ziekte, WGBH/CZ). Before that date, disability was not explicitly cited in article 1 of the Constitution nor did it constitute grounds for discrimination stated in the 1994 equal Treatment Act[6]. Initially, the Equal Treatment Act on grounds of Disability and Chronic Illness was only valid in relation to labour and vocational education but the Act is currently broadened to include

[1] Interdepartementale commissie voor Samenhangend en Gecoördineerd beleid voor mensen met een handicap en/of chronische ziekte

[2] Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

[3] Ministerie van Volksgezondheid, Welzijn en Sport, Gehandicapten. Retrieved September 2008: www.minvws.nl/dossiers/gehandicapten/

[4] Tweede Kamer der Staten-Generaal, 2001, Gehandicaptenbeleid, brief van de staatssecretaris van volksgezondheid, welzijn en sport.

[5] Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

[6] Guiraudon, V., Phalet, K., Ter Wal, J., 2004,Comparative Study on the Collection of data to Measure the Extent and Impact of Discrimination in a selection of countries, MEDIS project, Final report on the Netherlands

the subjects of primary and secondary education; living; and goods and services.

Another important law in relation to people with a disability is the **Law Social Support** (Wet maatschappelijke ondersteuning, Wmo), which was implemented in January 2007. The emphasis in this Law is placed on the ability of people with a disability (and other) to cope for themselves and to participate in society (instead of being seen as a patient[7]). Only when people are unable to achieve this, can they appeal for support on a municipality level through the Wmo[8].

Any person who feels discriminated on the grounds of their disability can file a complaint at the **Commission for Equal Treatment** (Commissie Gelijke Behandeling). Since 2006, the discrimination of people with a disability (offensive wording, inaccessibility of buildings without good reason, etc.) has become liable to punishment[9]. Any person who wants to file a complaint can also turn to the **Ombudsman** who investigates complaints on different subjects, takes action and offers advice[10].

Disabled women

The above-described policies are formulated in "gender neutral" language and the most important Ministry responsible for disability policy – the Ministry of Health, Welfare and Sport- does not have a responsible policy maker focusing on disabled women specifically. However, this does not entail that in practice some policy measures are not tailored to the needs of disabled women[11].

Disabled people are often seen as "sexless" beings (without the connected duties, roles and needs). Organisations and policy makers in the Netherlands in general think and speak about "disabled people" and "women", but not about "disabled women".

Another important point to make is the fact that disabled women in the Netherlands have stopped to ask for special attention. To avoid fragmentation (and thus influencing power) they see themselves as part of the larger group of people with disabilities[12]. In addition, organisations dealing with equality of opportunity for females don't specifically examine the situation of females with a disability[13].

Research undertaken in 1997 already emphasised the need to make a distinction between males and

[7] Ministerie van Volksgezondheid, Welzijn en Sport, Gehandicapten. Retrieved September 2008: www.minvws.nl/dossiers/gehandicapten/

[8] Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

[9] Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

[10] De ombudsman, diensten. Retrieved September 2008: http://www.deombudsman.nl/site/content/dienstensom.asp

[11] Ministry of Health, Welfare and Sports, September 2008

[12] Den Brok, Y. (2007) 'The Netherlands, how to analyze and improve the situation of women with disabilities' *European conference, recognizing the rights of girls and women with disabilities*, National Disability Council from the Netherlands (VGPN)

[13] E-quality, Kenniscentrum voor emancipatie, gezin en diversiteit, beeldvorming, gender en handicap. Retrieved September 2008: www.e-quality.nl/e-quality/pagina.asp?pagkey=42470

[14] E-quality, Kenniscentrum voor emancipatie, gezin en diversiteit, beeldvorming, gender en handicap. Retrieved September 2008: www.e-quality.nl/e-quality/pagina.asp?pagkey=42470

[15] Ministry of Health, Welfare and Sports, September 2008

[16] Ratificatie VN-verdrag: concrete stappen blijven uit! Retrieved September 2008: http://www.cg-raad.nl/gelijkebehandeling/20080326.html; Ministerie van Volksgezondheid, welzijn en sport, 2008, VN verdrag. Retrieved September 2008: http://www.minvws.nl/rapporten/dmo/2007/vn-verdrag.asp

females with a disability in scientific research and within organisations (for example women groups, patient groups, etc.) to identify particularities between the two groups and to focus on the needs of women with a disability specifically[14].

UN Convention implementation and monitoring

The Netherlands signed the UN Convention in March 2007. The Ministry of Health coordinates the development of Dutch legislation by the different relevant Ministries to ratify the Convention in the Netherlands. Ratification is foreseen to take place in 2010. No particular research is done in relation to article 6: the focus is currently put on a general analysis of legislation and policy[15]. Soon a brochure "On Equal footage" (Op voet van gelijkheid) will be published to offer guidance to policy makers in the different ministries with respect to the consequences of the Convention on future policy making[16].

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Definition of a disabled person

In the Equal Treatment Act on the ground of Disability and Chronic Illness, a disabled person is defined as: "Someone limited in his or her functioning as a result of physical or mental impairment[17]. The concepts of disability and chronic disease have not been further defined because the Dutch government deemed it unnecessary and undesirable to do so. Some guidelines as to the meaning can be derived from the discussions that took place during the enactment procedure of the Equal Treatment Act: a long duration of the disablement/chronic disease; the fact that no cure is possible; and the fact that it covers physical and mental or psychological impairments[18].

A particular problem in the Netherlands is the fact that different organizations in the Netherlands employ different definitions. The definition of a person with a labour disability (inability to work) of the Ministry of Social Affairs and Employment does not coincide with the definition of users of public services and neither with the users of special education or the definition used under the General Law Special Medical Expenses (Algemene Wet Bijzondere Ziektekosten). In addition, certain surveys use the OESD indicator for disabilities (for example CBS) while other surveys use as an indicator the intensity in which people feel hampered (for example TBO, tijdsbestedingsonderzoek). As a result statistical data is difficult to put together for comparison and the impact of policies can not be measured appropriately because they might have an impact on the target group, but this might not be signaled because they fall outside the specific definition. As a result, it is better to describe the target group as people with disabilities (physical and

[17] Guiraudon, V., Phalet, K., Ter Wal, J., 2004,Comparative Study on the Collection of data to Measure the Extent and Impact of Discrimination in a selection of countries, MEDIS project, Final report on the Netherlands

[18] Holtmaat, R., 2007, Report on measures to combat discrimination, Directives 2000/43/EC and 2000/78/EC, Country report the Netherlands

[19] Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007; Poulisse, N., Vrieze, G., 2002, Met beperkingen door het beroepsonderwijs, samenvatting, ITS Stichting Katholieke Universiteit te Nijmegen

mental) without taking into account the cause (chronic illness, accident, age, etc.)[19].

Quantitative data: prevalence of women with disabilities (OECD)

The table below shows that in 2000, the number of females with a physical restriction was considerably higher than the number of males with a physical restriction. Females with a physical restriction also suffer more than men from multiple restrictions.

Year 2000 – People with a physical restriction according to the OECD indicator. Physical restrictions are observed using two measurement instruments: the OECD indicator for persons older than 16 year and the ADL[20] indicator for persons from the age of 55.

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population	50% of 1.5 million disabled people and 1.5 million chronically ill people[21]	Not included	Not included
% of total population (OECD indicator)	15.4%	Not included	9.8%
% of female population	Not included	Not included	n/a
Disaggregation by age			
< 15 year olds	Not included	Not included	Not included
16-64 year olds (data expressed as a % of the total population)[22]	26.4%	Not included	24.5%

[20] The ADL indicator refers to restrictions in carrying out general daily activities. From 1989 onwards, respondents are asked whether they can execute the following activities: eat and drink; to sit and get up from a chair; to go in and out of bed; to dress and undress; to move to another room on the same floor; to walk up and down the stars; to leave the house and enter; to wash face and hands; to wash everything; to move outside the house. The data includes persons who have difficulties with one or more of these activities or need help to carry them out (source: CBS Statline)

[21] Den Brok, Y. (2007) 'The Netherlands, how to analyze and improve the situation of women with disabilities' *European conference, recognizing the rights of girls and women with disabilities*, National Disability Council from the Netherlands (VGPN)

[22] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU SILC.

55 and older (according to ADL survey)	16.7%	Not included	7.5%
> 65 year olds	Not included	Not included	Not included
Disaggregation by ethnicity			
Disaggregation by type/severity of disability			
- Hearing (OECD indicator)	2.4%	n/a	3.4%
- Visibility (OECD indicator)	5.0%	n/a	3.2%
- Movement (OECD indicator)	10.7%	n/a	4.6%
Is there information on the size of the household where they live?	Not included	Not included	Not included
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[23]	**16-24 years** Considerably restricted: 2.6% [arms/legs/back = 38% see/hear/speech/skin = 3.2% chest/heart/stomach/diabetes = 5.6% epilepsy/mental = 21.6% other = 31.6%] To some extent restricted: 3.1% [arms/legs/back = 58.2% see/hear/speech/skin = 8% chest/heart/stomach/diabetes = 4.8% epilepsy/mental = 8.1% other = 20.9%] Not restricted: 94.3% **25-54 years** Considerably restricted: 8.9%	Not included	**16-24 years** Considerably restricted: 1.9% [arms/legs/back = 39.9% see/hear/speech/skin = 3.1% chest/heart/stomach/diabetes = 12.2% epilepsy/mental = 32.4% other = 12.4%] To some extent restricted: 1.5% [arms/legs/back = 47.9% see/hear/speech/skin = 3.4% chest/heart/stomach/diabetes = 20.8% epilepsy/mental = 0% other = 27.9%] Not restricted:

[23] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU SILC.

	[arms/legs/back = 54.4% see/hear/speech/skin = 3.1% chest/heart/stomach/diabetes = 10.7% epilepsy/mental = 18.2% other = 13.6%] To some extent restricted: 4.9% [arms/legs/back = 61.4% see/hear/speech/skin = 3% chest/heart/stomach/diabetes = 15.3% epilepsy/mental = 8.3% other = 12%] Not restricted: 86.2% **55-64 years** Considerably restricted: 17.6% [arms/legs/back = 65.8% see/hear/speech/skin = 2.8% chest/heart/stomach/diabetes = 14% epilepsy/mental = 5.3% other = 12.1%] To some extent restricted: 4.2% [arms/legs/back = 72.6% see/hear/speech/skin = 0.9% chest/heart/stomach/diabetes = 14.4% epilepsy/mental = 5% other = 7%] Not restricted: 78.2%		96.6% **25-54 years** Considerably restricted: 6.2% [arms/legs/back = 58.5% see/hear/speech/skin = 2.7% chest/heart/stomach/diabetes = 13.1% epilepsy/mental = 19.5% other = 6.2] To some extent restricted: 5.4% [arms/legs/back = 65.2% see/hear/speech/skin = 5.3% chest/heart/stomach/diabetes = 11.7% epilepsy/mental = 9.7% other = 8.1%] Not restricted: 883.4% **55-64 years** Considerably disabled: 16.4% [arms/legs/back = 54.4% see/hear/speech/skin = 4.8% chest/heart/stomach/diabetes = 24.9% epilepsy/mental = 9% other = 6.9%] To some extent restricted: 6.7% [arms/legs/back =

			44.7% see/hear/speech/ skin = 3.8% chest/heart/stoma ch/diabetes = 41.6% epilepsy/mental = 3.7% other = 6.3%] Not restricted: 76.9%
- Number of restrictions per patient (OECD indicator)	1.65	n/a	1.46
- Number of restrictions per patient (according to ADL survey- people aged 55 and older)	2.61	n/a	2.28

Source: CBS Statline (http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=7068GI&D1=280-396&D2=(l-11)-l&VW=T) – Gezondheidstoestand van de Nederlandse bevolking – Unless otherwise stated in a footnote.

Quantitative data: prevalence of women with a disability causing constraints to work (Ministry of Social Affairs and Employment)

The table below concludes the same as the table above. In 2006, the number of women with a labour disability was considerably higher than the number of men with a labour disability. This difference occurs in all age groups except the age group of 55-56 in which almost an equal amount of women and men suffer from a labour disability.

Year 2006 – Long-term labour disabled people (people who are constraint to undertake labour as a result of a disability or sickness for more than 6 months

	Women with a labour disability	**Non-disabled women**	**Men with a labour disability**
Size of population	933 000	4508 000	796 000
% of total population (OECD indicator) 15-65 years of age	9%	41%	7%
% of female population	17%	83%	n/a
Disaggregation by age			
< 15 year olds	Not included	Not included	Not included

15-25	66 000	892 000	49 000
25-35	120 000	920 000	89 000
35-45	201 000	1087 000	171 000
45-55	270 000	892 000	210 000
55-65	275 000	717 000	276 000
16-64 year olds	Not defined	Not defined	Not defined
55 and older (according to ADL survey)	Not defined	Not defined	Not defined
> 65 year olds	Not included	Not included	Not included
Disaggregation by ethnicity	Not included	Not included	Not included
Disaggregation by type/severity of disability	Not included	Not included	Not included
Is there information on the size of the household where they live?	Not included	Not included	Not included
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)	Not included	Not included	Not included

Source: CBS Statline (http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=70985NED&D1=0,2&D2=0&D3=1-2&D4=a&D5=l&HDR=T,G2&STB=G1,G3,G4&VW=T) – Arbeidsgehandicapten – Unless otherwise stated in a footnote

Approximately 60% of people with a physical disability experience a worsening of their health. This implies that they need to get acquainted with things that they can no longer do or only do with difficulty[24].

The tables below show the percentage of people with a physical disability according to another source (SCP indicator). What is interesting to observe is that also according to this source in 2006, women suffer disproportionally from a physical disability in comparison to men. The last table offers a summary.

[24] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

Quantitative data: prevalence of women with disabilities (SCP Indicator)[25]

Year 2003 – People with a physical disability according to the SCP indicator[26]

All population (18 till over 75)	**Women**	**Men**
No physical disability	47,0%	53,0%
Light physical disability	56,0%	44,0%
Moderate physical disability	62,5%	37,5%
Severe physical disability	65,0%	35,0%
Total	*50,8%*	*49,2%*
Total moderate and severe	*63,2%*	*36,8%*
18-65 year old	**Women**	**Men**
No physical disability	47,1%	52,9%
Light physical disability	55,9%	44,1%
Moderate physical disability	59,2%	40,8%
Severe physical disability	58,2%	41,8%
Total	*49,5%*	*50,5%*
Total moderate and severe	*59,0%*	*41,0%*

Source: Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

[25] It is important to note that the SCP data excludes people with a mental handicap.

[26] The SCP indicator registers the answers on 19 daily activities: the sum indicates the height to which a respondent is restraint in his/her movements.

Year 2006 – People with a restriction in movement according to the SCP indicator[27]

	Women	Men
No movement constraint	72,2%	82,8%
Light movement constraint	14,7%	10,3%
Moderate movement constraint	9,1%	4,8%
Severe movement constraint	4,0%	2,1%
Disaggregation by age possible		

Source: Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

Year 2006 – People with a visual restriction according to the SCP indicator[28]

	Women	Men
Moderate visual constraint	2,8%	1,6%
Severe visual constraint	0,7%	0,4%
Disaggregation by age possible		

Source: Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

Year 2006 – People with a hearing restriction according to the SCP indicator[29]

	Women	Men
Moderate hearing constraint	1,3%	1,2%
Severe hearing constraint	1,0%	1,0%
Disaggregation by age possible		

Source: Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

[27] The SCP indicator registers the answers on 19 daily activities: the sum indicates the height to which a respondent is restraint in his/her movements.
[28] The SCP indicator registers the answers on 19 daily activities: the sum indicates the height to which a respondent is restraint in his/her movements.
[29] The SCP indicator registers the answers on 19 daily activities: the sum indicates the height to which a respondent is restraint in his/her movements.

Year 2006 – People with a restriction according to the SCP indicator[30]

	Women	Men
No constraints	71,8%	81,3%
Light constraints	14,0%	12,1%
Moderate constraints	9,7%	7,8%
Severe constraints	4,5%	3,6%
Disaggregation by age possible		

Source: Sociaal en Cultureel Planbureau, 2007, Meedoen met beperkingen: rapportage gehandicapten 2007

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data: Employment status of women with disabilities

The table below shows that women with a labour disability have a lower employment rate than men with a disability. Interestingly, the table also shows that when women with a labour disability work, they more often – than men- needed an adjustment of the workplace or still require an adjustment to the workplace.

Year 2006: People with disabilities in employment (at least 12 hours a week)

	Women with disabilities	Non-disabled women	Men with disabilities
Employment rates	Not available	Not available	Not available
Number of people who are labour handicapped and who are employed for at least 12 hours a week	317 000	Not included	368 000
- Number of employed people with a labour handicap who needed an adjustment to the workplace (in the past 12 months)	103 000	Not included	101 000
- Number of employed people who are labour handicapped who still need an adjustment to the workplace	56 000	Not included	50 000

[30] The SCP indicator registers the answers on 19 daily activities: the sum indicates the height to which a respondent is restraint in his/her movements.

- Number of employed people who are labour handicapped and do not need an adjustment to the workplace	148 000	Not included	203 000
Unemployment rates	Not available	Not available	Not available
Long-term unemployment rates	Not available	Not available	Not available
Inactivity rates	Not available	Not available	Not available
Part-time work rates	Not available	Not available	Not available
Self-employment rates	Not available	Not available	Not available
Poverty rates[31] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	Not available	Not available	Not available

Source: CBS Statline (http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=70087NED&D1=0-3&D2=1-2&D3=l&VW=T) – Arbeidsgehandicapten aanpassingen– Unless otherwise stated in a footnote

The table below shows that the chance for women to be employed in both groups (with and without a disability) is smaller than for men (below 1, reference group has a chance of 1). The difference in chance is most significant between males and females without a disability (0,28 versus 0,38).

Characteristics of influence on the labour participation of people (excluding students) with and without a physical disability, 15-64 age group, 2003 (results of a logic regression in odds ratio's)

	No disabilities	**With disabilities**	**Significant difference between the groups no and with disabilities**
Male	Reference group	Reference group	
Female	0,28**	0,38**	Yes**

Source: Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau
** Significant on 5% level

The table below concludes the same as the above tables: females with a disability (movement, hearing and visual disability) participate less in the labour market than males with a disability.

[31] Please provide the definition of 'poverty' used in your country

Net-labour participation (share of working population which is in paid employment for at least 12 hours a week) of people (excluding students) with movement, hearing or a visual disability, 15-64 age group, 2003 (in %)

	With a movement disability	With a hearing disability	With a visual disability
Male	57%	66%	68%
Female	41%	36%	43%

Source: Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

The table below shows that females with no disability and with a disability work less hours per week than men with no disability and with a disability.

Average number of working hours per week, according to level and type of disability and gender, of people (excluding students) in employment, age group 15-64, 2003

	No disability	Light disability	Moderate and severe disability	Movement disability	Hearing disability	Visual disability
Male	36	35	33	34	36	36
Female	26	25	25	24	25	26

Source: Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

The table below shows that men are more often than females self-employed with and without a disability.

[32] A person is considered completely or partially incapable of working when, as a result of sickness or infirmity, he/she cannot earn the same as healthy workers with similar training and equivalent skills normally earn at the location where he/she works or most previously worked, or in the vicinity.
[33] Employers can ensure themselves for this.
[34] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau; Belastingvoordeel voor mensen met een handicap en chronisch zieken. Retrieved September 2008: http://www.belastingvoordeelvoorgehandicapten.nl/index.php?option=com_content&task=view&id=16&Itemid=35
[35] Study of compilation of disability statistical data from the administrative registers of the Member States, Country report the Netherlands (2007), APPLICA, CESEP and EUROPEAN CENTRE
[36] Open Society Institute (2005), *Rights of People with Intellectual Disabilities: Access to Education and Employment,* Monitoring Report, Netherlands.
[37] Rikki Holtmaat, 2007, *Report on Measures to Combat Discrimination*, Country report, Netherlands. At: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/nlrep07_en.pdf
[38] Guiraudon, V., Phalet, K., Ter Wal, J., 2004,Comparative Study on the Collection of data to Measure the Extent and Impact of Discrimination in a selection of countries, MEDIS project, Final report on the Netherlands
[39] Reactie van de Vrouwen Alliantie op het Meerjarenbelidsplan Emancipatie 2006-2010
[40] Den Brok, Y., 1997, Vrouwen met een handicap. Retrieved September 2008: https://listserv.surfnet.nl/scripts/WA.EXE?A2=ind9711d&L=me-net&H=1&O=D&P=5628
[41] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

Share of self-employed (including family members and free-lancers) of total employed persons (1 hour of work per week, excluding students), according to the level and type of disability and gender, age group 15-64, 2003

	Total	No disability	Light disability	Moderate and severe disability	Movement disability	Hearing disability	Visual disability
Male	13%	10,7%	12,2%	18,1%*	13,9%*	8,8%	11,3%
Female	8%	6,4%	8,1%	8,2%	8,5%	8,3%	5,0%

Source: Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

* Significant deviation from the group without a disability

Labour legislation and policy regarding people with a disability

Since January 2006 a new disability scheme has been put into place in the Netherlands. The **Work and Income According to Labour Capacity Act** (Wet Werk en Inkomen naar Arbeidsvermogen, WIA) covers all risks of inability to work above an occupational disability[32] level of 35%. The minimum and maximum age to be eligible for this scheme is 16-64. This disability scheme is applied following two years of the employee's illness. During the first two years of illness, rehabilitation and return to work of the employees fall under the responsibility of the employees itself and the employer. The employer is obliged by Dutch law to continue to pay the employee's wages (sick leave) during this period[33].

The new Act emphasises the ability of people with partial disabilities or temporary full disabilities to work. Therefore, the Act includes many re-integration measures- both stimulating employers and the people with a disability- to help a person with a disability. Attention is put on custom-made services, financial measures and the sharpening of criteria to receive a disability benefit. In relation to financial measures, persons with a disability can receive a reduction on their tax payment depending on the expenses they have made in relation to their disability[34].

The disability scheme (WIA) makes a distinction between partial occupational disability (WGA) and long-term and full occupational disability (IVA).

(1) The **Resumption of Work Regulation for partially disabled persons** (Regeling Werkhervatting gedeeltelijk arbeidsongeschikten, WGA) applies to an employee who is considered incapable of working with a degree of disability between 35 and 80%. The emphasis is not on income protection but on the possibilities of rehabilitation. Employers and employees are encouraged to undertake rehabilitation. Partially disabled workers who are working (to a satisfactory degree) can apply for a wage supplement.

(2) The **Income Provision Regulation for fully disabled persons** (Regeling Inkomensvoorziening volledige arbeidsongeschikten, IVA) applies to employees with a full and long-term disability (a degree of disability between 80 and 100%). There is no prospect to return to work. The benefit accounts to 70% of the full daily wage.

An employee who is less than 35% occupationally disabled, in principle, continues to exercise his employment.

There is no specific insurance against employment injuries and occupational diseases. These risks are covered by sickness insurance (cash benefits and benefits in kind), insurance against incapacity for work (invalidity) and survivor's insurance.

For those people under the age of 65 who are incapable for work when reaching the age of 17, or have become disabled since that date and were students for a period of at least 6 months in the year immediately prior to that, a special **Disabled Assistance Act for Handicapped Young Persons** (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong) exists. To be eligible for this benefit, the minimum level of incapacity for work is 25%.

Persons who already received a disability benefit before 2006 will continue to fall under the old scheme: **the Disabled Insurance Act** (Wet op de arbeidsongeschiktheidsverzekering, WAO). Disabled employees under the age of 65 receive a benefit under this scheme if they are at least 15% unfit for accepted employment after 104 weeks of disability.

Two other schemes – **the IOAW scheme and the IOAZ scheme**- provide older and partially disabled unemployed persons and formerly self-employed persons with an income at the minimum guaranteed level in case their income threatens to fall under the minimum guaranteed level.

The above-mentioned schemes can be combined with a benefit granted by foreign legislation for the same incapacity for work, but the benefit will be reduced as a consequence. General taxation rules apply to all the above-mentioned schemes and there is no special relief for pensions[35].

The **Equal Treatment on the Grounds of Disability and Chronic Illness Act**, adopted in 2003, brought the Netherlands fully into compliance with the EU's Employment Directive. The Act covers all aspects of the employment process, including hiring and placement. An extensive legislative framework establishes a range of benefits and services available to most people with intellectual disabilities. Many benefits include support for finding employment. Each employment-related benefit requires an assessment process, which also includes an assessment of capacity to work in a sheltered or supported setting.[36]

According to the Report on Measures to Combat Discrimination, the Government is aiming to provide sheltered employment for disabled people. The aim of sheltered employment is to help disabled people find a suitable full-time job that enables them to work independently as far as possible. These are generally people who are unable to work in the regular labour market because of mental or physical disabilities. Around 90.000 full time places are available for people with an occupational disability under the terms of the **Sheltered Employment Act** ("Wet Sociale Werkvoorziening", or WSW). Most of the people in this group work in a sheltered work company. The Government's aim is to get more people in the WSW target group into jobs with regular employers (supported employment). The first phase of modernisation of the WSW started in 2004. One of the first steps is, that as of 2005 the Centre for Work and Income (CWI) will assess who is eligible for a job in a sheltered workplace. Local authorities are responsible for the creation of the workplaces. The yearly budget for this is 2.2 million Euro. From 1 January 2007 onwards the governments intends to spend another 18 million Euro extra on a yearly basis for the implementation of this law. The second phase is aimed at increasing the number of disabled people who find work outside of sheltered workplaces. This means finding supervised jobs with regular employers or placement in service of a sheltered work company.[37]

Former abuse of the disability scheme
One "typically Dutch" political issue regarding disability and work has been the abuse of the Dutch incapacity benefits system (WAO or *Arbeidsongeschiktheidsverzerkering*). This problem has been fully acknowledged by organisations representing employees, employers and government bodies and has led to the adaptation of the disability scheme (see above).

During the abuse, many claimants received a benefit as a result of "psychological" problems such as depression; anxiety; and stress ("overspannen"). In addition, it is mentioned that many young women were on disability leave because this welfare benefit was more generous than others. In the Netherlands, the proportion of young women between the ages of 20 and 35 who receive disability benefits was three times

higher than for their male counterparts[38].

Reintegration

A particular problem in relation to the previous law REA in relation to the reintegration of women with disabilities is the fact that this law did not take into account that women with a disability sometimes have a "care function" in their family or otherwise[39]. A practical example is the fact that women with a disability sometimes need to follow extra education or re-education to reintegrate into the labour market. However, many of these re-integration education trajectories are concentrated and spread over a very short period. Apparently, administrative rules make it quite impossible to spread the education trajectory over a longer period to combine it with care responsibilities[40]. It's unclear whether this particular problem has been solved under the new Act WIA.

According to research done in 2005, in all years investigated (2000-2004), more females with a disability has started with a reintegration trajectory than males with a disability[41].

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data: education level of women with a disability

Participation rates in general education[42]:
Women 16-19 years = 86.3%
Women 20-24 years = 50%
Women 25-49 years = 18%
Women 50-64 years = 6.8%

Men 16-19years = 86.9%
Men 20-24 years = 57.5%
Men 25-49 years = 19%
Men 50-64 years = 7.1%

The table below shows the education attainment level of people with a physical restriction in 2000. As can be seen, approximately the same share of women and men with a physical restriction have a higher education degree. Disabled women are stimulated to learn: they often get to hear the following: "It is good

[42] Applica and CESEP and Alphametrics (2007) men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.
[43] Den Brok, Y. (2007) 'The Netherlands, how to analyze and improve the situation of women with disabilities' *European conference, recognizing the rights of girls and women with disabilities*, National Disability Council from the Netherlands (VGPN)

for you to study a lot"[43].

Year 2000 - People with a physical restriction (lichamelijke beperking) according to the OECD indicator. Physical restrictions are observed using two measurement instruments: the OECD indicator for persons older than 16 year and the ADL[44] indicator for persons from the age of 55.

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels			
- Primary education (OECD)	36.2%	Not included	19.9%
- Secondary vocational education (mavo, lbo, vmbo) (OECD)	16.7%	Not included	12.4%
- Secondary general education (havo, vwo) (OECD)	10.5%	Not included	7.9%
- Higher education (hbo, universiteit) (OECD)	4.9%	Not included	5.0%
Disaggregation by age and education level			
- 55 years and older primary education	24.3%	Not included	12.6%
- 55 years and older secondary vocational education	12.5%	Not included	7.5%
- 55 years and older secondary general education	12.4%	Not included	6.2%
- 55 years and older higher education	6.7%	Not included	2.6%
Number and type of specialist schools (i.e. level, for which target groups)		See table and text below	

Source: CBS Statline (http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=7068GI&D1=280-396&D2=(l-11)-l&VW=T) – Gezondheidstoestand van de Nederlandse bevolking – Unless otherwise stated in a footnote

The table below shows the number of students in special schools in school year 2007/2008. As can be seen the number of men and boys with a disability is significantly higher.

2007/2008 School year

[44] The ADL indicator refers to restrictions in carrying out general daily activities. From 1989 onwards, respondents are asked whether they can execute the following activities: eat and drink; to sit and get up from a chair; to go in and out of bed; to dress and undress; to move to another room on the same floor; to walk up and down the stars; to leave the house and enter; to wash face and hands; to wash everything; to move outside the house. The data includes persons who have difficulties with one or more of these activities or need help to carry them out (source: CBS Statline)

Number of students in special schools	Total	Women and girls with disabilities	Men and boys with disabilities
Primary	36 440	10 520	25 920
Secondary	28 210	8 420	19 800
Number of students in special schools with multiple disabilities			
Primary	4 730	1 810	2 920
Secondary	1 190	450	740
Number of students in special schools who are long term ill			
Primary	6 970	1 570	5 400
Secondary	2 680	710	1 970
Number of students in primary special schools per cluster			
Cluster 1 for children with a visual disability	490	210	280
Cluster 2 for children with a hearing disability	7 090	2 180	4 910
Cluster 3 for children with (multiple) physical disabilities, a mental learning problem (difficulty with learning) or a chronic illness	16 320	5 980	10 340
Cluster 4 for children with severe behavioural problems or psychiatric problems	12 540	2 150	10 390
Number of students in secondary			

[45]

[46] In case parents choose to send their child to special education, a special Commission examines whether the child is eligible to go to special education on the basis of a set of independent national criteria

[47] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

[48] European Large Families Confederation (ELFAC), Gehandicapt en basisschool. Retrieved September 2008: http://www.grootgezin.nl/school120801.php; and Expertisecentrum handicap en studie, onderwijs en handicap: start pagina. Retrieved September 2008: http://www.onderwijsenhandicap.nl/index.cfm?pid=186

[49] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

[50]

[51]

[52] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

[53] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

[54] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

[55] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

special schools per cluster			
Cluster 1	250	110	140
Cluster 2	2 100	630	1 470
Cluster 3	10 730	4 320	6 420
Cluster 4	15 140	3 360	11 770

Source: CBS Statline (Education in specialist schools)

Education legislation and poly regarding people with a disability

Special education was originally regulated via the Primary Education Act of 1920. In 1967 the 'Special Education Act', which specified regulations for special schools became effective. This Act was replaced by the Interim Act for Special Education and Special Secondary Education (ISOVSO) in 1985. From 1998 on, new primary, secondary and special education acts came into force and were further modified in late 2002. The effect of these is that former primary and secondary schools for learning disabled and mild mentally impaired pupils are now part of regular education provision, special schools were reorganised as Expertise Centres, and a new demand-oriented funding system is in the process of being implemented.[45] (European Agency for Development in Special Needs Education, 2005, National Overview. At: http://www.european-agency.org/nat_ovs/netherlands/9.html)

While children and young people with a physical and mental disability were previously encouraged to attend specialised schools they are now encouraged to participate as much as possible in regular education (both primary and secondary education). They are only encouraged to participate in specialised schools when no other options are available. Through the "Back Together to School" act (Weer samen naar school beleid), parents of children with a disability are free to choose to send their child to regular education or to special education[46].

In case where the parents choose regular education, they can apply for financing for particular additional needs the child might have in order to be able to follow regular education (for example adjusted materials). This funding is called "Pupil-Bounded Finance" (Leerling gebonden financiering, LGF, also called the rug sack). From research in 2005 it becomes clear however, that not all schools accept students with pupil bounded finance (10% of surveyed primary schools and approximately 33% of secondary schools). Reasons mentioned are: not possible to deliver the necessary care; too high a burden for the teacher and the lack of appropriate experience and expertise. In addition, in secondary education it was mentioned that some children with a disability can better attend specialist schools and that the school climate in regular education is not always appropriate[47].

In addition to this funding, the UWV (institute which finances state-benefits) also funds other necessary aid & tools for example to adapt transport to school, to reimburse transport costs, to supply certain tools, etc.[48].

However, despite the extra financing and change in policy, a majority of children and young people with a physical and mental disability still attend specialised schools at primary and secondary education level[49].

Home schooling is not generally permitted, although as many as 2,000 children with disabilities may remain at home without educational options. Children in institutions, who are generally considered to have very low developmental ages, may be exempted from educational requirements; otherwise, children in institutions have the same rights and access to education as those living outside institutions.[50] (Open Society Institute (2005), *Rights of People with Intellectual Disabilities: Access to Education and Employment,* Monitoring Report, Netherlands.)

Identification of children with special educational needs

Under the Together to School Again policy assessing pupils with learning difficulties and mild mental impairments is basically the responsibility of the classroom teacher. If the pupil's special needs are difficult to meet, the teacher can be supported by the school's special needs coordinator or by support teachers from the regional school support service. A next step would be to refer the pupil for assessment to a regionally operating assessment team. These teams, which generally comprise a psychologist, physician, social worker and experienced special needs teachers, assess pupils in order to decide on the support needed. Parents' permission is required for such an assessment. The initiative to do this is usually taken by the regular school teacher in consultation with the school principal, school support service and parents. In general teachers refer pupils who are behind in learning or show deviant behaviour within the classroom situation.[51] (European Agency for Development in Special Needs Education, 2005, National Overview. At: http://www.european-agency.org/nat_ovs/netherlands/9.html)

Primary and secondary education: specialist schools

Dutch specialist schools are divided into 4 clusters: (1) for children with a visual disability; (2) for children with a hearing disability; (3) for children with (multiple) physical disabilities, a mental learning problem (difficulty with learning) or a chronic illness; and (4) for children with severe behavioural problems or psychiatric problems[52].

Practical education (praktijk onderwijs) is targeted at children who have difficulties obtaining a diploma in lower secondary education (vmbo). This type of education focuses on children with an IQ of 60-75. It lasts 5 years during which the students receive theoretical and practical subjects mostly focusing on labour employment. There are approximately 168 of these schools with 27 200 students in the Netherlands[53].

Post-secondary and higher education

At post-secondary and higher education no specialist schools exist for people with a disability. Since the introduction of the Equal Treatment Act on the ground of Disability and Chronic Illness (Wet gelijke behandeling op grond van handicap of chronische ziekte, WGBH/CZ) in 2003 no post-secondary vocational education institute can refuse a student on the basis of a handicap or illness. Students until the age of 30 in post-secondary vocational education can also apply for "Pupil-Bounded Finance" (Leerling gebonden financiering, LGF)[54].

According to a Student Monitoring project in 2005, approximately 10% of the students in higher education are dealing with a disability (according to themselves): 3% with a disability; 5% with a psychiatric disorder or illness and 2% with another disability or illness[55].

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community? What are the rates of independent living among women with disabilities?

Definition of independent living

To live in an accommodation with an individual front door and house number in contrast to living in an institute. If needed, support, guidance, nursing can be necessary and supplied[56].

Legislation and measures regarding independent living

The Dutch government tries to support the independent living of people with disabilities as much as possible. Through the Law Social Support (Wet maatschappelijke ondersteuning, Wmo) (see before), adaptation of accommodation can be requested and financed. In 2005, 71.000 adaptations were financed, mostly for people with a serious disability and older people. Approximately 40% of persons with a long-term moderate to serious disabilities say they need an adaptation, but do not yet have this[57].

In the past years, the Dutch government was aware of the fact that many people with disabilities have difficulties with taking stairs. Therefore, they increased the determined number of accommodations with no stairs (nulwoningen) to be constructed. In addition, in the period between 2000-2003 the government subsidised projects with the aim to increase the coherence between living, care and service: 55% of these projects were aimed at improving the living conditions of people with a disability[58].

Quantitative data: independent living

The majority of people with a physical disability live independently (1,7 million people). Approximately 6.700 places exist for people with a physical disability to live in semi- or intramural accommodation and approximately 160.00 people (mostly very old people) live in care and nursing centres[59].

The tables below shows what support households with members with a disability have received in 2003. What is interesting to note is that fact that single females with a disability have received generally more support than single males with a disability.

Received support in the past 12 months by households with members with a moderate/severe disability, of which the head of the household is older than 18 years old, 2003 (in %)

	Domestic help	Personal care	Nursing	At least one of the mentioned types	N
One-person household	59,2%	15,9%	9,4%	62,1%	522

[56] Encyclo. Retrieved September 2008: http://www.encyclo.nl/begrip/zelfstandig%20wonen
[57] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau
[58] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

[59] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

Single male	41,2%	13,2%	8,2%	44,4%	134
Single female	65,4%	17,1%	9,8%	68,2%	387
Household with more than 1 person	22,1%	8,2%	3,5%	25,0%	887

Source: Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

Received support in the past 12 months by households with members with a moderate/severe disability, of which the head of the household is older than 18 years old, 2003 (in %)

	Informal support[a)]	**Commercial support [b)]**	**Homecare [c)]**	**Other [d)]**	**N**
One-person household	19,2%	12,1%	41,1%	9,8%	522
Single male	14,1%	8,1%	27,4%	5,9%	135
Single female	20,9%	13,4%	45,7%	11,1%	387
Household with more than 1 person	11,8%	4,1%	14,2%	1,5%	887

Source: Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

a) Aid of family members, housemate, friends, neighbors or otherwise; b) Aid of a cleaning lady, window cleaner, commercial nurse or otherwise; c) Aid of a government service (Thuiszorg); d) Aid of volunteers or otherwise.

Use and knowledge of the personal care budget (persoonsgebonden budget nieuwe stijl, PGB) of independent living people (older than 16) with a moderate/severe disability, 2004 (horizontally percentaged)

	Received a personal care budget	**Has knowledge of what a personal care budget entails**	**Has heard of a personal care budget**	**Has never heard of a personal care budget**	**N**
Single male	5,9%	32,4%	8,7%	52,9%	68
Single female	4,7%	34,3%	15,7%	45,6%	171
Cohabitating male	2,6%	40,0%	14,6%	42,7%	150
Cohabitating female	2,3%	48,6%	14,1%	35,5%	220

Source: Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Sexual health services

In general, people with a disability (particularly with a physical and or chronic illness) encounter more sexual problems (sexual functional problems, lower frequency of sex, lower satisfaction and more insecurity) than people without a disability. However, research shows that they often do not seek support to overcome their problems either because they are ashamed; due to a lack of finance or they are simply unaware of the support offered. Approximately one third of people with a disability with a sexual problem seek support compared to more than half of the people without a disability with a sexual problem.

Then, research shows that people with a disability who seek help are often disappointed in the service they receive. They are of the opinion that the supply of sexual support specifically for people with a physical handicap or chronic illness would be valuable[60]. In some Dutch municipalities, people with a handicap can apply for a subsidy to receive sexual support (this can include escort services from specialised agencies like the foundation SAR)[61].

Motherhood

It is mentioned that disabled women aren't usually encouraged to raise children. People would say: "You can't raise children! You are disabled!" This causes a strange situation because as a consequence they fall in a vacuum: they are not expected to stay home and raise children and they are also not expected to undertake paid work[62]. This view is confirmed by the results of a research undertaken in 1997 in relation to the image of women with a disability. This research shows that women with a disability aren't usually associated with motherhood[63]. As a result, women with a disability who are expecting a child or are a mother need to undertake considerable efforts to receive support[64].

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Personal care budget

[60] Kedde, H., Bender, J., Vanwesenbeeck, J., 2007, Seksuologische gezondheidszorg voor mensen met chronische ziekten en lichamelijke beperkingen (samenvatting), Rutgers Nisso Groep

[61] Stichting Alternatieve Relatiebemiddeling, vergoeding. Retrieved September 2008: http://www.stichtingsar.nl/vergoeding.htm

[62] Den Brok, Y. (2007) 'The Netherlands, how to analyze and improve the situation of women with disabilities' *European conference, recognizing the rights of girls and women with disabilities*, National Disability Council from the Netherlands (VGPN)

[63] E-quality, Kenniscentrum voor emancipatie, gezin en diversiteit, beeldvorming, gender en handicap. Retrieved September 2008: www.e-quality.nl/e-quality/pagina.asp?pagkey=42470

[64] Verwey-Jonker Instituut, 2002, Obstakels staan talenten gehandicapte vrouw in de weg.

Since April 2004, a person who is entitled to care under the Exceptional Medical Expenses Act (Algemene Wet Bijzondere Ziektekosten, AWBZ) can opt not to take care in kind, but to receive a personal care budget (persoonsgebonden budget nieuwe stijl, PGB). In principle, anyone who requires care under the Act for more than three months can qualify for such a budget. The budget enables the client to purchase care independently, however the budget is linked to certain functional forms of care such as nursing, general care and guidance and not available for treatment or institutional accommodation[65].

Act on the Disablement Assistance for Handicapped Young Persons ('Wajong') includes the provisions on disability benefits for young disabled persons. (information from the National Strategy Report on Social Protection and Inclusion, The Netherlands 2008 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/nl_en.pdf)

Quantitative data: number of women with a disability benefit

The table below shows that the number of women with a disability benefit is much lower than the number of men with a disability benefit (although other statistics suggest that there are more women with a disability and that they have a lower employment rate). Only in the age groups of 25-35 and 35-45 more women receive a disability benefit than man.

Year 2008 (May) Number of people with a disability benefit (WAO, WAZ, Wajong)

Quantitative Data
Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	Not available	Not available	Not available
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.			
Labour disablement benefit (WAO, WAZ, Wajong) (including unknown)	361 510	Not included	434 490

[65] Study of compilation of disability statistical data from the administrative registers of the Member States, Country report the Netherlands (2007), APPLICA, CESEP and EUROPEAN CENTRE

Disaggregation by age:			
-15-15	20 160	Not included	26 390
-25-35	31 660	Not included	29 260
-35-45	64 730	Not included	54 650
-45-55	99 260	Not included	106 350
-55-65	144 330	Not included	213 860
Disaggregation by type (further disaggregation possible by age)			
-Partly disabled (until age 65)	127 120	Not included	78 770
-Completely disabled (until age 65)	307 000	Not included	282 490
Disaggregation by type of benefit (further disaggregation possible by age):			
WAO	272 400	Not included	311 280
WAZ (for self-employed)	12 850	Not included	28 120
Wajong (for young people)	76 260	Not included	95 100
Source: CBS Statline (http://statline.cbs.nl/StatWeb/publication/default.aspx?DM=SLEN&PA=37638ENG&D1=0&D2=1-2&D3=a&D4=a&D5=l&LA=EN&HDR=T%2cG1&STB=G2%2cG3%2cG4&VW=D) – Number of disablement benefits by month			

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?
Legislation and policy Concerning discrimination on grounds of a disability, the current legislation is valid in relation to

employment and professional education, but it does not yet foresee prohibition of unequal treatment in access to goods and services (this is expected for 2010/2030). The reason is that public transport is not yet fully tailored to providing access to people with a disability (the trains still have to be ordered etc.). This is considered by NGOs as a major contradiction[66].Good access to public buildings is only legally required for new buildings. Municipalities can demand extra requirements like good access in case a building permit needs to be given out[67].

Access to transport

Persons with a handicap who cannot make use of regular public transport can apply for special transport provision through the Law Social Support (Wet maatschappelijke ondersteuning, Wmo) (see before). This can take the shape of collective transport (taxi or bus); adaptation of an existing car; new transport (for example a special scooter mobile)[68]; subsidised use of the national travel service "Valys" for longer distances or personal accompaniment in case this is medically necessary[69].

Access to services for disabled women

Research in 2001 shows that disabled women do not always get the services they need. The Dutch government does not take into account that disabled women can also be "carers" of children, elderly, family member or otherwise. For example, she can apply for a mobile scooter to go outside, but not an adapted car while that would better serve her needs when taking care of her old mother[70].

Research
In December 2006, the Minister of Health, Welfare and Sport announced research into the extended equal treatment of disabled people or people with a chronic disease in the field of 'offering goods and services'. The sectors retail business, restaurants and bars, internet services and general sport provisions will be examined on accessibility and participation in daily life[71].

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

[66] Guiraudon, V., Phalet, K., Ter Wal, J., 2004,Comparative Study on the Collection of data to Measure the Extent and Impact of Discrimination in a selection of countries, MEDIS project, Final report on the Netherlands
[67] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau
[68] An individual contribution is required from the user depending on his or her income.
[69] Voorzieningen voor mensen met een handicap. Retrieved September 2008: http://wmo.dandon.nl/hulpmiddelen
[70] Den Brok, Y. (2007) 'The Netherlands, how to analyze and improve the situation of women with disabilities' *European conference, recognizing the rights of girls and women with disabilities*, National Disability Council from the Netherlands (VGPN)
[71] Holtmaat, R., 2007, Report on measures to combat discrimination, Directives 2000/43/EC and 2000/78/EC, Country report the Netherlands

What is the extent of abuse faced by the women with disabilities?

Quantitative data: abuse

In the Netherlands, quantitative data regarding the abuse of disabled people is not yet available. Recently, there was a demand from the Dutch Parliament (Tweede Kamer) to start-up research to investigate the frequency of abuse of people with a mental disability in care institutes. The cause was the media interest in a recent individual abuse case of a female with a mental handicap in a care institute. The Dutch State Secretary of Health decided however that it would be more useful to invest in preventive measures than in research. He is currently investigating the option to develop local preventive measures similar to the local preventive measures that MOVISIE[72] is currently setting up to prevent abuse of older people[73].

Quantitative data is still limited due to two reasons: (1) for a long time incidents of abuse of disabled people were seen as one-off incidents. The problem was underplayed; and (2) the subject is difficult to examine. A disabled person- especially persons with a mental disability- are not always able to report an incident either because they are verbally unable or because they are not aware of what happened.

Quantitative data: sexual abuse

Research in 1995[74] indicates that in a period of 2 years, 1.2% of people with a mental disability were sexually abused (1100 cases) and for another 1.3% (1200 cases) suspicion existed that sexual abuse might have taken place. This research was based on a survey among care takers who work with people with a disability (300 responses)[75].

According to undertaken research, women with a disability have a greater risk of becoming sexually abused than women in general, especially women with a mental disability. They are often unaware of what happens due to a lack of sexual education. In addition, the lack of sexual education can suppress their sexual needs which can in turn stimulate their curiosity and lead in the end to unwanted events. Advice and counselling is crucial to increase the empowerment of women with a disability to defend themselves[76].

Quantitative data

According to the information in the Report on Measures to Combat Discrimination, Equal Treatment Commission (ETC) in 2005 provided 36 Dicta and 33 Opinions on disability/chronic illness. Dicta are the separate issues that the ETC decides upon; Opinions are the written outcome of a procedure before the ETC. There could be more than one issue in one Opinion.[77] (Rikki Holtmaat, 2007, *Report on Measures to Combat Discrimination*, Country report, Netherlands. At: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/nlrep07_en.pdf)

[72] MOVISIE is an organization with the aim to increase the participation and ability to do things independently of Dutch citizens. The organization support initiatives of citizen's, municipalities, professional organizations, volunteers and others.
[73] Geen onderzoek naar mishandeling gehandicapten, Trouw 15 Augustus 2008. Retrieved September 2008: onderzoek instelt naar mishandeling van verstandelijk gehandicapten in instellingen
[74] Van Berlo, W., 1995, Seksueel misbruik bij mensen met een verstandelijke handicap. Een onderzoek naar omvang, kenmerken en preventiemogelijkheden
[75] Douma J., van den Bergh, P., Hoekman, J., 1998, verstandelijke handicap en seksueel misbruik
[76] Verwey-Jonker Instituut, 2002, Obstakels staan talenten gehandicapte vrouw in de weg.
[77]

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

The Dutch government aims to motivate people with a disability to participate (proportionally) in society. The definition of participation is however not very clearly stated. The problem is that it is a "container concept" including multiple activities. When examining outside leisure activities, the following becomes clear[78]:

- People with a moderate/severe physical disability are not less often a member of an association as people without a physical disability;
- People with a severe physical disability are generally less involved in creative activities (drawing, painting, drama, photography) than people without a physical disability. The most often quoted problem is transport to get to the venue (if needed). People with a moderate physical disability are more involved in creative activities than people without a physical activity. This might be explained by the fact that they have more free time to spend on leisure activities.
- People with a physical disability take less part in cultural and recreational activities (museum, cinema, and park) than people without a physical disability. This especially counts for people with a severe physical disability.
- People with a physical disability (especially visual and movement) take less part in sportive activities than people without a physical disability. This is partially due to the fact that people with physical disabilities cannot easily join a regular sport association in the neighbourhood.
- People with a severe physical disability undertake less volunteer activities and offer less informal support than other people. People with a moderate physical disability are however more engaged in informal support.

[78] Meedoen met beperkingen, rapportage gehandicapten 2007, Sociaal en Cultureel Planbureau

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Strength of disabled women

Research shows that disabled women are much stronger than disabled men and better able to handle and organize their lives while coping with a disability. Men in this research mention that this is particularly do to the fact that women can't allow themselves to be very ill or very passive, because they have household responsibilities[79].

Self-discrimination

What is interesting is the fact that many disabled people see themselves as "being less than a normal person". They self-discriminate which doesn't help their position[80].

Type of disability is relevant

Another interesting fact is that some disabilities are worse for men and other disabilities are worse for women: for example for men it is worse to stay small (growth-related illness) while for women it seems worse to have scars[81].

[79] Den Brok, Y. (2007) 'The Netherlands, how to analyze and improve the situation of women with disabilities' *European conference, recognizing the rights of girls and women with disabilities*, National Disability Council from the Netherlands (VGPN)

[80] Den Brok, Y. (2007) 'The Netherlands, how to analyze and improve the situation of women with disabilities' *European conference, recognizing the rights of girls and women with disabilities*, National Disability Council from the Netherlands (VGPN)

[81] Den Brok, Y. (2007) 'The Netherlands, how to analyze and improve the situation of women with disabilities' *European conference, recognizing the rights of girls and women with disabilities*, National Disability Council from the Netherlands (VGPN)

Country fiche: Norway

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities andthe implementation of the UN Convention and in particular article 6?

Until recently, in Norway there was no specific anti-discrimination act relating to disability, but the **Work**

Environment Act (WEA) contains a number of relevant provisions[1]. However, in June 2008 the Norwegian Parliament adopted an act relating to prohibition of discrimination on the basis of disability, and the act will enter into force on 1st January 2009. Further legislation in the field is currently being prepared.

The **Anti-Discrimination and Accessibility Act** enters into force on 1 Jan. 2009. The new act and existing anti-discrimination laws are supplemented by provisions requiring activity and reporting. The Equality and Anti-Discrimination Ombud will enforce both laws and follow up on the activation and reporting obligations for public authorities, employers and employment organizations.[2]

Programme of Action for Universal Design is government programme which includes number of measures in different fields especially planning and design of physical areas, transport and information in order to improve accessibility to physical environment for all members of society.[3]

Coordinating anti-discrimination work has since 1 January 2008 been a responsibility of the Ministry of Children and Equality. The various grounds for discrimination are seen in conjunction with each other. Grounds for discrimination include gender, ethnicity, religion or belief, disability and sexual orientation.[4]

The Convention will not be ratified in Norway until the end of 2009. In the meantime, all government ministries have been asked to prepare reports on the implementation of the convention, particularly in relation to measures for securing the realisation of the Convention. On the basis of these reports, the Government will consider whether further changes are needed to existing legislation before the Convention is ratified. Throughout 2008 a consultation process has been initiated for the optional protocol.[5]

Though the **Ministry of Children and Equality** has the overall responsibility for coordinating the Equality and Anti-Discrimination policy, this is done in cooperation with a committee of state secretaries with participation from most Ministries. Furthermore, an independent Equality and Anti-discrimination ombudsman is in place, promoting, monitoring and enforcing existing legislation. It is intended that the national monitoring of the Convention will build on this existing structure.[6]

Since the **EEA Agreement** entered into force in 1994, Norway has participated in EU programmes and activities for persons with disabilities, including in the European Year for People with Disabilities in 2003. Norway is also represented in the High Level Group on Disabilities. Co-operation with the EU in this field is the responsibility of the Norwegian Ministry of Labour and Social Affairs.

One of the functions of **National Centre for Documentation on Disability** is to Evaluate the development in Norway according to the UN Standard Rules for equal opportunities for persons with disabilities. The

[1] http://www.toegankelijkheidsbureau.be/assets/files/Accessibility%20Legislation%20Report%20Sept%202001v2.pdf
[2] http://www.regjeringen.no/en/dep/bld/Press-Center/Press-releases/2008/strengthening-anti-discrimination-effort.html?id=531160
[3] Government of Norway, Programme of Action for Universal Design. At: http://www.regjeringen.no/upload/kilde/md/bro/2002/0005/ddd/pdfv/252435-t-1423_e.pdf
[4] http://www.regjeringen.no/en/dep/bld/Topics/Disabled-people/discrimination.html?id=85900
[5] http://www2.ohchr.org/english/issues/disability/docs/consultation/NHRIs/Norwaycentreforhumanrights110808.pdf
[6] Ibid.

Documentation Centre was established in 2005 on the initiative of the organisations of disabled people, the Norwegian State Council on Disability Affairs and the Manneråk Commission. The Centre is an independent public administrative body subordinated to the Ministry of Labour and Social Inclusion.[1] **The Equality and Anti-discrimination Ombud** is an independent agency with the task of promoting equality and combatting discrimination on the basis of gender, ethnic origin, sexual orientation, disability and age. The Equality and Anti-discrimination Ombud shall also actively promote equality for all discriminated groups under within the scope of its mandate and develop new knowledge through documentation and monitoring. The Ombud enforces the various Norwegian equality and anti-discrimination acts. It is also a control body for ensuring compliance with Norwegian gender equality law, and it monitors Norwegian implementation of the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).[2]
n/a

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

In the national Labour Force Survey conducted by Statistics Norway, disability is defined as long-term health problems that may limit everyday life.

What is the population of women and girls with disabilities in the country?

Quantitative data[3]

For all data, please indicate the definition of disability used and the source of the data (research definitions may differ from legal definitions).

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population *(data available for age 15-66)*[4]	305,000	1,284,000	250,000
% of total population *(data available for age 15-66)*	9.4%	49%	7.7%
% of female population *(data available for age 15-66)*	19%	81%	n/a
Disaggregate by age if possible as follows:			
< 15 year olds	n/a	n/a	n/a
16-64 year olds[1]	17.4% of the total	n/a	15.5% of the total

[1] http://www.dok.no/

[2] www.gender.no

3 Data taken from labour force survey, ad hoc module on disabled people, 2nd quarter 2008

[4] Data taken from the Labour Force Survey, Statistics Norway, Quarter 2, 2008.

	population		population
> 65 year olds	n/a	n/a	n/a
Disaggregate by ethnicity	n/a	n/a	n/a
Disaggregate by type/severity of disability[2]:	Arms or hands = 24.8% Back or neck = 24.3% Legs or feet = 10.7%	n/a	Back or neck = 22% Mental, nervous or emotional problem = 14% Arms or hands = 13.7%
Is there information on the size of the household where they live?	n/a	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[3]:	**16-24 years** Considerably restricted = 4.2% [arms/legs/back = 39.6% see/hear/speech/skin = 11.1% chest/heart/stomach/diabetes = 11.9% epilepsy/mental = 27.2% other = 10.1%] To some extent restricted = 1.9% [arms/legs/back = 13.9% see/hear/speech/skin = 38.9% chest/heart/stomach/diabetes = 17.7% epilepsy/mental = 18.9% other = 11.8%]	n/a	**16-24 years** Considerably restricted = 3.6% [arms/legs/back = 33.8% see/hear/speech/skin = 18.9% chest/heart/stomach/diabetes = 11.1% epilepsy/mental = 27.4% other = 8.6%] To some extent restricted = 2.9% [arms/legs/back = 18.6% see/hear/speech/skin = 47.6% chest/heart/stomach/diabetes = 26.1% epilepsy/mental = 0% other = 7.7%]

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

[3] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	Not restricted = 93.9% **25-54 years** Considerably restricted = 11% [arms/legs/back = 61.9% see/hear/speech/skin = 6% chest/heart/stomach/diabetes = 8.3% epilepsy/mental = 12.9% other = 10.9%] To some extent restricted = 1.2% [arms/legs/back = 27.3% see/hear/speech/skin = 27.4% chest/heart/stomach/diabetes = 25.3% epilepsy/mental = 9.4% other =10.7%] Not restricted = 87.8% **55-64 years** Considerably restricted = 28.8% [arms/legs/back = 70.2% see/hear/speech/skin = 6% chest/heart/stomach/diabetes = 9.5% epilepsy/mental = 5% other =9.3%] To some extent restricted = 1.7%		Not restricted = 93.5. **25-54 years** Considerably restricted = 8.7% [arms/legs/back = 54.4% see/hear/speech/skin = 8% chest/heart/stomach/diabetes = 12.1% epilepsy/mental = 16.2% other = 9.2%] To some extent restricted = 1.8% [arms/legs/back = 25.3% see/hear/speech/skin = 35.8% chest/heart/stomach/diabetes = 15.9% epilepsy/mental = 14.1% other = 8.9%] Not restricted = 89.5% **55-64 years** Considerably restricted = 21.3% [arms/legs/back = 50.9% see/hear/speech/skin = 7.1% chest/heart/stomach/diabetes = 26.1% epilepsy/mental = 9.5% other = 6.4%] To some extent restricted = 2%

	[arms/legs/back = 24.1% see/hear/speech/skin = 22% chest/heart/stomach/diabetes = 37.3% epilepsy/mental = 0% other = 16.5%] Not restricted = 69.5%		[arms/legs/back = 36.7% see/hear/speech/skin = 20.9% chest/heart/stomach/diabetes = 31.4% epilepsy/mental = 6.2% other = 4.8%] Not restricted = 76.8%

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates	132,000	1,181,000	119,000
Unemployment rates	8,000	31,000	7,000
Long-term unemployment rates			
Inactivity rates *(data for those not in the labour force)*	165,000	376,000	123,000
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

The Norwegian employment survey shows that people with disabilities are more likely to be in part time employment than others: 60% compared to 47% of all part-time employees. Many chose part-time employment in order to achieve the flexibility they need as a result of their disability. Approximately a quarter of disabled people in employment combine salaried work with a disability pension. In the first

[1] Please provide the definition of 'poverty' used in your country

quarter of 2007 the employment rate for disabled people was 45.3%. This is the same level as the year before.[1]

Qualitative data

– **Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?**

The **Work Environment Act** (WEA) creates duties on employers to provide employees with scope for personal and vocational development and self-determination, as well as creating a safe environment at work. The guidance to the Act suggests that the general regulations regarding the design of the working environment are of particular benefit to disabled people.

The WEA includes some provisions specifically concerned with disabled people. Section 13(1) requires that the employer set up the workplace in a way which permits access to disabled people, as far as this is possible and reasonable. This duty applies whether or not the enterprise currently has disabled employees, so it is not oriented towards the needs of a particular disabled individual. S.13(1) would seem to be an example of a 'radical equality of opportunity' conception which places a general duty on employers to promote equality, at least so far as the physical organisation of the workplace is concerned. However, the guidance states that the labour inspectorate will not normally require adaptations to workplaces 'before the need arises'.

Section 13(2) of the WEA sets out the obligations of the employer towards an employee who becomes disabled. The definition of disability is a broad one. The guidance to the Act emphasises that 'employees have individual abilities and highly different capacity for work. Many have particular problems in relation to work. These may be related to various factors such as somatic or mental illness, injury, defect, the effects of drudgery or ageing, etc.' The guidance does not attempt to distinguish between problems which have their origin in recognised medical conditions and those which are the result of social and complex factors. The philosophy behind section 13(2) seems very similar to the Swedish approach based on general rights accorded to all workers. The conception of equality appears to envisage some redistribution, with 'mainstreamed' positive action for a wide range of disadvantaged workers. However, rights under s.13(2) are confined to already-employed workers. Financial support for adaptations which may be required by a particular worker may be provided under the National Insurance Act. This financial support relates to the individual's needs and is not available to finance the general duties specified under s.13(1).

A third provision relevant to disability in the WEA is section 55A. This recent amendment makes it illegal for employers to discriminate on grounds of disability when engaging workers. Direct and indirect discrimination is prohibited, and reasonable accommodation is provided for. The key features of the paragraph include sanctions in the form of compensation for people who have faced discrimination at work because of their disability and a shift of the burden of proof.

[1] National Centre for Documentation on Disability: Summary of annual report on the status of disabled persons in Norway - 2007

[2] National Centre for Documentation on Disability: Summary of annual report on the status of disabled persons in Norway - 2007

However, there is as yet no regulation or guidance on the definition of disability under s.55A, and no cases have been brought to court.

Other
There are many reasons for the underemployment of disabled people. One reason is a lack of adaptation of the workplaces. The Norwegian Agreement on Inclusive Employment has simplified possibilities for funding for employers of workplace adaptations. Still it is often objected from the part of employers that the regulations concerning funding for workplace adaptation is too complicated, or that it is not possible to allocate the necessary resources to assess these problems.[2]

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
Participation rates in general education[1]: (Data only available disaggregated by age)	16-19 years = 27.1% 20-24 years = 23.9% 25-49 years = 16.9% 50-64 years = 9%	-	16-19 years 28.9% 20-24 years – 20.9% 25-49 years = 14.4% 50-64 years = 9.1%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[2]: Low = ISCED 1 + 2 Med = ISCED 3 + 4 High = ISCED 5	**25-54 years** Considerably restricted: low = 20.6%; med = 56.7%; high = 22.7% To some extent restricted: low = 12.4%; med = 46.1%; high = 41.5% Not restricted:	-	**25-54 years** Considerably restricted: low = 21.2%; med = 61.3%; high = 17.5% To some extent restricted: low = 12.2%; med = 58.4%; high = 29.4% Not restricted:

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.
[2] Applica nad CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC

	low = 9.2%; med = 49.2%; high = 41.6% **55-64 years** Considerably restricted: low = 37.6%; med = 47.8%; high = 14.6% To some extent restricted: low = 22.8%; med = 50.4%; high = 26.8% Not restricted: low = 26.6%; med = 52.7%; high = 20.7%		low = 9.8%; med = 53.3%; high = 23.7% **55-64 years** Considerably restricted: low = 43.7%; med = 41.7%; high = 14.6% To some extent restricted: low = 40.3%; med = 40.3%; high = 19.4% Not restricted: low = 21.3%; med = 48.8%; high = 30.3%
Number and type of specialist schools (i.e. level, for which target groups)		n/a	

Qualitative data:

The inclusion of children (and adults) with special needs in mainstream educational settings is the general rule. Specialised institutions exist, but only 0.6% of the school population are enrolled in provision outside their local school system. The aim of all special provision is to ensure that pupils are provided with an educational programme best adapted to meet their needs.

The term 'special educational needs' (SEN) is used for pupils who are unable to follow the mainstream course of studies. Pupils with SEN are not categorised in the law or in the curriculum. The national resource centres and to some extent also specialist teacher training are organised according to categories that are left over from the old special school system:

- visual impairment
- hearing impairment
- physical impairment
- communication and speech impairment
- behavioural and emotional disorders
- specific learning disabilities
- severe learning disabilities

In practical work with pupils with SEN, there has been a shift from the use of medical diagnosis to a description of how a pupil functions. Special education should be based on the possibilities in the pupil's abilities rather than focused on weaknesses.

For the majority of pupils with SEN, special education is provided at the mainstream school to which the pupil belongs, most often within his or her own class. The pupils may also be taught in small groups

together with other pupils with SEN, or individually. For many pupils a combination of these organisation models is practised.

Until 1992, Norway had 40 national schools for special education. As a part of the re-organisation of special education, 20 have been closed and 20 of the former national special schools have been changed into resource centres. There are resource centres for pupils with certain disabilities including visual and hearing impairment, dyslexia, behavioural and emotional disorders, severe learning difficulties and mental disabilities. In collaboration with the Ministry of Health and Social Affairs, four regional resource centres have been established for persons born both deaf and blind. An autism programme and a national resource centre for MBD/ADHD, Tourette's Syndrome and Narcolepsy have also been started. For Northern Norway, a special development programme has been initiated.

The national average of pupils receiving special education after an individual decision is about 6.5%. However, there are variations between counties and municipalities concerning how many pupils receive special education after an individual decision (1.6% to 19%). The variations do not reflect differences in the incidence of SEN, but differences in organisation of provisions on regional level. Schools with a lot of variation in pedagogical methods include more pupils in the mainstream class education.

In Norway in 1996 about 0.5% of all pupils (7–15 years) followed special education in special classes in mainstream school, or in special schools. The total number of pupils from seven to 15 years old is 478,500; of these about 31,000 receive some form of special education. Only a small number of pupils are educated in special classes (n = 654) or special schools (n = 1,856).

As the number of special schools is very limited, they play no important role in the inclusion process. In Norway, the support system for mainstream schools is not based on support from special schools or visiting teachers. The support system consists of the educational psychological services (270 offices) and the resource centres.[1]

The National Support System for Special Education (Statped) is managed by the The Norwegian Directorate for Education and Training. This Directorate is responsible for the development of primary and secondary education, and is the executive agency for the Ministry of Education and Research.

The general objective for Statped is to give guidance and support to those in charge of the education in municipalities and county administrations to ensure that children, young people and adults with major and special educational needs are secured well-advised educational and developmental provisions. The institutions affiliated with Statped offer a broad spectrum of services.

Statped consists of 13 resource centres owned by the State, and 5 units for special education, owned by local authorities, county administrations, foundations or private organisations, where Statped buys services. These centres offer special educational guidance and support for local authorities and county administrations.

The State-owned resource centres carry out most of the service production within the enterprise. The other units linked to Statped are not owned by the State, but offer services according to contracts between each

[1] The European Agency for Development in Special Needs Education: http://www.european-agency.org/nat_ovs/norway/4.html

unit and the State.

Of those who receive some kind of special needs education based on individual assessments approximately two thirds have been boys all through the 1990s and up until today. These differences in services between boys and girls are less significant when it comes to pupils with hearing impairment and communication problems (Moen & Øie 1994) and more significant when it comes to pupils with motor problems, attention deficit problems, and especially behavioural problems where 91 percent are boys. Boys more often than girls tend to be defined as deviant in school while girls are seen as more competent than boys, both theoretically and socially. On the other hand boys' self evaluation and self-confidence are far more positive than girls (Grue 1998, Sørlie & Nordahl 1998). There is an indication that stronger needs are required for girls in order to elicit special needs education.

Most of the research on special needs education and gender has focused on behavioural problems. The explanations to the gender difference in this area have been sought in social mechanisms. It has been suggested that boys demand more attention than girls and that they, to a stronger degree, make their needs visible.[1]

According to the **Education Act**, from 1 October 2002 and onwards, all adults who have a need also have the right to receive primary and lower secondary education. The municipalities have the duty to provide such education. By 1 October, almost 3,700 persons received this kind of education, of whom 57 per cent were female and 43 per cent were male. Adults who are unable to benefit from ordinary educational provisions, or have special needs, have the right to special education. By autumn 2002, more than 7 000 adults, 54 per cent men and 46 per cent women, received special education.[2]

There are no exact records of the number of disabled students in higher education. If estimations are based on registered applications to the advisory services of the educational institutions, there are signs that this number is increasing. In general the educational institutions are giving more attention than before to accessibility to the study facilities and the requirements of universal design of the educational environment. The main impression is, however that many educational institutions are struggling to understand the meaning of the principle of universal design. For many educational institutions there is still a matter of adaptation for disabled people and not accessibility for all.

There are still barriers against access to assistive technology and study literature: there are differences in the practise of the local NAV offices (the Norwegian Labour and Welfare Organisation) regarding the granting of assistive computer technology and training in the use of this equipment. The reason may be confusing regulations and different interpretation of the regulations. The access to study literature for visually and reading impaired people is limited, despite repeated reports on the need for this. The barriers that visually impaired people face are normally related to the long production time needed at the Norwegian Sound and Braille Library (NLB), which produces fiction and study literature for visually and reading impaired people.

[1] Dalen, M & Wormnæs, S, 2003, The relationship between disability, gender and education in the Norwegian context: Short paper from Norway to the UNESCO's Monitoring Report for 2003 focusing on Gender

[2] Statistics Norway: http://www.ssb.no/english/subjects/04/02/20/grsvo_en/

[3] National Centre for Documentation on Disability: Summary of annual report on the status of disabled persons in Norway - 2007

The risk of delays in study progression, and consequently enhanced study loans, has increased because of new requirements for efficiency. Students with impairments will often hesitate to finance their studies through study loans, and feel obliged to apply for funding of their studies through employment rehabilitation (according to the Public Pensions Act, Chapter 11). The regulations have been stricter also regarding the funding of studies through employment rehabilitation. There is a significant gap in information concerning students with impairments.[3]

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

According to the data provided in the report of National Centre for Documentation on Disability, Norwegian houses have limited access for wheelchair users. Living condition surveys from 2001 and 2004 revealed that 3,7 million Norwegians live in houses which houses were constructed according to lifespan standard. Approximately a quarter of Norwegian households live in buildings with three floors or more. 18 per cent of all households live in blocks of flats without lifts. There is a majority of younger households without children who dwell in such buildings. Among the households where the oldest member is 80 years old or more, 14 per cent live in high-rise buildings without lift.[1]

Many young people with impairments are through the years placed in institutions for elderly people or nursing homes. Since 1996 it has been possible for the municipalities to have preliminary government funding for stimulating the discharge of young, physically disabled people from old age or nurse homes. The target group includes persons below 67 years of age. In 2000 300 persons had received their own housing through this arrangement. In June 2007 173 persons below 50 years of age lived in old age or nursing homes.53 per cent of these people were from Oslo.[2]

A Government action plan designed to increase accessibility for persons with disabilities has now been given additional scope. Halfway through 2006, the number of concrete measures has been increased from 97 to 124. 25 per cent of the measures have already been implemented.

The action plan employs universal design as an overall strategy for increasing accessibility for persons with disabilities. Universal design principles are being integrated into the statutory framework and introduced in all areas of the public sector. In 2004, when the action plan was launched, it listed 97 measures to be carried out. In July 2006, this number was increased to 124. The Norwegian Government is devoting more than NOK 200 million annually to implement the measures stipulated in the plan.

[1] National Centre for Documentation on Disability: Summary of annual report on the status of disabled persons in Norway - 2007

[2] National Centre for Documentation on Disability: Summary of annual report on the status of disabled persons in Norway - 2007

The Norwegian Minister of the Environment, Helen Bjørnøy stated: “It is crucial that we enable all people to participate actively in society, regardless of their level of functionality. The Government is taking steps to ensure that universal design principles and accessibility requirements are incorporated into legislation and administrative procedures. This will have a permanent, positive impact."

The Ministry of the Environment has set aside NOK 20 million for activities under the action plan. These funds are earmarked for enhancing universal design strategies in municipal planning and dismantling serious barriers to accessibility at the municipal level. Funding is being allocated to measures given priority by various ministries and in response to applications from municipal and county authorities as well as different organisations.[1]

Quantitative data: not available

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

There is a great lack of coordination of services towards persons with need of long-term and coordinated social- and health services. This is clear from reports both from public authorities and organisations of disabled people. The lack of coordination is a great barrier for a large group of people against their participation in arenas like the labour market, culture and travelling. A vital instrument to improve coordination is the individual plan. The individual plan is solidly based on the social and health legislation and a guideline has been developed to advice on target groups and methods. Everyone in need of long-term and coordinated services, are to have developed an individual plan if they so wish. It is the right of the service recipients to participate in this work, and the services are obliged to adapt for user participation.[2]

Quantitative data: not available

[1] http://www.universal-design.environment.no/artikkel.shtml?id=11

[2] National Centre for Documentation on Disability: Summary of annual report on the status of disabled persons in Norway - 2007

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

– **Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)**

The purpose of disability benefits is to ensure sufficient income for subsistence for people whose earning ability is permanently impaired by at least 50 per cent due to illness, injury or defect. Disability pensions are granted if it is quite clear that there are no prospects of an improvement in earning ability.

There are two disability schemes: disability pension and time limited disability benefit. Disability pension is for the most part calculated in the same way as the old-age pension. Disability pension is in principle a permanent benefit, but it can be reassessed if changes take place in the income and health of the recipient. Recipients of disability pension who reach the age of 67 will automatically have their pension converted to an old-age pension.[1]

– **Assistance with disability-related expenses**

Assistive aids are intended to compensate for practical problems that individuals with disabilities encounter in society. An assistive aid is a device or solution, and it shall be part of an overall comprehensive plan. The Norweigan Government's goal is that people with disabilities shall be ensured equal living conditions and quality of life and an active, independent life on a par with others.

People with enduring disabilities (lasting more than two years) are entitled to assistive aids from the National Insurance scheme when they are necessary and expedient in order to find or keep a job, improve the person's ability to function in everyday life or be cared for at home. The municipalities are responsible for lending assistive aids to users in the event of temporary needs (less than two years).[2]

Other

The Network for Women with Disabilities was established in Norway in 1997. In 1998-2000 the network was implementing the project "Health and Welfare – a Network Project for Women with Disabilities". The project was financed by the Norwegian Ministry for Health and Social Affairs, under the Government Plan of Action for People with Disabilities. The primary aim was to set up local networks for women with disabilities. It also set out to highlight the specific issues concerning women with disabilties like health, daily life and family matters, working life, disability, gender equality and violence.[3]

[1] Ministry of Labour and Social Inclusion website: http://www.regjeringen.no/en/dep/aid/Topics/andre/disability-pension.html?id=9462

[2] Ministry of Labour and Social Inclusion website: http://www.regjeringen.no/en/dep/aid/Topics/andre/assistive-aids.html?id=502497

[3] Maria Leonor Beleza (2003), *Discrimination against Women with Disabilities*, Council of Europe, Germany.

Quantitative Data			
	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	-	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	-	n/a

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

Norway utilises a variety of instruments to enhance the participation and equality of disabled persons in society. These have traditionally comprised welfare benefits for living, medical treatment and rehabilitation, technical aids, housing and education. Today, increased emphasis is being placed on incorporating considerations relating to disabled persons into other areas as well. Particular attention is being focused on the challenges associated with planning and design of physical areas, transport and information. Achieving improved accessibility to the physical environment for all members of society has become a primary objective. Many of the measures launched are based on a special Programme of Action for Universal Design, a government programme in which eleven Norwegian ministries are taking part. This programme is administered by the Ministry of the Environment.[1]

In "Proposition to the Odelsting no. 44 (2007-2008) Concerning an Act relating to prohibition against discrimination on the basis of disability" (the Anti-Discrimination and Accessibility Act), the Government announced that the Ministry of Children and Equality would do a review of the accessibility of goods, services and information aimed at the general public.

The review is to assess needs and propose actions to improve access to goods, services and information for disabled people. The duty of universal design in the Anti-Discrimination and Accessibility Act only partly covers these areas, and does not fulfil all users' needs.

[1] http://www.regjeringen.no/upload/kilde/md/bro/2002/0005/ddd/pdfv/252435-t-1423_e.pdf

The Ministry has started the work on the review. A reference group made up of organisations representing disabled people and trade organisations has been established. The review is to be completed within 1 July 2009. The Ministry aims to include possible new provisions regarding access to goods, services and information in a comprehensive anti-discrimination law in the future.[1]

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities? **What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?** **What is the extent of abuse faced by the women with disabilities?**
Qualitative data: not available
Quantitative data: none available

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport? **What are the levels of participation?**
Qualitative data might include: none available

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[1] http://www.regjeringen.no/en/dep/bld/Topics/Disabled-people/review-of-the-accessibility-of-goods-ser.html?id=533834

Country fiche: Poland

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

Obligations in the legislation

The **Act on Vocational and Social Rehabilitation and Employment of Disabled Persons** (1997)[1]
It provides a definition of a disabled person. It also addresses several issues central to the social and economic situation of disabled people including rehabilitation (charter 3) and certain eligibilities of disabled persons, particularly regarding rules of their employment and business activities (chapter 4) as well as their vocational training (charter 8).

The **Constitution of the Republic of Poland** (1997)[2]
It states that nobody can be discriminated against in political, social and economic spheres from whatever reasons (art. 32, pkt. 2). It also places on the public authorities the responsibility for guaranteeing special health care for disabled persons (art. 68). Moreover, the public authorities have to provide disabled persons an aid in securing a living, adaptation to work and social communication, within the scope of act of Parliament (art. 69).

The **Charter of the Rights of the Disabled Persons** (1997)[3]
Although it is a non-binding parliamentary resolution, it should be taken into consideration whenever reflecting on life and living conditions of disabled persons. It states that disabled persons should have rights to independent, active living and cannot be subjected to discrimination on account of their disability. It goes a step further enclosing the catalogue of ten rights that point at the areas requiring particular attention and action. These mean:

- access to goods and services enabling participation in social life, health services, rehabilitation services, education, psychological counselling; right to work and social security; life in the environment free from functional barriers, including architectural barriers; possessing self-governing representation of disabled persons and rights of these persons to be consulted in instances when a new piece of legislation is being introduced; right to participate in public, social, cultural and artistic life as well as sport, recreation and tourism.

In Poland legislation addressing specifically disabled women has not been introduced or even planned as yet.

[1] Journal of Laws, no. 123, item 776.
[2] Journal of Laws, no. 78, item 483.
[3] Polish Monitor, no. 50, item 475.

- Administration responsibilities at national and local levels

In line with the **Act on Vocational and Social Rehabilitation and Employment of Disabled Persons** (1997), there are the responsibilities towards the disabled persons that lie with government at different levels.

Voivodship level

Preparation and implementation of programmes concerning equalisation of opportunities for disabled persons and prevention of their social exclusion. Support of government in realisation of its responsibilities towards disabled persons regarding their employment,

Preparation and presentation of information on their activities to the Plenipotentiary of Disabled People

- Support for sheltered work centres;
- A refund of the costs of training disabled persons in the response to change of production;
- A single loan to preserve existing work places for disabled people;
- Financial support for adjustments of buildings that are used as rehabilitation centres for disabled people;
- Financial support for creation and functioning of centres for vocational training;
- Co-operation with national and local government concerning the realisation of the Act on Vocational and Social Rehabilitation and Employment of Disabled Persons;
- Co-operation with nongovernmental organisations representing the rights of disabled people;
- Considering applications for registration in the data bank of rehabilitation centres.

County (Powiat) level

Preparation and realisation, in line with the local strategy concerning social problem solutions, programmes aiming at:

- social rehabilitation;
- vocational rehabilitation and employment of disabled people;
- respecting the rights of disabled people;
- Co-operation with national and local (municipal) government in preparation and realization of the above

[4] Journal of Laws, no. 62, item 560.
[5] The Ministry of Labour and Social Policy, http://www.mps.gov.pl.
[6] Journal of Laws, 2001, no 112, item 1198.

programmes;

- Informing the Plenipotentiary for the Disabled People and the local government at the Voivodship level about the above programmes and their realisation;
- Taking actions aiming at limiting the consequences of disability;
- Co-operation with nongovernmental organisations active in the field of social and vocational rehabilitation of the disabled people.

Giving financial support to:

- the participation of disabled people and their carers in rehabilitation leave;
- sport, culture, recreation and tourism of disabled people;
- provision of rehabilitation tools, orthopaedic products;
- elimination of architectural, communication and technical barriers;
- Financial support to creation and functioning of the active therapy workshops;
- Vocational consultancy and intermediary, as well as training for those whishing to change their job profile;
- Referring of disabled people, who require medical and/or social rehabilitation, to specialist centers of training and rehabilitation;
- Co-operation with benefits granting institutions;
- Counselling (legal, economic) concerning business activities of disabled people;
- Co-operation with appropriate labour inspectorate regarding the control and supervision over the preparation of working places for the disabled people that comply with regulations;
- Tasks indicated in pkt 1 a) and c) and pkt 6 as regards social rehabilitation as well as pkt 4, 5, 7 and 8 are being realised by powiat family counselling cenres, while these indicated in pkt 1 b) and c) and pkt 6 as regards vocational training as well as pkt 9-13 by a (county) powiat PES;
- Voivodship Social Councils for Disabled Persons are the advisory bodies to the Voivodship government. They act according to the Act (1997) and the Ministry of Economy, Labour and Social Policy Ordinance (2003)[4] regarding the organisation and functioning of councils for disabled people at voivodship and county (powiat) levels.

The scope of their activities includes supporting initiatives aiming at:

- the vocational and social integration of the disabled persons;
- the realisation of the rights of disabled persons;
- Opinionating of projects of voivodship programmes for the disabled persons;
- Evaluation of the realisation of these programmes;
- Opinionating of projects of resolutions and programmes accepted by voivodship government sejmik regarding their results for the disabled persons.

The councils consist of 7 persons chosen from representatives of nongovernmental organizations, voivodship and local government (counties and municipalities) in a specific region.

County (Powiat) Social Councils for Disabled Persons are the advisory bodies to the local government at the county level. They are the advisory bodies to the Voivodship government. They act according to the Act (1997) and the Ministry of Economy, Labour and Social Policy Ordinance regarding the organisation and functioning of councils for disabled people at voivodship and county (powiat) levels (2003). The scope of their activities is the same as the voivodship councils, but at the level of counties. The councils consist of 5 persons chosen from representatives of nongovernmental organizations and local government (counties and municipalities) in a specific county.

The enforcement of legislation
Under the law, actions for the benefit of the disabled are performed by the national government and local governments. The tasks for the benefit of the disabled are also performed by non-governmental organisations of disabled persons or NGOs that act for their benefit.

The supervision, in terms of content, over the execution of tasks specified by the relevant Act is performed by the **Government Plenipotentiary for Disabled People** – Secretary of State in the Ministry of Labour and Social Policy. From 2007, the post has been occupied by Mr. Jaroslaw Duda. The Plenipotentiary is appointed and dismissed by the Prime Minister at the request of the Minister of Labour and Social Policy. The advisory body to the Government Plenipotentiary for Disabled People is the National Consultation Council for Disabled Persons.

State Fund for Rehabilitation of Disabled Persons (PFRON). It was established on 1 July 1991. The funds of the State Fund for Rehabilitation of Disabled Persons are allocated by the Chairman of the Fund's Board to:

1) voivodship and county (poviat)-level local governments, to finance specific tasks – based on the relevant formula;
2) entities performing tasks assigned by the Fund or other tasks under the Act.

The Fund’s resources will be used to establish new and retain the existing jobs for the disabled, to fund

social rehabilitation of such persons and co-finance tasks under governmental programmes.

Following the administrative reform of the state and amended Act on professional and social rehabilitation and employment of disabled persons, the majority of tasks related to professional and social rehabilitation were entrusted to local governments. The tasks of the voivodship-level local government that may be co-funded with the resources of the State Fund for Rehabilitation of Disabled Persons are specified in the regulation of the Minister of Social Policy of 6 August 2004 on tasks of the voivodship-level local government that may be co-funded with the resources of the State Fund for Rehabilitation of Disabled Persons (Journal of Laws No 187, item 1940).

Types of tasks performed by county (poviat)-level local government, which may be co-funded with the resources of the State Fund for Rehabilitation of Disabled Persons, are specified in the regulation of the Minister of Social Policy of 25 June 2002 on types of tasks of the county (poviat)-level local government that may be co-funded with the resources of the State Fund for Rehabilitation of Disabled Persons (Journal of Laws No 96, item 861, as amended).

The following bodies are authorised to assess the level of disability: poviat disability assessment teams (body of first instance) and voivodship disability assessment teams (acting as second instance body – examining appeals against decisions by the poviat teams). The poviat team is appointed by the starost (head of poviat board), upon consent by the voivod (governor), under a governmental administration procedure. The voivod, following consultation with the starosts, determines the area of operation of the county (poviat) teams, which may operate on an area broader than one poviat only.

Non-governmental organisations perform tasks in line with the policy of the state or tasks that, despite the existing demand, are not performed by public or private, profit-generating institutions. They provide the society with services, often filling the gap that the public and market sector are unable to bridge. The number or non-governmental organizations acting for the benefit and in the community of disabled persons and persons afflicted with illnesses in Poland is estimated at approx. 7 thousand[5].

Ministerial responsibility for women with disabilities

There is not a governmental body/position that would represent the rights of disabled women. In law the issue of disabled women as a separate category does not exist. In the government there is not a plenipotentiary that would represent their rights. The Office of Plenipotentiary for Equal Status of Women and Men was abolished in 2005. At the moment, in the office of the Prime Minister there is the Office of Plenipotentiary for Equal Rights (in the Chancellery of the Prime Minister). In the Ministry of Labour and Social Policy there are the Department of Women, Family and Counteracting Discrimination, The Office of Plenipotentiary for the Disabled People. The first refers to those interested in the issues concerning disabled persons to the second. In the second it is still the practice not to make distinctions between disabled men and women, although along with the Convention it is being recognised that the problem will have to be brought up. In the opinion of the representative of the organisation speaking for disabled women there is not the need to create a new office.

The coordination mechanism within the government for matters relating to the implementation of the UN Convention

The Department of Economic Analyses and Forecasts in the Ministry of Labour and Social Policy is responsible for the coordination of the government actions regarding implementation of the UN Convention.

The framework for the promotion, protection and monitoring of the Convention
There is not any plan for action as yet. However, the guidelines of Convention are being promoted at the conferences and seminars organised by the Ministry of Labour and Social Policy and/or social partners that focus on the rights of disabled people. NGOs working for the benefit of disabled people are well informed about the Convention. During seminars organized under the auspices of the Ministry the employers can learn about upcoming regulations.

The consultation of women with disabilities in the processes of promoting, protecting and monitoring of the Convention
There has not been any action taken in this area as yet.

Statistical and research data collected in relation to the Convention
Data collected in the **Office of Plenipotentiary for the Disabled People** concern unemployment among disabled people, employment seekers, education, standard of leaving, social situation, heath, architectural adjustment of buildings in culture and tourism sectors. The Office cooperates in collecting these data with the Central Office of Statistics. The Central Office of Statistics provides also the Office of Plenipotentiary for the Disabled People with information on the household budgets of disabled persons. The sources of data collected by the Office of Plenipotentiary for the Disabled People include the Central Office of Statistics (GUS), the Social Insurance Institution (ZUS), the Agricultural Social Insurance Fund (KRUS), the National Disabled Persons Rehabilitation Fund (PFRON), the National Electronic System of Disability Assessment Monitoring (EKSMON).

The fact of signing the Convention has not changed the scope of collected data as it overlaps with data collected under the Charter of the Rights of the Disabled Persons. However, under the Convention it is planned to cover information focused specifically on disabled women. It has not been the rule as yet.

Information on public expenditure at national level on women with disabilities
According to the information provided by the Office of Plenipotentiary for the Disabled People and the National Disabled Persons Rehabilitation Fund, the data on expenditure on disabled women are not published. All data, including expenditures on disabled persons, are accessible on request in line with the Act on the Access to Public Information[6].

Anti-discrimination laws, disability legislation, etc.
Although the Constitution guarantees the rights of disabled persons, and the Charter of the Rights of the Disabled Persons present them in details, there is a need for a legal instrument that would enforce their realisation. Organisations acting on behalf of disabled people advocate creation of a separate Act prohibiting all forms of discrimination against disabled persons.

Legislation specifically addressing disabled women
There is not any act specifically addressing disabled women.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

The Act on Vocational and Social Rehabilitation and Employment of Disabled Persons defines that a disabled person is someone whose disability has been confirmed by a competent medical authority.

Disability is permanent or temporary inability to carry out social functions due to a permanent or long-term disturbance of performance of a human organism, in particular, resulting in incapacity to work. There are three levels of disability: minor, moderate, severe[7].

1. Severe degree of disability means a person whose bodily fitness has been harmed, who is unable to work or able to work only in sheltered workshops and —in order to function in society— requires constant care and help from other people connected with inability to live independently.
2. Moderate degree of disability means a person whose bodily fitness has been harmed, who is unable to work or able to work only in sheltered workshops and requires temporary or partial help from other people in order to function in society.
3. Minor degree of disability means a person whose bodily fitness has been harmed, reducing in an essential way his/her ability to work in comparison to a person with similar qualifications, but of full mental and physical ability, or has limitations in functioning in society which can be compensated by providing orthopaedic equipment, other forms of aid or technical means.

	Women with Disabilities	Non disabled women	Men with disabilities
Size of population	2888491	16825186	2568220
% of total population	7,56%	44,01%	6,72%
% of female population	14,65%	85,35%	n/a
Disaggregate by age if possible as follows:			
< 15 year olds	86245	3301110	116154
16-64 year olds	1517285	11792598	1686721
> 65 year olds	765246	2249015	1284836[8]
Disaggregate by ethnicity	n/a	n/a	n/a

[7] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

[8] Osoby niepełnosprawne oraz ich gospodarstwa domowe 2002, GUS, Warszawa 2003

Disaggregate by type/severity of disability	n/a	n/a	n/a
Is there information on the size of the household where they live?	n/a	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)	n/a	n/a	n/a/

Disabled females by category and level of disability according to the National Population Census (2002)

Specification	Total		Urban areas	Rural areas	% of total disabled persons
	Number	%			
Total	**2888,5**	100,0	100,0	100,0	52,9
Disabled females with legal confirmation	**2263,7**	78,4	79,5	76,7	50,9
Adults	2205,6	76,4	77,5	74,6	51,1
level of disability:					
Considerable	604,6	20,9	21,1	20,7	56,8
Moderate	712,7	24,7	27,2	20,9	50,0
Slight	757,3	26,2	26,1	26,4	48,2
Unknown	131,0	4,6	3,1	6,6	52,0
Children	58,1	2,0	2,0	2,1	43,0
Disabled females only biological	**624,8**	21,6	20,5	23,3	62,1
with limited activity:					
Completely	79,8	2,7	2,7	2,9	64,4
Seriously	545,0	18,9	17,8	20,4	61,8
Source: Osoby niepełnosprawne oraz ich gospodarstwa domowe 2002, GUS, Warszawa 2003					

Source: Osoby niepełnosprawne oraz ich gospodarstwa domowe 2002, GUS, Warszawa 2003

People with disabilities in the total population in %

Specification		*Total*	*Male*	*Female*
In total population	People with legal and/or biological disability constitute	14.3	13.9	14.7
	People with legal disability constitute	11.6	11.8	11.5
Among people aged 16 or over	People with legal and/or biological disability constitute	17.1	16.7	17.5
	People with legal disability constitute	14.1	14.4	13,8

Source: CSO National Census of 2002.

(Table from CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI).

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

	Women with disabilities	Non disabled women	Men with disabilities
Employment rates	10,3	42,3	17,6
Unemployment rates	14,7	9,4	13,1
Long-term unemployment rates	37,1	23,8	49,0
Inactivity rates	87,9	53,3	79,7
Part-time work rates	43,4	12,8	37,4
Self-employment rates	22,2	14,5	32,5[9]

[9] BAEL, GUS, Warszawa IV 2007

Poverty rates[10] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

Table 1. Economic activity of people with disabilities and the general population in Poland (aged 15 and more) between 1998-2007.

Specification	General population			People with disabilities		
	Activity rate	Employment rate	Unemployment rate	Activity rate	Employment rate	Unemployment rate
	In %					
1998	57,3	51,3	10,6	21,7	19,2	11,5
1999	56,7	48,8	13,9	19,7	16,5	16,3
2000	56,6	47,5	16,1	19,2	15,8	17,7
2001	56,3	46,1	18,2	18,5	15,3	17,4
2002	55,4	44,4	19,9	18,0	14,8	17,9
2003	54,7	44,0	19,6	16,5	13,7	16,8
2004	54,7	44,3	19,0	16,2	13,1	19,6
2005	54,9	45,2	17,7	16,2	13,1	19,3
2006	54,0	46,5	13,8	15,0	12,6	15,8
2007	53,7	48,5	9,6	16,1	13,9	13,7

Source: CSO, LFS, 2008.

(Table from Wapiennik, E. (2007) *Report on the employment of disabled people in European countries – Poland*, Academic Network of European Disability experts (ANED))

The activity rate of people with disabilities is very low and the huge majority of this group of people is excluded from the labour market. People with disabilities show a very high level of economical inactivity, with 83,9% of the population in this group. It can be estimated that in the last quarter of 2007 the number of people with disabilities aged 15 and more was 3.814.000 of which only 529.000 (13,9%) were employed. In general, people with disabilities have much lower activity rates and employment rates than people without disabilities

The situation of disabled women is more difficult than the situation of men. In the IV quarter of 2007 only 10,3% of disabled women were employed (17.6% men), their unemployment rate was relatively higher (14,7% compared to 13,1% for disabled men). The employment rate is particularly low among people with disability status in significant degree (3,2% in the last quarter of 2007). There are also some differences in economic activity of people with disabilities in different ages. Most people with disabilities who are economically active are aged 45 and over (72% in the last quarter of 2007)[11].

[10] Please provide the definition of 'poverty' used in your country

[11] Wapiennik, E. (2007) *Report on the employment of disabled people in European countries – Poland*, Academic Network of European Disability experts (ANED).

Table 2. Economic activity of people with disabilities aged 15 and more by selected features (in the last quarter of 2007)

Specification	Total	Economically active					Persons economically inactive	Activity rate	Employment rate	Unemployment rate
		Total	Employed persons			Unemployed persons				
			total	Full time	Part-time					
	In thousands							In %		
Total	**3814**	**613**	**529**	**318**	**211**	**84**	**3201**	**16,1**	**13,9**	**13,7**
By gender										
Men	1849	375	326	204	122	49	1474	20,3	17,6	13,1
Women	1965	238	203	115	88	35	1727	12,1	10,3	14,7
By age										
15-24	141	23	15	11	.	8	117	16,3	10,6	34,8
25-29	97	35	25	15	10	10	62	36,1	25,8	28,6
30-34	112	33	24	20	.	9	79	29,5	21,4	27,3
35-39	120	35	33	26	7	.	85	29,2	27,5	X
40-44	135	46	39	25	13	7	89	34,1	28,9	15,2
45-49	291	81	69	53	16	13	210	27,8	23,7	16
50-54	513	121	104	66	38	18	392	23,6	20,3	14,9
55-59	646	124	110	55	54	14	522	19,2	17,0	11,3
60-64	453	66	64	33	31	.	387	14,6	14,1	X
65 and more	1306	48	47	13	34	.	1258	3,7		
By disability degree										
Significant degree of disability	964	37	31	18	13	5	927	3,8	3,2	13,5
Moderate level of disability	1375	216	187	107	80	29	1160	15,7	13,6	13,4
Minor degree of disability	1475	361	311	193	118	50	1115	24,5	21,1	13,9

Source: CSO, LFS 2008

(Table from Wapiennik, E. (2007) *Report on the employment of disabled people in European countries – Poland*, Academic Network of European Disability experts (ANED))

[12] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI

[13] Wapiennik, E. (2007) *Report on the employment of disabled people in European countries – Poland*, Academic Network of European Disability experts (ANED).

[14] Wapiennik, E. (2007) *Report on the employment of disabled people in European countries – Poland*, Academic Network of European Disability experts (ANED).

[15] www.pfron.org.pl

Table 3. Economic activity of people with disabilities in 2000 (by types of disability)

Specification	Activity rate	Employment rate	Unemployment rate
	in %		
Total	18,7	15,6	16,8
Motor impairment	16,5	14,3	13,7
Visual impairment	17,5	15,5	11,4
Hearing impairment	11,9	10,8	9,2
Circulatory system impairment	16,6	14,0	15,2
Mental health disorders	15,6	10,3	34,1
Intellectual disability	8,5	6,4	25,1
Neurological disorders	19,2	15,9	17,4
Others	18,3	14,5	20,7

Source: Kostrubiec 2001.

(Table from Wapiennik, E. (2007) *Report on the employment of disabled people in European countries – Poland*, Academic Network of European Disability experts (ANED))

The economic activity of disabled people in Poland has been decreasing since 1993. When we compare the trend for the activity rate between persons with and without disabilities there are no differences. However, there is a significant difference in activity of persons with and without disabilities. In the 1st quarter of 2007 the activity rate for persons without disabilities amounted to 56.3%, while this rate for persons with disabilities amounted to 13.9%.

If we compare the economic activity rate between men and women with disabilities, we see that more women than men are inactive. Only 10.1% of disabled woman are active (employed or unemployed). Only 8.5% of disabled women have a job, while 17.8% of disabled men are active, and 15.3% are employed[12].

In the following table it can be seen that the majority of people with disabilities gives their disability or illness as a reason for not being active in the labour market:

Disabled economically inactive persons by reasons for inactivity and level of disability

specification	*total*	*persons not seeking a job*			
		total	*Reason for not seeking a job*		
			family and household responsibilities	*retirement*	*illness, disability*
	in thousands				
Total	3250	3242	30	922	2164
Males	1515	1513	6	378	1078
Females	1735	1729	23	544	1085

Graphic 5. Source: CSO BAEL 1st quarter of 2007.

(Table from CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI).

It is predicted, that in 2010 the rate of employment among disabled persons between 15 and 64 years of age will amount to 21%, while the activity rate will amount to 23%.

90% of vocationally inactive people with disabilities are not interested in gaining employment and the social benefit system contributes to this problem. People with disabilities fear losing the disability pension and legal disability status if they demonstrate they can work. Some rules concerning disability pensions also provides disincentives to employment for people with disabilities[13].

Type and quality of jobs[14]

People with disabilities in Poland can be employed in regular or subsidised employment, in the context of quota scheme or in sheltered environment. Most of people with disabilities in Poland participate in the open labour market, however, a number of people are employed in under quota schemes. Poland has applied quota schemes both in the public and private sector and all employers with 25 or more employees have to meet a quota of 6% (with some exceptions).

Nearly 40% of all employed people with disabilities in Poland work part-time. This form of employment was undertaken more frequently by women with disabilities (43% of all employed women with disabilities) than men (37% of all employed men with disabilities). More than 83% of all employed people with disabilities work in the private sector (of which in agriculture – 35%).

Table 4. Employed people with disabilities by employment status (in the last quarter of 2007).

Specification	Total	Total		Employees			Self-employed		Contributing family workers
		Of which private sector		total	In sector				
		Total	Of which farms in agriculture		Public	private	total	Of which employers	
	In thousands								
TOTAL	529	441	155	323	88	235	151	13	55
Males	326	279	94	196	48	148	106	10	24
Females	203	162	61	127	40	87	45	.	31
URBAN AREAS	288	222	7	245	66	179	41	10	.
RURAL AREAS	241	219	148	78	22	56	110	.	53

Source: CSO, LFS 2008.

(Table from Wapiennik, E. (2007) *Report on the employment of disabled people in European countries – Poland*, Academic Network of European Disability experts (ANED))

The highest number of people with disabilities is employed in agriculture, hunting and forestry as well as in manufacturing (respectively 30% and 19% of all employed people with disabilities). They are employed also in real estate and business activities (15%), trade and repair (11%), health care and social welfare (6%) and construction (5%).

Social benefits for disabled persons
Disabled persons can receive pensions resulting from inability to work that come from three sources. These are:

1) Social security system administered by the Social Insurance Institution (ZUS),

2) Social security system supporting exclusively farmers administered by the Agricultural Social Insurance Fund (KRUS),

3) The state budget in a form of social benefit.

The person is eligible to the first two if he/she was employed prior to receiving disability statement. From 2006 pensions are paid to people before the retirement age. Due to this change the number of pension recipients has decreased.

The last form of financial support is paid to people who became disabled before entering the labour market, most commonly in childhood or youth.

In each category of pensions given above there are used different systems of stating about disability as well as factors that are considered while doing so. There are also diverse rules regarding possibility of combining pensions with income from work.

The level of pension financed from ZUS depends on the time of payment for security and the prior income, while the level of pension financed from KRUS depends only on the first. In case of social benefit, the sum of money is the same for all recipients and it comprises 84% of the lowest pension resulting from inability to work.

Legislation and policies to recognise the right of women with disabilities to work
The right of disabled people/women to employment has been recognised in the Constitution. It is central to the **Act on Vocational and Social Rehabilitation and Employment of Disabled Persons**. The issue of disabled women has not been raised in the Polish legislation as yet.

The **Act on Vocational and Social Rehabilitation and Employment of Disabled Persons** regulates the responsibilities and rights of employers concerning the employment of disabled persons. The Art. 21 states the minimal level (%) of employment of this category of employees that is dependant on a type of an employer. Respecting this obligation means for an employer the exemption from the fee paid for PEFRON.

In 2008 the factor of employment of disabled people is 6% for the employers that employ over 25 persons as well as for governmental institutions at all levels, institutions of culture, cultural and historical heritage and state budget enterprises. The same factor for state and private educational institutions is 2%. During the past four years the factor level has changed only for governmental institutions rising from 3% in 2005 by 1% each year. However, in 2007 in this category of employers the factor reached the level of 0,84%.

Activation programmes (as part of Active Labour Market Policies), provision of financial support for workplace adjustments
Disabled people registered as unemployed or seeking employment can be offered one time financial

support from PFRON to start their own business, also in agriculture.

Employers who employ disabled people can receive:

- subsidy for disabled employee's salaries;
- refund of disabled employee's social security tax.

Refund of:

- Adjustment of working place to the needs of disabled persons;
- Adjustment of working space to the needs of disabled persons;
- Employment of social assistant to help disabled employee in the place of work;
- Training costs of disabled persons.

PFRON runs several programmes aiming at vocational education and activation of disabled persons, facilitating their transport to the place of education and work, financing ICT facilities and training, etc. Among them are: "PEGAZ 2003"[15].

Key bodies responsible for enforcement/delivery (including state, private and third sector)

The PFRON's mission is to support rehabilitation and activation of disabled people and their social integration – through education and employment.

There are organisations of employers involved, for example:

- KIG-R (Krajowa Izba Gospodarczo – Rehabilitacyjna);
- Krajowy Związek Rewizyjny Spółdzielni Inwalidów i Spółdzielni Niewidomych POPON;
- Porozumienie Branżowe.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

	Women and girls with disabilities	Non disabled women and girls	Men and boys with disabilities
Participation rates in general education	n/a	n/a	n/a
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels	n/a	n/a	n/a
Number and type of specialist schools (i.e. level, for which target groups)		n/a	

	Data available[16]				
Number of compulsory school aged pupils (including those with SENs)	**Public Sector**	**Private Sector**	**Total**	**Year of reference**	**Notes and Source**
	4,481,022	57,741	4,538,763	2005	Source: Ministry of National Education.
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	*	*	138,734	2005	Source: Ministry of National Education. * Data is collected in all compulsory schools without the division for public and non-public schools. There is no data available about pupils with SEN in public and non-public settings.
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	*	*	70,228	2005	Source: Ministry of National Education.
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	*	*	68,506	2005	Source: Ministry of National Education.
Compulsory age	Children start at 6 and education is compulsory until the age of 18.				

[16] European Agency for Development in Special Needs Education website

phase	
Clarification of Public - Private sector education	In line with the Education Act of 1991, schools can be public and non-public. A public school is an educational institution established by the central administration, local/district/regional authorities, other legal body or by an individual person. It provides free education, implements core curricula and assessment procedures established by the relevant minister of education. A non-public school is an educational institution run by the legal bodies or individual persons on the basis of their incorporation into the register of non-public schools. Non-public schools are financed within the framework of a general subsidy from the State Budget and additionally by fees received from parents and funds. Non–public schools in Poland have the right to issue school certificates that are recognised by all other schools and by the universities. Most non–public schools have small numbers of pupils and small classes.
Legal Definition of SEN	Special Needs Education concerns children and youths with developmental disabilities who require special organisation of work, working methods and special equipment. It can take place in general schools, integration schools/ classes, or special schools/ classes. Special Education covers the following groups of pupils with special educational needs: - pupils with slight mental disability - pupils with moderate and severe mental disability - pupils with deep mental disability - deaf pupils - pupils with hearing impairment, - blind pupils - pupils with visual impairment, - physically disabilities pupils - chronically ill pupils - psychiatric pupils - autistic pupils and pupils with multiply disability - pupils with social and behavioural problems - pupils with speaking and communication problems. SNE is regulated by the Act on School Education of 7 September 1991, with further amendments and the resolution of Minister of National Education about special needs education. All students with SEN receive the assistance from Psychological and Educational Services Centres free of charge and on the voluntary basis. Results of psychological, pedagogical and medical assessment serve as a basis for qualifying pupils for suitable forms of education (general schools, integration schools, special schools) although the final decision is up to the parents.

Table: The number of schools for children with special needs

Year	Primary school	High school	Secondary school	Vocational schools	Technical schools
2000/2001	780	753	27	338	36
2001/2002	757	755	26	341	42
2002/2003	783	805	31	423	67
2003/2004	779	813	36	414	73
2004/2005	770	809	36	419	66
2005/2006	772	806	43	403	67
2006/2007	778	820	49	388	60

Source: Oświata i wychowanie w roku szkolnym 2006/2007, GUS, Warszawa 2007

Table: The number of pupils with special needs

Year	Primary school		High school		Secondary school		Vocational schools		Technical schools	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
2000/2001	20390	31630	11570	18797	897	801	12602	18145	835	810
2001/2002	16212	26212	15034	24742	440	380	8478	12233	690	792
2002/2003	15052	24821	14694	25202	595	589	4289	16258	765	933
2003/2004	14282	23451	14038	24756	592	560	7923	11324	931	1122
2004/2005	13168	21884	13316	23824	549	540	9622	13544	918	1057
2005/2006	12441	20768	12735	22959	580	598	8581	12554	887	961
2006/2007	11542	19678	12322	22280	598	699	7856	11296	821	929

Source: Oświata i wychowanie w roku szkolnym 2006/2007, GUS, Warszawa 2007

Table: Disabled children in regular education system

School category	Pupils	Girls	Disabled pupils	Disabled girls
Primary school	2484891	1206383	43740	16077
High school	1541466	741195	27735	10384
Secondary school	904565	515385	208	82
Vocational and technical schools	1036014	291147	4717	n/a

Source: Oświata i wychowanie w roku szkolnym 2006/2007, GUS, Warszawa 2007

Legislation

The major rules regulating the education system are included in the Act on Education System (1991)[17]. Some are general, and refer to all pupils, some are specific to disabled pupils. The education system guarantees everyone the right to education, and disabled pupils right to education according to their individual needs and predispositions. The disabled children can be offered education in integration with non-disabled children, special schools or individual education. A disabled pupil has right to:

1) Transport free of charge to primary and high school as well as to special schools;
2) Accommodation free of charge if he/she attends a special school;
3) Equipment facilitating attendance in classes;
4) Psychological and pedagogic support at school;
5) Accommodation of process and tools of education as well as exams to his/her individual potential;
6) Extension of each phase of education if needed;
7) Material support accessible to all children in the education system in a form of a scholarship or a grant-in-aid and support accessible only to disabled children within the programmes financed by PFRON;
8) Specific education and vocational education programmes financed by PFRON include:
    a. "Uczeń na wsi" – addressing disabled children living in the countryside, financing courses, technical facilities, etc.;
    b. "Komputer dla Homera" - addressing the needs of blind people concerning the accessibility of technical facilities, ICT.

The education at the university level is regulated by the Act from 2005[18]. According to it a disabled student is entitled to all forms of support scholarships for good merits, social scholarship, a grant-in-aid, discounts, etc. available to all students as well as a dedicated scholarship.

Disabled people who want to participate in education are offered material support from PFRON within the programmes like "Student II - continuing education for disabled people" and "Pitagoras 2007 – support programme for people with hearing deficits".

Female students constitute 56% of students, while disabled female students constitute 58% of disabled students. Women with disabilities comprise 1,1% of all studying women, and 0,6% of all students.

Financing[19]

As from 1999, and in its complete form from 2000, all educational tasks carried out by the three levels of territorial self-government e financed within the framework of a general subsidy from the State Budget. In the year 2000 a uniform system of allocation of funds with the use of an algorithmic formula based on the number of pupils was adopted for the whole education system.

This formula is based on the real number of pupils, adequately increased by the system of 21 weightings (taking into account specific conditions, i.e. rural areas, small towns, as well as specific educational tasks, i.e. special education, integration of SEN pupils (both disabled and socially maladjusted) in mainstream education, vocational education, sports schools).

[17] Journal of Laws, no. 95, item 425.
[18] Journal of Laws, no. 164, item 1365.
[19] European Agency for Development in Special Needs Education website

Special Education Needs within the education system[20]

Special education comprises children and youths with developmental disabilities who require special organisation of work and working methods. This education can be applied in general schools, inclusive schools or classes, special schools or classes, or as individual teaching.
Special education comprises the following groups of children with special educational needs:

1. children with slight mental disabilities;
2. children with moderate or severe mental disabilities;
3. deaf children;
4. children with hearing impairment
5. blind children;
6. partially sighted children;
7. physically disabled
8. chronically ill;
9. psychotic
10. autistic children and children with multiple disabilities;
11. socially maladjusted children, drug addicts, children with difficult behaviour.

Special education may be provided by both public and non-public schools or establishments. The responsibility for the establishment, administration and maintenance of special pre-schools is a task of the local self-government gmina and of special schools (and special education centres) - of district authorities powiat.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

The PFRON programmes aim at strengthening the disabled people capacities to live independently. The priority of these programmes is to finance rehabilitation, training and vocational training as well as support the work places for disabled people.

The Ministry of Labour and Social Policy Ordinance concerning tasks of county (powiat) government financed from the budget of PFRON (2002) includes the elimination of architectural barriers that can delimit the freedom of movement and communication of disabled persons.

[20] European Agency for Development in Special Needs Education website

Quantitative data:

Social care institutions

Category of social care recipients	Number of institutions in 2005	Number of institutions in 2006
Elderly people	289	304
People with persistent somatic illnesses	241	240
People with persistent mental illnesses	174	179
Adult people intellectually disabled	179	175
Children and teenagers intellectually disabled	104	99
People physically disabled	13 (1%)	14 (1%)
Pregnant women and women with small children	70	72
Homeless people	200	246
Other categories	4	6
All categories	1274	1335

Source: Basic data on health care in 2006, GUS, Warsaw 2007

Residents of social care institutions

Category of social care recipients	Number of residents in 2005	Number of residents in 2006
Elderly people	15720	16673
People with persistent somatic illnesses	24317	23379
People with persistent mental illnesses	17626	17896
Adult people intellectually disabled	15021	14958
Children and teenagers intellectually disabled	8017	7789
People physically disabled	1112 (1%)	1143 (1%)
Pregnant women and women with small children	2156	1941
Homeless people	9291	10511
Other categories	112	128
All categories	93372	94418

Source: Basic data on health care in 2006, GUS, Warsaw 2007

Help from others in situation of life problems

Category of persons	I can ask for help:					
	Other members of household	Family	Friends, neighbours, acquaintances	Church, church community	Other institutions and/or organisations	Nobody
	per 1000					
	in case of health problems					
Disabled	733	448	138	9	42	27
Non-disabled	841	391	139	5	23	17
	in case of financial problems					
	per 1000					
Disabled	479	446	126	4	40	154
Non-disabled	579	477	189	2	31	78
	in case of advice or need of mental support					
	per 1000					
Disabled	591	382	200	116	12	78
Non-disabled	689	363	301	68	7	57

Source: Stan zdrowia ludności Polski w 2004, GUS, Warszawa 2005

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

The rights of patients are stated in the Constitution and in the Acts regarding medical personnel responsibilities. All the rights that the medical institutions and personnel are to respect have been included in the Chart of Patient's Rights. The needs of disabled people have been included in the Act on Health Services Financed from the Public Budget. It particularly concerns the adoption of the "open system" of provision of orthopaedic products and rehabilitation tools.

According to the Act on Social Rehabilitation and Employment of Disabled Persons a form of help that the disabled people can expect is financial support from the PFRON to purchase orthopaedic products and rehabilitation tools. The Act regulates accessibility to rehabilitation services.

The policies and services that are gender and disability sensitive are not present.

Quantitative data:

Persons undergoing medical treatment

		Persons undergoing medical treatment during last 12 months									
			number of visits to the doctor								
		Yes	1	2	3	4-6	7-12	13 and more	No data		No data
	%										
Total											
Disabled	100	91,9	5,5	7,0	8,7	25,7	37,8	15,3	0,1	8,0	0,1
Non-disabled	100	65,0	23,6	20,0	14,1	23,9	14,7	3,6	0,1	34,7	0,3
No data	100	100,0	x	58,3	x	9,8	31,9	x	x	x	x
Women											
Disabled	100	93,4	4,6	5,4	7,5	24,5	40,6	16,2	0,1	6,5	0,1
Non-disabled	100	71,4	20,9	18,8	14,3	25,2	16,6	4,1	0,2	28,4	0,2
No data	100	100,0	x	72,2	x	27,8	x	x	x	x	x

Source: Stan zdrowia ludności Polski w 2004, GUS, Warszawa 2005

Paid and unpaid visits to the doctor

	Visits to the doctor			
	Unpaid	Party paid for	Paid for	No data
Total	per 1000 patients			
Disabled	956	27	77	16
Non-disabled	933	26	98	18
Women	per 1000 patients			
Disabled	952	28	85	18
Non-disabled	934	28	109	17

Source: Stan zdrowia ludności Polski w 2004, GUS, Warszawa 2005

Reasons for declining a visit to the doctor

Has the person declined the visit?	Reason for declining a visit (%)	Disabled	Non disabled
Yes:		**21,3**	**16,5**
	Lack of money	35,7	21,9
	Waiting list	23,1	19,3
	Lack of time	5,1	24,4
	Long distance, no means of transport	9,0	1,5

	She/He preferred to postpone the visit	14,2	22,9
	She/He does not know a good doctor	0,9	1,4
	Other reasons	6,6	4,4
	No data	0,2	0,3
No		**78,7**	**83,5**
Total		100,0	100,0

Source: Stan zdrowia ludności Polski w 2004, GUS, Warszawa 2005

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

The Social Security Act (1990)[21] oblige the social security institutions to provide services to individuals and establishes the county family support centres (powiatowe centra pomocy rodzinie).

According to information from the Ministry of Labour and Social Policy (MPiPS), the unquestionable majority of persons with disabilities (84%) live mainly off social security benefits: disability pensions, retirement pensions and other social benefits.

Quantitative Data:

Please provide comparative data (for non-disabled women and men with disabilities) if available

Table 19. Social protection benefits by group of functions (as a % of total benefits), (2005)

	Old age and survivors benefits	Sickness. health care	Disability	Unemployment	Family and children	Housing and social exclusion n.e.c.	Benefits related to death of a family member
EU-27	41,4	28,6	7,9	6,1	8,0	2,2	4,4
PL	54,5	19,9	10,5	2,9	4,4	0,7	5,3

Source: ESSPROSS

[15] Journal of Laws, 1998, no. 64, item 414.

Table 1. Minimum monthly pensions in 2002-2007

	Year					
	2002	2003	2004	2005	2006	2007
Minimum old-age pension in PLN	532.91	552.63	562.58	562.58	597.46	597.46
as % average pension	51.3%	50.6%	49.3%	48.1%	47.4%	46.0%
as % average wage	25.4%	25.3%	24.7%	23.8%	24.1%	22.2%
Minimum disability pension in PLN	409.92	425.09	432.74	432.74	459.57	459.57
as % average pension	39.4%	38.9%	37.9%	37.0%	36.4%	35.4%
as % average wage	19.5%	19.5%	19.0%	18.3%	18.6%	17.1%

Source: Social Insurance Institution.

(Tables from the National Strategy Report on Social Protection and Social Inclusion 2008-2010 – Poland)

Satisfaction with life among persons 15 years old and over

	Total	Very good	Good	Neither good nor bad	Bad	Very bad	No data
Life satisfaction							
Disabled	100	6,7	52,9	34,2	4,9	0,7	0,6
Non-disabled	100	16,8	62,5	18,5	1,5	0,1	0,6
Satisfaction from living conditions							
Disabled	100	13,1	61,3	17,8	5,5	1,8	0,6
Non-disabled	100	20,7	59,1	14,0	4,3	1,5	0,6

Source: Stan zdrowia ludności Polski w 2004, GUS, Warszawa 2005

	Women with disabilities	Non disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

Table 3. *Disability free life expectancy in Poland (+ life expectancy at 0, 45, 65)*

	1991	1995	1999	2003	2004	2005	2006
Male							
Life expectancy at birth	66,1	67,6	68,8	70,5	70,7	70,8	70,9
Life expectancy at 45	25,6	26,7	27,3	28,5	28,6	28,7	28,8
Life expectancy at 65	12,2	12,9	13,3	14,0	14,2	14,4	14,5
Female							
Life expectancy at birth	75,3	76,4	77,5	78,9	79,2	79,4	79,6
Life expectancy at 45	32,7	33,6	34,3	35,4	35,7	35,8	36,0
Life expectancy at 65	15,9	16,6	17,1	18,1	18,4	18,6	18,8

Source: Central Statistical Office.

(Table from the National Strategy Report on Social Protection and Social Inclusion 2008-2010 – Poland)

Main sources of income for the disabled persons in Poland according to the National Population Census (2002)

				Total	Man	Women	Total (%)	Men (%)	Women (%)	Total (%)	Men (%)	Women (%)
Main sources of income	Income from work	Not in agriculture	Hired work	**454793**	246687	208106	**8,3%**	9,6%	7,2%	**100,0%**	54,2%	45,8%
			Self-employment	**80239**	49886	30353	**1,5%**	1,9%	1,1%	**100,0%**	62,2%	37,8%
		In agriculture	Hired work	**9431**	5606	3825	**0,2%**	0,2%	0,1%	**100,0%**	59,4%	40,6%
			Self-employment	**121008**	74028	46980	**2,2%**	2,9%	1,6%	**100,0%**	61,2%	38,8%
	Total income from work			**665471**	**376207**	**289264**	**12,2%**	**14,6%**	**10,0%**	**100,0%**	**56,5%**	**43,5%**
	Non-work income sources	Retirement pays	Pays of retirees, pays for ex-soldiers	**1185175**	561421	623754	**21,7%**	21,9%	21,6%	**100,0%**	47,4%	52,6%
			Pays for farmers	**380761**	107610	273151	**7,0%**	4,2%	9,5%	**100,0%**	28,3%	71,7%
		Pensions	Pensions resulting from inability to work	**2572776**	1303641	1269135	**47,1%**	50,8%	43,9%	**100,0%**	50,7%	49,3%
			Other social pensions	**118613**	62990	55623	**2,2%**	2,5%	1,9%	**100,0%**	53,1%	46,9%
			Family pensions	**259769**	18815	240954	**4,8%**	0,7%	8,3%	**100,0%**	7,2%	92,8%
		Social assistance benefits	Unemployed benefits	**36266**	19699	16567	**0,7%**	0,8%	0,6%	**100,0%**	54,3%	45,7%
			Other social assistance benefits	**60278**	33162	27116	**1,1%**	1,3%	0,9%	**100,0%**	55,0%	45,0%
		Other income		**167395**	79035	88360	**3,1%**	3,1%	3,1%	**100,0%**	47,2%	52,8%
	Total non-work income			**4781033**	**2186373**	**2594660**	**87,6%**	**85,1%**	**89,8%**	**100,0%**	**45,7%**	**54,3%**
	Other income			**3702**	2037	1665	**0,1%**	0,1%	0,1%	**100,0%**	55,0%	45,0%
	Unknown			**6505**	3603	2902	**0,1%**	0,1%	0,1%	**100,0%**	55,4%	44,6%
Total				**5456711**	**2568220**	**2888491**	**100,0%**	**100,0%**	**100,0%**	**100,0%**	**47,1%**	**52,9%**

Source: ECORYS based on *Osoby niepełnosprawne oraz ich gospodarstwa domowe 2002*, GUS, Warszawa 2003

Non-work income sources according to the National Population Census (2002)

Category of recipients	Total	Retirement pays, including pays for ex soldiers	Pays for farmers	Pensions resulting from inability to work	Social pensions	Family pensions	Unemployed benefits	Other social assistance benefits	Other non-work income	From one source	From two sources	From three sources
Women/Men												
Men	2250433	551113	109396	1376154	71610	17374	13695	31192	79899	2231859	18509	65
Women	2588373	593396	278659	1300621	63731	239300	10757	27499	74410	2555666	32490	217
Total	**4838806**	**1144509**	**388055**	**2676775**	**135341**	**256674**	**24452**	**58691**	**154309**	**4787525**	**50999**	**282**
Urban/Rural												
Urban	2832386	848651	42035	1546513	69652	173546	16513	37561	97915	2796301	35868	217
Rural	2006420	295858	346020	1130262	65689	83128	7939	21130	56394	1991224	15131	65
Total	**4838806**	**1144509**	**388055**	**2676775**	**135341**	**256674**	**24452**	**58691**	**154309**	**4787525**	**50999**	**282**
Urban												
Men	1298240	387323	9796	775778	36336	10490	8608	20178	49731	1285668	12526	46
Women	1534146	461328	32239	770735	33316	163056	7905	17383	48184	1510633	23342	171
Total	**2832386**	**848651**	**42035**	**1546513**	**69652**	**173546**	**16513**	**37561**	**97915**	**2796301**	**35868**	**217**
Rural												
Men	952193	163790	99600	600376	35274	6884	5087	11014	30168	946191	5983	19
Women	1054227	132068	246420	529886	30415	76244	2852	10116	26226	1045033	9148	46
Total	**2006420**	**295858**	**346020**	**1130262**	**65689**	**83128**	**7939**	**21130**	**56394**	**1991224**	**15131**	**65**

Source: ECORYS based on *Osoby niepełnosprawne oraz ich gospodarstwa domowe 2002, GUS, Warszawa 2003*

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

A number of benefits and services are available to the disabled people, including:

1 Transport services

2 Parking card

3 Discounts in public transport including rail, buses (in local and country transport)

4 According to the Act on eligibility for reduced fares in public transport reduced fares in public transport are granted for disabled persons and their carers - if the person is unable to live independently[22].

5 Programme supporting a car purchase by an adult disabled person or a disabled person's carer, run by PEFRON. "Sprawny dojazd"

6 Tax exemptions

7 Taxation Act (1991) states that disabled people or their carers - members of family - who take care (including financial responsibilities) of disabled people[23].

8 Postal services

9 People with orthopedic and seeing disability can have their post delivered directly to the place of residence without any additional costs. Post services are free for people with seeing disabilities under the Act on Postal Services (2003)[24].

[22] Journal of Laws, 2002, no. 175, item 1440.
[23] Journal of Laws, 2000, no. 14, item 176.
[24] Journal of Laws, no. 130, item 1188.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Qualitative data:

Civil code (1964)[25] provides the possibility to be represented in the court by the plenipotentiary. It also states that the disabled people can give their testimony in the place of their residence, if their mobility is limited. The deaf people can give written testimony or be represented by an assessor. The disabled people can be represented in a court by social organisations according to the Ministry of Justice Ordinance (2000)[26].

The Social Security Act (1990)[27] oblige the social security institutions to provide services to individuals, families and communities including legal services, legal and psychological counselling, information on rights and eligibilities, administrative support. The Act establishes the county family support centres (powiatowe centra pomocy rodzinie) that provide the above tasks.

Women with disabilities often continue to experience the stereotypical attitude, which is deeply rooted in cultural patterns, i.e. they are brought up in families as asexual beings, the tendencies towards confining them to life "in the family" are instilled in them, giving no regard to the possibility of them fulfilling different social roles, e.g. a role of a wife or a mother.

Furthermore, the constraints put upon persons with disabilities extend to the field of education, personal development (hobbies), education to freedom or the right (and ability) to make independent choices in all aspects of life. It may happen that families will not allow a person with a disability to seek employment. It is often a result of an economic calculation – the fear of losing a social disability benefit, which is often the only permanent source of income vs. too high a risk involved in finding a job by a person with a disability on the open labour market.

The most dramatic example of "social constraints" and "incapacitation" and the accumulation of all negative stereotypes of persons with a disability seems to be the social situation of women with a mental handicap[28].

Quantitative data: none available.

[25] Journal of Laws, no. 16, item 93.
[26] Journal of Laws, no. 100, item 1080.
[21] Journal of Laws, 1998, no. 64, item 414.
[28] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Qualitative data:

Under the Act on Vocational and Social Rehabilitation and Employment of Disabled Persons (1997) there are taken measures (including medical, psychological services, education and training) aiming at integration of disabled people with society and guaranteeing them the highest possible quality of life (Art.7). Vocational rehabilitation is organised to facilitate the disabled persons receiving and sustaining employment with the help of vocational education, counselling and employment services. At the same time social rehabilitation should make possible the full participation of disabled persons in social life (Art. 8 and 9).

The Act on Election Ordinance to Polish Parliament (2001)[29] states that disabled people should the easy access to the polling stations that is free of architectural barriers. On the request of a disabled person he/she can be helped at the polling station in the voting process by the third person.
The Act on Physical Culture (1996)[30] guarantees the disabled citizens equal access to different forms of sport activities.

Participation of disabled persons in sport and tourism can be financed from PFRON in line with the Ministry of Labour and Social Policy Ordinance (2002)[31].

Quantitative data:

Number of culture institutions that are available to disabled persons

Year	Total				Accessible to the disabled persons			
	Libraries	Galleries	Cinemas	Libraries	Libraries	Galleries	Cinemas	Libraries
2004	8653	274	545	668	1122	92	275	146
2005	8591	292	536	690	1186	103	287	164
2006	8542	293	505	703	1294	106	283	168

Source: Kultura w 2006, GUS, Warszawa 2007

[29] Journal of Laws, no. 46, item 499.
[30] Journal of Laws, 2001, no. 81, item 889.
[31] Journal of Laws, no. 96, item 861.

Organised forms of social activity

Form of social activity	Men		Women	
		%		%
Social organisation (bringing up social issues)	102	13,3	86	11,7
Sport organisation	50	6,5	30	4,1
Cultural organisation	47	6,1	27	3,7
Educational organisation	35	4,6	33	4,5
Religious organisation	52	6,8	53	7,2
Political party	14	1,8	3	0,4
None from above	578	75,5	587	80,2

Source: unpublished research results, research project EFS/SWPS na lata 2005-2008 nr WUE/0041/IV/05

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Portugal

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- The UN Convention has been transposed to Portuguese legislation by the Law no. 38/2004 that aims to assure equal opportunities for people with disabilities, namely, in life-long education, vocational training and employment, in access to basic services and through the elimination of barriers and the adoption of measures aiming for the full participation of those people in society (article 3). It defines a set of rights that must be assured such as the rights of singularity, citizenship, autonomy, information, public responsibility, co-operation or solidarity (articles 4 to 15). Also, the Law no. 38/2004 sets out the rights of people with disabilities as far as employment, education, vocational training, conciliation between work and personal life, consumer's rights, social security, health, housing, transportation, culture and science, fiscal rights and sports/leisure are concerned (articles 25 to 39). Nevertheless, it doesn't have any article or specific focus in relation to the special case of women (and girls) with disabilities[1].

- Since 2005, the Portuguese (Socialist) Government have been developing a set of initiatives in order to increase the effectiveness of policies for people with disabilities. In fact, it innovates with the creation of a specific State Secretary for the Rehabilitation of People with Disabilities (in the dependency of the Minister of Employment and Social Solidarity). Additionally, the old National Secretariat for the Integration of People with Disabilities (SNRIPD) was transformed into a more flexible public institute (the INR – National Institute for Rehabilitation, I.P.) and several strategic plans have been developed and implemented[2];

- The most important of those plans is the 1st National Action Plan for the Integration of People with Disabilities or Incapacities (PAIPDI). Originally regulated by the Ministries' Council Resolution no. 120/2006, the PAIPDI aims to promote: human rights and citizenship, the integration of disabilities' and incapacities' issues in sectoral policies, access to services, equipments and goods, the qualifications, vocational training and employment and of people with disabilities or incapacities. It have three priority axis (1 – Accessibility and Information; 2 – Education, qualification and labour market inclusion; 3 – To rehabilitate and guarantee dignity in life) but it doesn't have any specific measure for women (or girls) with disabilities, despite the references of (i) "multiple discrimination" (including sex plus disability) at its introduction and (ii) "gender desegregation of

[1] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[2] Interview with INR's vice-director, Mrs. Alexandra Pimenta, 16/09/2008.

statistics/indicators" concerning the monitoring of policies for people with disabilities and incapacities[1].

- The 1st PAIPDI was revised and adjusted by the Ministries' Council Resolution no. 88/2008. The lack of initiatives specially designed to deal with the multiple exclusion of women (and girls) with disabilities was not solved by the revised PAIPDI, that is, this target group is therefore still covered by general policies and measures[2].

- Portugal has a lot of (complex) legislative initiatives to deal with disability. Many of them were revised recently or are going to be revised soon in order to implement the PAIPDI priorities and objectives[3]. The most significant policies are, among others:

  – Law no. 46/2006, which forbids disabled and health-based discriminations[4]. The INR is responsible for the monitoring of its implementation (annual report). This law 46/2006 is enforced and regulated by the Decree-Law n. º34/2007[5];

  – Ministries' Council Resolution no. 9/2007, approving the National Plan for the Promotion of Accessibility (PNPA)[6]. Its main objectives are to: sensibly, inform and train; assure accessibility in urban public space and buildings; promote accessibility in transport (adjusted motorcars, Lisbon's subway, railway, buses, boats, airplanes); support R&D and international co-operation; and to foster the participation of stakeholders (partnerships between state and NGO's with the involvement of persons with disabilities).

- The equal opportunities between men and women are a (relatively) new theme in Portugal that was launched onto political agenda namely by policies co-financed by Structural Funds (e.g.

[1] Ministries' Council Resolution no. 120/2006, *Portuguese Republic Diary*, no. 183, 21/09/2006, 6954-6964 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.
[2] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.
[3] Interview with INR's vice-director, Mrs. Alexandra Pimenta, 16/09/2008.
[4] *Portuguese Republic Diary*, no. 165, 28/08/2006, 6210-6213 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[5] *Portuguese Republic Diary*, no. 33, 15/02/2007, 1176-1177 (available at http://www.dre.pt). Accessed September 2008.
[6] *Portuguese Republic Diary*, no. 366, 17/01/2007, 366-377 (available at http://www.dre.pt). Accessed September 2008.
[7] National Statistical Institute (INE), *Employment Statistics* (Labour Force Survey), 2nd Quarter 2008 (available at http://www.ine.pt). Accessed September 2008.
[8] Interview with INR's vice-director, Mrs. Alexandra Pimenta, 16/09/2008.
[9] Ministries' Council Resolution no. 82/2007, *Portuguese Republic Diary*, no. 119, 22/06/2007, 3949-3987. Also published by CIG in Portuguese and English versions (available at http://195.23.38.178/cidm/portal/bo/portal.pl?pag=cidm_noticias_detalhe&id=34). Accessed September 2008.
[10] Ministries' Council Resolution no. 83/2007, *Portuguese Republic Diary*, no. 119, 22/06/2007, 3988 ss. Also published by CIG in Portuguese and English versions (available at http://195.23.38.178/cidm/portal/bo/portal.pl?pag=cidm_noticias_detalhe&id=33). Accessed September 2008.
[11] Interview with Mrs. Dina Canço from CIG, 23/09/2008.
[12] Interview with Mrs. Dina Canço from CIG, 23/09/2008. See also this fiche, Section 7.
[13] Ministries' Council Resolution no. 166/2006, *Portuguese Republic Diary*, no. 240, 15/12/2006, 8403-8456. Also published by Ministry of Employment and Social Solidarity (available at www.mtss.gov.pt). Accessed September 2008.

EQUAL initiatives). In fact, traditionally women have great importance in Portuguese society and the labour market. In particular, Portugal has one of the Europe's highest participation rates of females in the labour market: 56.4% (male: 69.6%)[7]. Nevertheless, few women participate actively in politics[8].

- Equal opportunities are promoted in Portugal by a special commission (CIG – Commission for Citizenship and Equal Opportunities between Men and Women) in direct dependence of the President of Ministries' Council. The strategy adopted by CIG is that equal opportunities and other relevant themes such as fighting domestic violence and the traffic of human beings must be promoted by all ministries and relevant agencies in a co-operated fashion. In particular, the integration of women and girls with disabilities must be promoted by INR (the public agency with competences in the matter, see above) despite the collaboration of CIG and other entities. In particular, INR and CIG (with other stakeholders) integrate a special working group about Diversity and Non-discrimination in order to monitoring the implementation of the 3rd National Plan for Equal Opportunities and Citizenship 2007-2010 (PNI)[9] and the 3rd National Plan to Fight Domestic Violence 2007-2010 (PNCVD)[10] [11].

- The 3rd National Plan for Equal Opportunities and Citizenship (PNI) have five priorities: 1 – To integrate equal opportunities in all political areas as a good practice; 2 – To integrate equal opportunities in political main priorities (Education, R&D and Vocational Training; Economic independence/ female entrepreneurship; Conciliation between employment and familiar/personal life; Social inclusion; Health; Environment and territorial planning; Sport and leisure; Culture); 3 – Citizenship and gender stereotypes; 4 – To fight violence with gender orientation; 5 – International co-operation and development. PNI doesn't have a specific initiative/measure to deal with multiple discrimination of women (and girls) with disabilities. However, some measures related to the Conciliation between employment and family/personal life (included in Priority Axis 2) could be mobilised to support women that take care of people with disabilities[12].

- The National Action Plan for Inclusion 2006-2008 is a more general (ministerial level) initiative than PAIPDI or PNI that aims to promote either social inclusion or equal opportunities One of the priorities axis of this plan (3) is to overcome the discriminations, reinforcing the integration of people with disabilities and immigrants[13].

- As mentioned above, INR is main public agency that promotes the rehabilitation and inclusion of people with disabilities in Portugal. As far as equal opportunities are concerned, CIG is the key institution, with a "horizontal" intervention among different public (and private) institutions. The Commission for Equality in Work and Employment (CITE) is other relevant public agency, as one of its primary objectives is to promote the equality and non-discrimination between men and women in work, employment and vocational training. The Institute of Employment and Vocational Training (IEFP) – the Portuguese Public Employment Service (PES) – also provides services and specific measures of support to the inclusion of disabled people (and women) in the labour market.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

- The Law no. 38/2004 defines people with disability as a person that, by loss or anomaly (congenital or acquired) of functions or body structures, presents specific difficulties that limit or difficult the activity and participation in equal conditions with other people considering environmental factors (article 2) [1].

- The 1st National Action Plan for the Integration of People with Disabilities or Incapacities (PAIPDI) have a specific measure (# 46) to develop an evaluation methodology based on the International Classification of Functioning, Disability and Health (ICF) that belongs to the World Health Organization Family of International Classifications (WHO-FIC)[2]. That is, Portugal are going to adopt the ICF's definition and perspective of disability, less related with pure medical aspects and more related with social and environmental concerns[3].

Quantitative data (2001): [4]

	Women with Disabilities	Non-disabled women	Men with disabilities	Women and men with Disabilities
Size of population	301,180	5,054,796	334,879	636,059
% of total population	2.9	48.8	3.2	6.1
% of female population	5.6	94.4	n/a	n/a
% of disabled people	47.4	n/a	52.6	In total 6.1 % of population were disabled in 2001
16-64 year olds (as a percentage of the total population)[5]	21.8% of total population	n/a	18.6% of total population	n/a

[1] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[2] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.
[3] Interview with INR's vice-director, Mrs. Alexandra Pimenta, 16/09/2008.
[4] National Statistical Institute (INE), *Population Census 2001* (available at http://www.ine.pt). Accessed September 2008. Some data included in table are collected from The National Action Plan for Inclusion 2006-2008 (available at www.mtss.gov.pt) despite the original source is the same. The INR's vice-director, Mrs. Alexandra Pimenta, said that INE sub-estimates the volume of people with disabilities because some incapacities were not well covered by the Census 2001 (interview, 16/09/2008).
[5] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

% of disabled < 65 year olds	< 50	n/a	> 50	n/a
% of disabled >= 65 year olds	> 50	n/a	< 50	12.5% of population
% of disabled < 16 years	n/a	n/a	n/a	2.2% of total population
Disaggregation by type of disability (%):				
Deafness	13.5	n/a	13.0	13.2
Blindness	28.5	n/a	23.2	25.7
Motor	22.4	n/a	26.5	24.6
Mental	10.9	n/a	11.4	11.2
Neural paralysis	2.3	n/a	2.4	2.4
Other disabilities (includes multiple)	22.4	n/a	23.5	23.0
Disaggregation by severity (%):				
Incapacity below 30%	7.0	n/a	10.5	8.8
Incapacity between 30% and 59%	9.1	n/a	10.8	10.0
Incapacity between 60% and 80%	14.9	n/a	17.0	16.0
Incapacity above 80%	11.7	n/a	11.6	11.6
Severity unknown	53.3	n/a	50.1	53.5
Multiple disaggregation by age, type and severity[1]	**Women 16-24 years** Considerably restricted: 1.7% [arms/legs/back = 19.3% see/hear/speech/skin = 6.9% chest/heart/stomach/diabetes = 12.9% Epilepsy/mental = 34.2% other = 26.7%] To some extent restricted: 2.4% [arms/legs/back = 28.3% see/hear/speech/skin = 9.9% chest/heart/stomach/diabetes = 36.2% Epilepsy/mental = 19.7% other = 5.9%] Not restricted: 95.9% **Women 25-54 years**		**Men 16-24 years** Considerably restricted: 2.2% [arms/legs/back = 21.1% see/hear/speech/skin = 5.1% chest/heart/stomach/diabetes = 14.5% Epilepsy/mental = 36.5% other = 22.7%] To some extent restricted: 3% [arms/legs/back = 34.1% see/hear/speech/skin = 25.3% chest/heart/stomach/diabetes =33.4% Epilepsy/mental = 0% other = 7.2%] Not restricted: 94.8% **Men 25-54 years** Considerably restricted: 6%	

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	Considerably restricted: 6.2% [arms/legs/back = 42.1% see/hear/speech/skin = 4.8% chest/heart/stomach/diabetes = 17.1% Epilepsy/mental = 21.9% other = 14.2%] To some extent restricted: 7.6% [arms/legs/back = 42.7% see/hear/speech/skin = 5.5% chest/heart/stomach/diabetes = 21.6% Epilepsy/mental = 19.4% other =10.8%] Not restricted: 86.2% **Women 55-64 years** Considerably restricted: 21% [arms/legs/back = 57.2% see/hear/speech/skin = 4.6% chest/heart/stomach/diabetes = 20.6% Epilepsy/mental = 7.5% other = 10%] To some extent restricted: 18.5% [arms/legs/back = 55.2% see/hear/speech/skin = 3% chest/heart/stomach/diabetes = 25.1% Epilepsy/mental = 10.1% other = 6.6%] Not restricted: 60.5%	[arms/legs/back = 34% see/hear/speech/skin = 7.5% chest/heart/stomach/diabetes = 15.3% Epilepsy/mental = 26.9% other =16.3%] To some extent restricted: 6% [arms/legs/back = 48.2% see/hear/speech/skin = 4.3% chest/heart/stomach/diabetes =25.3% Epilepsy/mental = 13.7% other = 8.5%] Not restricted: 88% **Men 55-64 years** Considerably restricted: 18.8% [arms/legs/back = 45% see/hear/speech/skin = 6.4% chest/heart/stomach/diabetes = 26.7% Epilepsy/mental = 9.5% other = 12.3%] To some extent restricted: 15.1% [arms/legs/back = 42.9% see/hear/speech/skin = 8.3% chest/heart/stomach/diabetes = 37.8% Epilepsy/mental = 3.7% other =7.3%] Not restricted: 66.2%

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data:
The main source of income for disabled individuals over the age of 15 years is a pension/subsidy (55.2%).[1]

	Women with Disabilities	Non-disabled women	Men with disabilities	Women and men with Disabilities
Inactivity rate (% total population) - 2001[2]	n/a	58.0	n/a	71.0
Employment rate (% pop. 15-64) - 1994[3]	n/a	41.1	n/a	20.1
Unemployment registered at PES - 2006[4]	6,023	282,665	6,085	12,108
Long-term unemployment (%)	80.5	44.1	70.8	75.6
With unemployment subsidy (%)	3.6	3.0	3.4	3.5
With social insertion subsidy (%)[5]	1.3	1.2	1.2	1.2
Married (%)	51.1	57.9	41.6	46.4
With dependents (%)	34.7	42.9	22.4	28.5
6 years of education - ISCED 1 (%)	53.3	52.4	58.5	55.9
9 years of education - ISCED 2 (%)	15.8	15.6	17.0	16.4
12 years of education - ISCED 3 (%)	15.2	15.9	13.0	14.1
+12 years of educ. - ISCED 4/5 (%)	15.6	16.1	11.5	13.6
Unemployment rate (%) - 2006[6] Unemployment rate (%) – 2001 census[1]	6.7	8.9	6.1	6.4 9.5

[1] National Strategy for Social Protection and Social Inclusion 2008-2011 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/portugal_en.pdf

[2] National Statistical Institute (INE), *Population Census 2001* (available at http://www.ine.pt). The percentage 71.0 is cited by the National Action Plan for Inclusion 2006-2008 (available at www.mtss.gov.pt) but the original source is the same.

[3] Values estimated by NEMUS. Main sources: INE, *Employment Statistics* (Labour Force Survey), 4th Quarter 1994 and *National Inquiry on Incapacities, Disabilities and Disadvantages*, 1994 (data not published in the last case).

[4] Values calculated by NEMUS. Main source: Institute of Employment and Vocational Training (IEFP), *Public Employment Service's Information System*, July 2006 (microdata not published).

[5] Special type of subsidy that guarantee a minimum income to families with serious problems of unemployment and social exclusion.

[6] Values estimated by NEMUS. Main sources: IEFP, *Public Employment Service's Information System*, July 2006 (microdata not published); INE, *Population Census 2001* and *Employment Statistics* (Labour Force Survey), 3rd Quarter 2006 (available at http://www.ine.pt).

Long-term unemployment rate (%) - 2006[2]	5.4	4.3	4.3	4.9

- The Law no. 38/2004 addresses to the right of person with disabilities to employment, work, orientation, vocational training and professional qualification and rehabilitation; this could be done by appropriate labour regimes such as self-employment, work at distance or part-time work (article 26), as well as through a mandatory 2% quote of workers with disabilities in private companies and 5% in public administration (article 28)[3]. These quotes are not respected either by private or public institutions in general[4].

- The Law no. 46/2006 forbids any discrimination related to the access of people with disabilities to economic activity (article 4 b). It also forbids any discrimination at work made by employees (article 5) [5].

- The 1st National Action Plan for the Integration of People with Disabilities or Incapacities (PAIPDI) has a set of measures related with employment and vocational training (2.2). These measures aim to ensure that the knowledge, qualifications and competences necessary for people with disabilities to find and maintain employment are available in the labour market and includes[6]:

  - The development of training initiatives to promote the entrepreneurship of people with disabilities;

  - The reinforcement of the support system to self-employment (support during the first 3 years of the activity);

  - The creation of small companies composed by several people with disabilities;

  - The creation of Skills Recognition, Validation and Certification Centres, covering specific disabilities and based on adapted methodologies;

  - The development of a specific program to promote the rehabilitation at work in centres of professional rehabilitation;

  - The actualisation of the values defined for hiring support;

  - The extension of hiring support to all active measures of employment;

[1] National Strategy for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/portugal_en.pdf
[2] Values estimated by NEMUS with the same sources.
[3] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[4] Interview with INR's vice-director, Mrs. Alexandra Pimenta, 16/09/2008.
[5] Law no. 48/2006, *Portuguese Republic Diary*, no. 165, 28/08/2006, 6210-6213 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[6] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.

- The generalisation of other employment supports, e.g., professional internships.

- The Portuguese Labour Code (approved by the Law no. 99/2003) determines in article 22 the right to equality in access to employment and work and forbids discrimination in relation to disability and gender. Currently this code is under revision and a new version is expected soon. In addition articles 73 and 74 of the Labour Code establish that the employer has a duty to provide reasonable accommodation for disabled people. The State on the other hand has a duty to give support to the employers. Article 74 states that the employer shall adopt appropriate measures of positive action to enable a person with a disability or a chronic disease to have access to, participate in, or progress in his or her career, or to undergo training, unless such measures would impose a disproportionate measures on the employer.[1]

- The Institute of Employment and Vocational Training (IEFP) provides a number of specific support measures (technical and financial) for people with disabilities, such as: specialised professional information/evaluation/orientation, vocational training and support for course attendance, rehabilitation at work, support for hiring, self-employment and secured employment, support for placement and post-placement accompaniment, support to work at a distance, and general technical support[2].

- The Human Potential Operational Programme (POPH) from the Portuguese National Strategic Reference Framework 2007-2013 (NSRF) has the objective to promote the quality of life of people with disabilities and incapacities from its priority axis 6 (North, Centre and Alentejo regions), 8 (Algarve) and 9 (Lisbon). The integration of people with disabilities and incapacities in the labour market (including employment incentives, supported employment, financial measures to encourage disabled persons to become self-employed and incentives to stimulate work at distance) has been financed in this context along with other interventions[3].

- The POPH also has a special priority axis (7) to promote gender equality. It funds, organisational change in order to promote equal opportunities between men and women in the workplace (and prevent domestic violence and human trafficking) and training and consultancy services to facilitate business start-up by women.

- The key bodies responsible for the implementation of those measures are the Ministry of Education and the Ministry of Employment and Social Solidarity (INR and IEFP).

[1] Report on measures to combat discrimination: Directives 2000/43/EC and 2000/78/EC, Portugal, 2007. At: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ptrep07_en.pdf
[2] IEFP's web page (http://www.iefp.pt/perfil/Paginas/deficiencia.aspx). Accessed September 2008.
[3] *Human Potential Operational Programme 2007-2013*, final version, September 2007 (available at www.qren.pt). Accessed September 2008.

4. Education, training and life long learning

What are the participation rates in different forms of education? What are the key legislation / policies in relation to the education of women and girls with disabilities?				
Quantitative data:				
	Women and girls with Disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**	**Women, girls, men and boys with Disabilities**
Participation rates in general education: (data only available disaggregated by age)[1]	16-19 years = 73.6% 20-24 years = 37.9% 25-49 years = 4.8% 50-64 years = 0.4%		16-19 years = 64.8% 20-24 years = 28.8% 25-49 years = 3.5% 50-64 years = 0%	
Number of people at special education – 2004/2005[2]	n/a	-	n/a	56,646
0 – 2 year olds (%)	n/a	-	n/a	2
3 – 5 year olds (%)	n/a	-	n/a	10
6 – 15 year olds (%)	n/a	-	n/a	79
16 – 18 year olds (%)	n/a	-	n/a	8
+ 18 year olds (%)	n/a	-	n/a	1
ISCED 0 (%)	n/a	-	n/a	15
ISCED 1 (%)	n/a	-	n/a	66
ISCED 2 (%)	n/a	-	n/a	16
ISCED 3 (%)	n/a	-	n/a	3
Distribution of disabled people by level of education completed – 1994[3]				

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.
[2] Data source: Ministry of Education – Observatory of Education Supports, *Characterization of Children and Young People with Special Education Necessities 2004/2005* (available at http://www.dgidc.min-edu.pt/especial/CDI_observatorio.asp). Accessed September 2008.
[3] Data source: INE, *National Inquiry on Incapacities, Disabilities and Disadvantages*, 1994 (data not published).

Illiteracy or ISCED 0 (%)	n/a	-	n/a	36,3
ISCED 1 not completed (%)	n/a	-	n/a	47,5
ISCED 1 (%)	n/a	-	n/a	6,9
ISCED 2 (%)	n/a	-	n/a	3,6
ISCED 3 (%)	n/a	-	n/a	3,0
ISCED 4/5 (%)	n/a	-	n/a	2,7
Illiteracy rate according to the data of 2001 census				23% of disabled people (in general 8.9% of total population)

Attainment levels: distribution per age, gender, disability type and ISCED 0-5 levels[1]: Low = ISCED 1 + 2 Med = ISCED 3 + 4 High = ISCED 5	**Women 25-54 years** Considerably restricted: low = 91.6%; med = 5.3%; high = 3% To some extent restricted: low = 89.2%; med = 4.5%; high = 6.2% Not restricted: low = 70.7%; med = 14.5%; high = 14.8% **Women 55-64 years** Considerably restricted: low = 97.8%; med = 1%; high = 1.3% To some extent restricted: low = 96.6%; med = 1.8%; high = 1.7% Not restricted: low = 90.2%; med = 3.3%; high = 6.5%	**Men 25-54 years** Considerably restricted: low = 93.8%; med = 5.7%; high = 0.5% To some extent restricted: low = 90%; med = 5.6%; high = 4.3% Not restricted: Low = 76.3%; med = 14.9%; high = 8.9% **Men 55-64 years** Considerably restricted: low =97.7%; med = 1.8%; high = 0.5% To some extent restricted: low = 95.5%; med = 3.3%; high = 1.2% Not restricted: low = 87.9%; med = 6%; high = 6.1%

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

- The main principle for organisation of the education for disabled people is that mainstream schools should effectively meet each pupil's needs, no matter their differences.[1]

- The Law no. 38/2004 addresses to the right of any person with disabilities to education and inclusive teaching, namely by granting resources and instruments adequate to learning and communication (article 34)[2].

- The Law no. 46/2006 forbids any discrimination related to the access of people with disabilities to public and private schools and other education institutions (article 4 h). It also forbids, in general, the constitution of special/segregated classes for such people (article 4 i) [3].

- As said, the PAIPDI has a set of measures related to employment and vocational training (see Section 3). It also has other sets of measures (2.1) relating to special education for people with disabilities and incapacities. In particular, PAIPDI outlines a list of initiatives to assure appropriate access for students with special needs and adults with disabilities in the educational facilities from early schooling to tertiary (higher) education, for example[4]:

    - The unifying of technical support attribution to students in the educational structures with the supplementary supporting system and financing of technical support;

    - The extension of specialized units in reference schools for support to students with multiple disabilities and autism;

    - The consolidation and development of a new model of resources centres as a part of a enlarged process of reconversion of special education institutions;

    - The consolidation of bilingual teaching to deafness people, through the elaboration of a Portuguese gestural language program.

- As said, the POPH 2007-2013 has the objective to promote the quality of life of people with disabilities and incapacities. The personal development and training of people with disabilities and incapacities in order to reinforce their personal, social and technical competences has been financed in this context among other interventions[5].

- The Priority Axis 7 – Gender Equality from POPH 2007-2013 supports training initiatives that promote a social culture of gender equality and the prevention of gender-based discrimination. It

[1] European Agency for Development in Special Needs Education (2005), Complete National Overview. At: www.european-agency.org/nat_ovs/portugal/9.html
[2] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[3] Law no. 48/2006, *Portuguese Republic Diary*, no. 165, 28/08/2006, 6210-6213 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[4] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.
[5] *Human Potential Operational Programme 2007-2013*, final version, September 2007 (available at www.qren.pt). Accessed September 2008.

also funds awareness initiatives with the same aim.

- The Ministry of Education is the key body as far as special education is concerned. Specific vocational training initiatives are mainly promoted by IEFP but they could be promoted by several public and private institutions, including training institutions and/or NGOs.

- According to the information from European Agency for Development in Special Needs education, the measures undertaken to adapt the learning process to the needs of disabled learners are the following:

  - Providing the support of specialised professionals (special education teachers, counsellors, mobility professionals, sign language trainers and interpreters, therapists, psychologists etc.)

  - The use of specific equipment and tools (books in Braille, books with enlarged characters, optical and hearing devices, adapted software, etc.)

  - Defining special conditions for the process of evaluation (type of test, type of pupils' ways to express themselves, timetables, place and time for the test)

  - Differentiating curriculum (by replacing, introducing, removing aims, contents, activities).

  All changes and adaptations appear to in the Individual Educational Plan. Whenever the adaptation are considerable and do not fit within national curriculum, a Individual Programme has to be made.[1]

- The two last years in school for pupils with disabilities can undertake vocational training for future active life.[2]

[1] European Agency for Development in Special Needs Education (2005), Complete National Overview. At: www.european-agency.org/nat_ovs/portugal/9.html
[2] European Agency for Development in Special Needs Education (2005), Complete National Overview. At: www.european-agency.org/nat_ovs/portugal/9.html

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

- The Law no. 38/2004 recognizes the right to independent living of people with disabilities through a set of principles, and not by a specific definition as the UN Convention. Thus, the independent living is covered by the principles of citizenship, autonomy, information, participation and global access to goods and services[1].

- The activity rate of people with disabilities (men and women) is only 29% and only 20% of them (with 15-64 years old) are employed (see Section 3). So, the majority don't live independently. This is especially true for girls and women because of gender stereotypes and families' risk aversion regarding the sexual abuse of females[2]. The proportion of women in social care institutions could be also less than men case due to the same factors[3].

- The domiciliary support services play a key role in the promotion of independent living among people (and women) with disabilities and their families. They are also very important even for non-disabled women, because women take care of their disabled mothers, fathers, daughters and/or sons more frequently than men[4]. Thus, the reinforcement of those services is a strategic priority for the Portuguese Government (see Section 6 for details).

- The key bodies in this area are INR and CIG.

[1] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[2] Sexual abuses and violence might be more frequent among girls and women disabled than female in general, despite the lack of research in this field for Portugal. Interview with Mrs. Dina Canço from CIG, 23/09/2008.
[3] Interview with INR's vice-director, Mrs. Alexandra Pimenta, 16/09/2008.
[4] Interview with Mrs. Dina Canço from CIG, 23/09/2008.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

- The Law no. 38/2004 recognises the right of people with disabilities to awareness health care, early diagnosis, early stimulation treatment and medical-functional rehabilitation, as well as the supply, adaptation, maintenance or renovation of the necessary compensation means (article 31)[1].
- The Law no. 46/2006 forbids any discrimination related to the access of people with disabilities to public and private health services (article 4 g)[2].
- The PAIPDI has an important set of measures (3.1) in relation to the promotion of the social protection of people with disabilities. Some of these initiatives are related to social services, namely[3]:
  - The creation of an attendance service for people with disabilities in all districts;
  - The reinforcement (+15%) of the capacity of residential facilities for people with disabilities until 2009;
  - The reinforcement (+30%) of the response capacity of domiciliary support services (for the same target group) until 2009.
- The 3rd National Plan for Equal Opportunities and Citizenship 2007-2010 (PNI) also privileges the reinforcement of domiciliary services that support families with dependents, namely, girls and women with disabilities (measure 2.3.D.iv from Priority 2 – To integrate equal opportunities in political main priorities)[4]. As said, this could be very important either for girls and women with disabilities (dependents) or for women that (typically) take care of them (see Section 5 above)[5].
- As said, the POPH 2007-2013 has the objective to promote the quality of life of people with disabilities and incapacities. The reinforcement of the capacity of social and health institutions

[1] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[2] Law no. 48/2006, *Portuguese Republic Diary*, no. 165, 28/08/2006, 6210-6213 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[3] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.
[4] Ministries' Council Resolution no. 82/2007, *Portuguese Republic Diary*, no. 119, 22/06/2007, 3949-3987. Also published by CIG in Portuguese and English versions (available at http://195.23.38.178/cidm/portal/bo/portal.pl?pag=cidm_noticias_detalhe&id=34). Accessed September 2008.
[5] Interview with Mrs. Dina Canço from CIG, 23/09/2008.

whose mission is the rehabilitation and social inclusion of disabled people is one of the main activities supported[1].

- The key bodies that provide social and health services are the Ministry of Health, the Ministry of Employment and Social Solidarity (INR and IEFP), Catholic Church and several NGO (e.g. associations of people with specific disabilities).

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

- The Law no. 38/2004 determines that social protection of people with disabilities should be provided, namely through subsidies and other subventions, aiming at personal autonomy and appropriate integration into the labour market and society (article 30)[2].
- As said, the PAIPDI has an important set of measures relating to the promotion of social protection for people with disabilities, namely[3]:
  - The revision of the financial support system for families that take care of disabled people;
  - The revision of the supplementary supporting system on an integrated fashion, namely, with special education support;
  - The revision of insurance systems for people with disabilities.
- Disabled people is one of the important target group in National Strategy for Social Protection and Social Inclusion 2008-2011.[4]
- The key bodies in this field are the Ministry of Employment and Social Solidarity / INR.

Quantitative data:

	Women with	Non-disabled	Men with	Women and

[1] *Human Potential Operational Programme 2007-2013*, final version, September 2007 (available at www.qren.pt). Accessed September 2008.
[2] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[3] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.
[4] National Strategy for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/portugal_en.pdf

	Disabilities	women	disabilities	men with Disabilities
Population with unemployment subsidy (%) – 2006[1]	0,07	0,17	0,06	0,06

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

- The Law no. 38/2004 determines that it should be adopted specific measures, through the National Plan for the Promotion of Accessibility (PNPA), to assure the right to habitation, the access to inner and outer spaces, through the elimination of architectonic barriers, circulation and use of the public transport network, special transportation or other appropriated means of transportations, as well as the access to social support in these matters[2].

- In fact, the National Plan for the Promotion of Accessibility (PNPA)[3] specifies several measures to:

  - Sensibly, inform and train such as the development/implementation of awareness campaigns, accessibility prizes (for public and private buildings), brochures, web sites or vocational training courses on universal design;

  - To assure accessibility in the urban public space and buildings such as the effective implementation of the existent legislation on buildings' accessibility (Decree-Law no. 163/2006), the promotion of accessibility of beaches, the implementation of balconies for disabled people on every public service, financial support for housing adaptation, the revision of real estate regime (to adjust the contribution of people with disabilities to common condominium expenses) or the development of appropriate legislation to fix the accessibility conditions to workplace;

  - To promote better accessibility in transport, namely, by revising schemes to support the adjustment of private cars to each disabled person's needs; by adapting Lisbon's subway and railway stations and interface systems (e.g. ticket machines, information boards, etc.) to disabled people needs; by developing municipal accessibility plans; and by revising schemes to support the progressive substitution of old public buses without accessibility features or by adapting airports for disabled people;

[1] Values estimated by NEMUS. Main sources: IEFP, *Public Employment Service's Information System*, July 2006 (microdata not published); INE, *Population Census 2001* and *Employment Statistics* (Labour Force Survey), 3rd Quarter 2006 (available at http://www.ine.pt).
[2] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[3] *Portuguese Republic Diary*, no. 366, 17/01/2007, 366-377 (available at http://www.dre.pt). Accessed September 2008.

  - To support R&D and international co-operation on universal design and accessibility;
  - To foster the participation of stakeholders, namely, by promoting partnerships between state and NGO with the involvement of persons with disabilities.

- The Law no. 46/2006 forbids any discrimination related with the access to goods, services, housing, credit and insurance, buildings, public space, public transports and NTI (article 4 a, c, e, f and m)[1].
- The PAIPDI has various measures related with the promotion of accessibility and information, namely[2]:
  - The elaboration of a technical guide of wide dissemination in the field of universal design for housing buildings;
  - The standardization and generalization of the appliance of the international accessibility symbol in public transports;
  - The promotion of campaigns directed to transport operators concerning the use of innovative concepts and non-discriminatory practices in relation to people with special needs;
  - The creation of support services for passengers with special needs;
  - The implementation of protocols with transport companies for providing ticket fare reductions to people with disabilities;
  - An increase of 14% of the bus quote that are totally accessible, and their use in specific collection of passengers with special needs;
  - The application of accessibility rules to web pages, especially in public administration portals;
  - To increase television broadcasts that allow viewing by people with disabilities through automatic subtitling, and through the awareness of national operators.
- Other legislation enforces rules regarding access to goods and services for people with disabilities, namely, the Resolution no. 13/2004, concerning telecommunications for people with disabilities (with measures as the availability of vibratory and visual touch devices) and the Ministerial Act no. 1354/2004, regulating the financial support to the National Programme for the Participation of Citizen with Special Needs in Information Society.

[1] Law no. 48/2006, *Portuguese Republic Diary*, no. 165, 28/08/2006, 6210-6213 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[2] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.

- The key bodies in this field are the Ministry of Employment and Social Solidarity / INR, the Ministry of Public Works, Transports and Communications, the Ministry of Public Finances and Administration, the Ministry of Environment, Territorial Planning and Regional Development, the Ministry of Science and Tertiary Education, miscellaneous transport operators, among other entities.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

- The Law no. 38/2004 determines that each disabled person has the right to be informed and well-clarified about its rights and duties (Information principle, article 8)[1].
- The Law no. 46/2006 forbids any behaviour that, publicly or with broad dissemination, states or transmits any information that threatens, insults or abuses disabled people (article 4 I)[2].
- The PAIPDI considers the revision of the current legislation about interdiction and non-habilitation concerning the implementation of a new legal representation regime in order to assure the rights and interests of adults and minors (boys and girls with less than 18 year olds) with disabilities[3].
- Portugal doesn't have a serious study about exploitation, violence and abuse of women (and men) with disabilities[4].
- The key bodies in this field are the Ministry of Employment and Social Solidarity / INR and the Ministry of Justice.
- Legal entities (NGOs and associations) representing disabled people interests have legal standing in Court to take cases on behalf of disabled individuals.[5]

[1] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[2] Law no. 48/2006, *Portuguese Republic Diary*, no. 165, 28/08/2006, 6210-6213 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[3] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.
[4] Interviews with INR's vice-director, Mrs. Alexandra Pimenta, 16/09/2008, and Mrs. Dina Canço from CIG, 23/09/2008.
[5] Report on measures to combat discrimination: Directives 2000/43/EC and 2000/78/EC, Portugal, 2007. At: http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/ptrep07_en.pdf

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

- The Law no. 38/2004 determines that it should be assured the participation of people with disabilities (or their representative organizations), namely in the processes of elaboration of legislation and monitoring policies concerning disability, assuring their involvement in every situations of life and society in general. It also addresses the right of disabled people to access sport and leisure activities, through the creation of adequate structures and social support alternatives, and also to culture and science (articles 35 and 38)[1].

- The PAIPDI considers the promotion of culture, sport and leisure, announcing a set of specific measures, namely:[2]

  - The certification of accessible touristic facilities as a way of promoting its qualification and up-grading;

  - The integration of specific legislation relative to disabilities and incapacity to avoid discrimination in relation to accessing and practicing sport;

  - The development of a new promotion model and support for sport and physical activities for people with disabilities or incapacities, with the resource of technical and material compensation support, according to their special needs;

  - Support for the Portuguese delegation at the Beijing 2008 Paralympic Games;

  - The consolidation and development of the Accessible Beach Project;

  - The realization of cultural events in order to promote and raise awareness regarding cultural and artistic productions by people with disabilities.

- The Decree-Law no 125/95 regulates the support for high level competition. It considers that its measures are applicable, with the necessary adaptations, to people with disabilities that obtain excellence results in sport practice in international competitions[3].

- The key bodies in this field are the Ministry of Employment and Social Solidarity / INR, the Ministry of Economy and Innovation, the Ministry of Culture and the National Secretary of Sport.

[1] Law no. 38/2004, *Portuguese Republic Diary*, no. 194, 18/08/2004, 5232-5236 (available at http://www.inr.pt/content/1/7/direitos-fundamentais). Accessed September 2008.
[2] Ministries' Council Resolution no. 88/2008, *Portuguese Republic Diary*, no. 103, 29/05/2008, 3003-2009 (available at http://www.inr.pt/content/1/26/paipdi). Accessed September 2008.
[3] Decree-Law no. 125/95, revised by Decree-Law no. 123/96 (available http://www.dre.pt). Accessed September 2008.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Romania

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

– **What obligations exist in the legislation?**

The **National Strategy for Protection, Integration and Social Inclusion of Disabled Persons** 2006-2013 "Equal opportunities for disabled persons – towards a society without discriminations", adopted by Government Decision No.1175/2005 is providing obligations for full compliance with the UN Convention (Resolution 48/96), ILO Convention no.159/83, European Social White Paper (revised), EC Directive 76/207/EEC, EC Resolution 97/C12/01 and others.

– **Are they divided between national and local levels, and if so, how?**

At national level, the **National Authority for Disabled Persons** is responsible for: the coordination of social protection and promotion of disabled person's rights related activities; developing policies, strategies and standards related to disabled persons rights; and to control and monitor the fulfilment of the rights of persons with disabilities. At local level, local governments have the obligation to organise, manage and provide funding for social services addressing the needs of disabled persons.

– **How is the legislation enforced**?

The National Council for the analysis of the problems of people with disabilities is a consultative body operating together with NADP. The membership of this body is: the National Authority for Disabled Persons, the National Council of Disability, the National Authority for Children Rights Protection, the Ministry of Labour, Family and Equal Opportunities, the Ministry of Public Health and NGO representatives.

– **Is there a specific ministerial responsibility for women with disabilities, and if so, who holds it?**

There is no specific ministerial responsibility for women with disabilities. There is one government body responsible for the issues related to “disabled persons”, namely the National Authority for Disabled Persons (Autoritatea Nationala pentru Persoanele cu Handicap-ANPH). Under NADP operates the National Institute for Prevention and the Fight Against Social Exclusion of Disabled Persons (Institutul Național pentru Prevenirea şi Combaterea Excluziunii Sociale a Persoanelor cu Handicap). Under the Ministry of Labour, Family and Equal Opportunities the National Authority for the Protection of Child’s Rights (NAPCR) operates, which has responsibilities regarding disabled children, irrespective of their gender.

– **Is there a specific government body or agency responsible for women with disabilities?**

There is no specific ministerial responsibility specific for women with disabilities. There is one government

body responsible for the issues related to “disabled persons”, namely National Authority for Disabled Persons (Autoritatea Nationala pentru Persoanele cu Handicap-ANPH).

– **Is there a dedicated focal point / coordination mechanism within the government for matters relating to the implementation of the UN Convention?**

It was not possible to identify a dedicated focal point / coordination mechanism.

– **Has a framework been established for the promotion, protection and monitoring of the Convention?**

The Ministry of Labour, Family and Equal Opportunities together with NADP is responsible for the promotion, protection and monitoring of compliance with the national legal framework (with all the relevant EU and UN rules and regulations).

– **Are women with disabilities consulted / involved in the processes of promoting, protecting and monitoring the Convention, and if so, how?**

There is no specific provision regarding consultation/involvement of women with disabilities. The legal provisions are addressing “disabled persons“.

– **What statistical and research data is collected in relation to the Convention**?

None were identified.

– **Does your Government publish information on public expenditure at national level on women with disabilities? If yes, provide the numbers.**

The Government does not publish information on public expenditure at national level on women with disabililities, although information is published regarding the overall expenses for “disabled persons”.

– **Anti-discrimination laws, disability legislation, etc.**

- Law no. 448/2006 on protection and promotion of disabled persons’ rights.
- Governmental Decision No.268/2007 referring to the approval of the methodological norms regarding the regulations of the Law 448/2006 regarding the protection of the disabled persons and the promotion of their rights.
- Law No. 19/2000 on the public pension system and other social security rights, has provisions regarding overall framework and financial support for disabled persons.
- Law no.48/2002 on the prevention and sanction of all forms of discrimination
- Law 275/2004 on the change of the Government Emergency ordinance no.12/2001 on the foundation of the National Authority for the Protection of Child’s Rights.
- Law nr.272 on the protection and promotion of the rights of the child
- Governmental Decision no. 1432/2004 regarding the duties, organisation and operation of the National Authority for the Protection of Children’s Rights

– Legislation specifically addressing disabled women

There is no legal framework which specifically targets disabled women.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

For all data, please indicate the definition of disability used and the source of the data (research definitions may differ from legal definitions).

According to the present legislation in this field, persons with a disability are those persons for whom the social environment is not adapted to their physical, sensorial, psychological, or mental deficiencies. Or it limits or hinders access, with equal chances, to a social life, according to their own age, sex, material, social and cultural factors, and those who need special protection measures for their social and professional integration.[1]

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population	308,812	10,728,902	258,730
% of total population	54.4%	-	45.6%
% of female population	2.8%	97.2%	n/a
Disaggregate by age if possible as follows:	-	-	-
< 15 year olds	19,381	1,577,376	24,732
16-64 year olds 353.759	184,248	7,357,822	169,511
> 65 year olds 169.670	105,183	1,793,704	64,487
Disaggregate by ethnicity	n/a	n/a	n/a
Disaggregate by type/severity of disability[2]:	Heart, blood or circulation problems = 35.2% Legs or feet = 11.3% Stomach, liver or digestive problems = 10.9%	n/a	Heart/blood or circulation problems = 26.8% Legs or feet = 11.9% Chest or breathing problems = 11.7%
Is there information on the size of the	n/a	n/a	n/a

[1] National Strategy for the Special Protection and Social Integration of Disabled People in Romania

[2] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

household where they live?			
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[3]	**16-24 years** Considerably restricted = 0.7% [arms/legs/back = 0% see/hear/speech/skin = 5.2% chest/heart/stomach/diabetes = 10.8% epilepsy mental = 66.3% other = 17.7%] To some extent restricted = 0.7% [arms/legs/back = 3.9% see/hear/speech/skin = 4.4% chest/heart/stomach/diabetes = 61.9% epilepsy mental = 29.9% other = 0%] Not restricted = 98.6% **25-54 years** Considerably restricted = 2.2% [arms/legs/back = 22% see/hear/speech/skin = 9.2% chest/heart/stomach/diabetes = 39.8% epilepsy mental = 20.4% other = 8.6%]	n/a	**16-24 years** Considerably restricted = 0.9% [arms/legs/back = 11.9% see/hear/speech/skin = 3.5% chest/heart/stomach/diabetes = 0% epilepsy mental = 82.9% other = 1.7%] To some extent restricted = 0.2% [arms/legs/back = 0% see/hear/speech/skin = 34.2% chest/heart/stomach/diabetes = 65.8% epilepsy mental = 0% other = 0%] Not restricted = 98.9% **25-54 years** Considerably restricted = 1.9% [arms/legs/back = 29.4% see/hear/speech/skin = 4.6% chest/heart/stomach/diabetes = 35.9% epilepsy mental = 18.3% other = 11.8%]

[3] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the EU-SILC.

	To some extent restricted = 2.9% [arms/legs/back = 22% see/hear/speech/skin = 4.7% chest/heart/stomach/diabetes = 61.8% epilepsy mental = 8.2% other = 3.3%] Not restricted = 95% **55-64 years** Considerably restricted = 5.1% [arms/legs/back = 24.8% See/hear/speech/skin = 5% Chest/heart/stomach/diabetes = 55.1% Epilepsy/mental = 5.3% Other = 9.8%] To some extent restricted = 7% [arms/legs/back – 19.1% See/hear/speech/skin = 1.8% Chest/heart/stomach/diabetes = 74.1% Epilepsy/mental = 3.5% Other = 16.5%] Not restricted = 87.8%		To some extent restricted = 1.7% [arms/legs/back = 25.2% see/hear/speech/skin = 7.6% chest/heart/stomach/diabetes = 53.7% epilepsy mental = 8.5% other =5%] Not restricted = 96.4% **55-64 years** Considerably restricted = 4.7% [arms/legs/back = 25.7% see/hear/speech/skin = 8.7% chest/heart/stomach/diabetes = 52.9% epilepsy mental = 2.3% other = 10.3%] To some extent restricted = 6% [arms/legs/back = 17.5% see/hear/speech/skin = 1.9% chest/heart/stomach/diabetes = 73% epilepsy mental = 5.9% other =1.7%] Not restricted = 89.2%

(Source: National Authority for Disabled Persons – Protection of Disabled Persons 31.12.2007)

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

	Women with disabilities	Non-disabled women	Men with disabilities
Employment rates	n/a	52.8%[4]	n/a
Unemployment rates	n/a	5.4 (3.7)%	n/a
Long-term unemployment rates	n/a	50.1%	n/a
Inactivity rates	n/a	n/a	n/a
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[5] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

There have been 1,027 disabled people employed in 2007 in Romania.

The number of persons employed was of 21,906 on 31 December 2007, compared to 16,225 on 31 December 2006, of which 2,431 are people with severe disabilities and 16,707 are people with significant disabilities.[6]

Strategic National Report Regarding Social Protection and Social Inclusion 2008-2010 foresees the number of measures focusing on increasing the levels of employment for disabled people. It includes developing instruments helping to assess the professional skills of disabled people, developing social services focusing on integration of people into the labour market and providing training for people working in the field.[7]

Within the existing legal framework there are no specific provisions related to women with disabilities. The legal framework is addressing discrimination with regard to employment of all women and discrimination of all disabled persons.

[4] National Institute of Statistics - Employment and Unemployment in 2007

[5] World Bank, MoLFEO, NIS - Romania Poverty Assessment Report, nov. 2007; Poverty threshold was established at 300 ROL/adult (aprox. 84 euro/month), 450 ROL/family comprising 2 adults and 2 children (aprox. 125 euro/month) in Junary 2006. There is no clear statement regarding a definition of poverty in Romania, although it is generally accepted the EU definition.

[6] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf

[7] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf

Law no. 76/2002 regarding unemployment insurance system and employment promotion is establishing the overall system, including Active Labour Market Policies. There are provisions regarding activation programmes for disabled persons, including financial support for workplace adjustments.

The key bodies are National Authority for Disabled Persons and National Agency for Employment of the Labour Force.

According to the report *Rights of People with Intellectual Disabilities: Access to Education and Employment* prepared by Open Society Institute, Companies that have a 30 per cent or higher level of employees with disabilities are eligible for various benefits, including tax exemptions. Legislation provides for the Government to pay the salary of employees with disabilities, but only for 18 months, after which the employer is under no obligation to retain the employee.[8]

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
16-64 year olds: (data is only available disaggregated by age)[9]	16-19 years = 70.4% 20-24 years = 29.6% 25-49 years = 1.5% 50-64 years = 0%		16-19 years = 68.3% 20-24 years = 25.5% 25-49 years = 1.7% 50-64 years = 0.1%
Participation rates in general education		n/a	
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[10]: Low = ISCED 1 + 2 Med = ISCED 3 + 4	**25-54 years** Considerably restricted: low = 46.6%; med = 50%; high =	n/a	**25-54 years** Considerably restricted: low = 31.2%; med = 65.7%; high =

[8] Open Society Institute (2005), *Rights of People with Intellectual Disabilities: Access to Education and Employment*, Romania.

[9] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EH-SILC.

[10] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EH-SILC.

High = ISCED 5	3.5% To some extent restricted: low = 34.5%; med = 62.8%; high = 2.7% Not restricted: low = 25.4%; med = 64.2%; high = 10.4% **55-64 years** Considerably restricted: low = 67.4%; med = 29.3%; high = 3.3% To some extent restricted: low = 66.7%; med = 29.2%; high = 4.1% Not restricted: low = 71.3%; med = 22.8%; high = 20.7%		3.2% To some extent restricted: low = 22.4%; med = 72.3%; high = 5.3% Not restricted: low = 16.1%; med = 72.7%; high = 11.2% **55-64 years** Considerably restricted: low = 56.5%; med = 37.2%; high = 6.3% To some extent restricted: low = 46.1%; med = 48.1%; high = 5.7% Not restricted: low = 51.7%; med = 37.5%; high = 10.8%
Number and type of specialist schools (i.e. level, for which target groups)[11]	a) 22.812 Children with mental disabilities in specialist schools, as follows: - 1.005 in pre-schools - 15.519 in primary schools - 6.288 in vocational schools b) 946 Children with moving disabilities in specialist schools, as follows: - 33 in pre-schools - 576 in primary schools - 218 in vocational schools - 119 in high schools c) 1.685 Children with sight seeing disabilities in specialist schools, as follows: - 133 in pre-schools - 837 in primary schools - 198 in vocational schools - 291 in high schools - 206 in post secondary schools d) 2.879 Children with hearing disabilities in specialist schools, as follows: - 330 in pre-schools - 1.493 in primary schools		

[11] Ministry of Education and Research - "Situație statistică privind şcolarizarea copiilor cu deficiențe în anul şcolar 2004-2005 - Copii/elevi cu deficiențe mentale; copii/elevi cu deficiențe motorii/neuromotorii; copii/elevi cu deficiențe de văz; copii/elevi cu deficiențe de auz"; no recent data were provided to the public

	- 778 in vocational schools - 258 in high schools - 20 in post secondary schools

Legislation and policies to recognise the right of disabled persons to education

A very important legislative framework in this field is the Law 448/2006 on protection and promotion of the rights of the persons with a handicap. The main relevant provisions are as follows:

Art. 71 – (1) Any person with handicap who wishes to integrate or to re-integrate into the working process has free access to professional assessment and direction, regardless of age, degree and type of disability. (2) The person with handicap has an active participation in the process of professional assessment and direction, has access to information and to the activity selection, in accordance with his/her wishes and skills.

Art. 72 – (1) Benefits from professional direction, by case, the person with handicap who is schooling and has the proper age for professional integration, the unemployed person, the person with no professional experience and the person who needs professional re-conversion.

Art. 17 - "In order to ensure the access of the persons with disability handicap to the education units, the public authorities have the obligation to adopt the following specific measures:

a) to promote and to ensure the access to education and professional training for the persons with disability;
b) to ensure home schooling/education for the persons with disability not able to walk during the compulsory schooling, also the school training, regardless of the location of the person with handicap, included by the support teachers;
c) to ensure the access to the long-life education, adapted to the educational needs of the persons with disability;
d) to support the co-operation between the special education units and the community, in order to ensure an educational offer suitable for the individual needs of the persons with handicap;
e) to support the training of the teachers in order to adapt the educational practice for the pupil with disability from the regular education forms;
f) to ensure the possibility of the sport practice by every person with handicap, also to ensure the training of the teachers in order to assimilate specific techniques and medical data;
g) to ensure educational support services for the persons with handicap and their families, by specialists in the special psycho-pedagogical field;
h) to ensure the access into the educational units and institutions.

The Access to education is guaranteed to all children and young people, disregarding the social and ethnic origin, sex or religion. The Constitution states the open character of education and guarantees the access of each citizen to all levels and forms of education and the possibility to pass from one type of school to another.

Special attention has been given to the improvement of the situation of **children with physical and mental disabilities**. As a matter of fact, the protection of children with special needs has been one of the priorities of the first years after 1990, the Government continuing to show a special concern in this respect. For this purpose, in 1991, the Government created a specialized organisation, headed by a Secretary of state - The State Secretariat for Disabled Persons - that develops special policies in the field and coordinates the activity of all institutions providing for children with special needs. Over and above the emergency measures taken during the first years with regard to food and care provision there has been a substantial interest for special education which has been added. The number of educators and care personnel has been increased and the educational methods and means have been diversified and their quality improved.

At national level, **inclusive education** constitutes a priority. Its aim is to integrate disabled children into the regular education system; develop a network of recuperation and rehabilitation centres in order to ensure

that all disabled children have access to these centres and to an individual programme of recuperation and social integration; to increase the number of disabled children protected through adoption or entrusting/foster care; and develop a network of day-work centres.

In order to attain these objectives a series of policies concerning the totality of factors that contribute to their achievement, based on the Law of Education and the Regulations for the Organisation and Functioning of Special Education have been developed. These laws stipulate the rights of disabled children of pre-school and school age with regard to their access to education in normal or special conditions. The main objective is to guarantee a decent life for disabled children and their integration in the regular forms of education. As a consequence of this strategy, during the year 1999, the process of decentralisation, through transferring the child- protection residential institutions ('cradles' and children homes) from the Ministry of Health and the Ministry of Education and Research to specialized public offices at county level, has been finalized by offering them the instruments for accomplishing their new obligations according to the new legislation, and ensuring an efficient management of resources at county level.

Once this transfer closed, another priority emerged: the reorganization of these institutions and their changing into **placement centres**, having as their main task the child protection and care in an environment as close as possible to the family one, moving on from too accentuated medical and educational characteristics that dominated them before.

The reform of the child-care institutions implies great difficulties, especially in the case of the big units, with more than 200 children, and of the counties where the decentralized units of the aforementioned ministries are less collaborative. In fact, there is a strong opposition on the part of the teaching personnel with regard to their detachment from the administration of the Ministry of Education and Research.

Special attention is given to children with special needs, from these units. Children with special needs are identified from the cradle, and transferred to child-care and education institutions. Children with disabilities that have recuperated as well as those with recoverable disabilities, living under the family or under public care, have the possibility of continuing their studies both in special and regular vocational schools, high schools and post secondary schools. During each level of care, the child can be given back to the family, if the family presents the necessary conditions for child care and education, or, according to the legal provisions, the child can be adopted or placed in a foster family.

The institutionalized system of protection is crossing a moment of profound institutional reform that aims at: ensuring a gradual approach between special schooling for disabled children and normal school; progressive improvement of life and education conditions in child-care institutions; opening of the residential institutions to the community and interaction of orphan/abandoned/disabled children with other children of the same age.

The reform of the institutionalized care system was followed by the development of the **policies of de-institutionalization** for children living in child-care institutions. This process aims to prevent both children's admission to and retention in state institutions, by finding an alternative so that these children can be raised in a family or community environment. This policy is based on the premise that families provide the optimal environment for child development and for those children who cannot be placed in families, an environment as close as possible to the family one, must be created for them. For this purpose, within the child-care institutions placement centres have been created. This policy developed in response to the public reaction with regard to the conditions existing in the 'cradles' and hospital-homes during the first years after 1990, but also due to the governing costs of placing children in residential institutions. For instance, the costs of the alternatives to placement centres represent less than half of the sums required for raising children in these centres.

In the context of de-institutionalization, there have been a series of measures initiated by schools, inspectorates and Ministry of Education and Research in order to support **inclusive education**.

Here are some examples: participation of some groups of pre-school children, classes, groups of pupils from special institutions in common activities together with children from regular kindergartens and schools

(drawing classes, physical education, practical activities, circles and cultural and sports competitions); adjustment of the teaching process from some of the special schools (for the partially blind, partially deaf and motor-disabled children) to the curriculum of the regular schools; sustaining admission and capacity examinations in equal conditions, giving to disabled children the feeling of being treated in a non-discriminative way; training some of the disabled children within regular vocational schools, groups and centres; doing practical activities together, with no differences; functioning of special classes and groups (with special programmes) within regular kindergartens; enrolling, where possible, children from special schools in regular schools. In order to support the inclusion activities, Romanian legislation defined new teaching positions, adequate to the field of integration: support-schoolmaster, support-teacher, teacher of special education; psycho-diagnostician; psychologist schoolteacher.

At the first stage, educational policies aimed to restructure the old system of education. It is appreciated that this process has closed with the finalisation of the curriculum, management and administration, teacher training system reform, and the development of decentralisation. On the newly created basis, the education reform can focus on new objectives emerging from the new social and political realities.

- No special key national initiatives targeted specifically at disabled women and girls were identified.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention?

- The concept of equalizing the chances (creating equal chances) is the process through which different social and environmental systems (infrastructure, services, informational activities, documentaries) become accessible to everyone and especially to disabled people.
- The concept of support services refers to those services that insure the independence of the disabled person in their day-to-day life, as well as the exercising of his/her rights (assistance mechanisms, interpretation services, personal assistant, community-care services, psycho-pedagogical and special assistance services for the children with deficiencies integrated in the public school).

At present, the problem of accessibility in Romania, with particular reference to the physical environment, is treated in:

- Law no. 519/2002 for approving Emergency Ordinance no. 102/1999 on the special protection and employment of people with disabilities (Articles 11 to 17);
- Norms on adapting civil buildings and the related urban space to the requirements of disabled people – code: NP 051/2001, drafted by IPCT SA and approved by the Ministry of Public Works, Transport and Housing (2001).

There are no specific provisions addressing the needs of women with disabilities.

So far, no more than 20% of the physical environment[12] in the cities has been made accessible to disabled people, while in rural areas there is virtually no access, means of transport, or information and communication support for disabled people.

There is no training school for guide dogs for
the blind or visually impaired, or a policy of the authorities to obtain guide dogs from abroad.

The main objective defined in the Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 related to the support for disabled people is the creation and development of the community social services system, which should support the disabled people who are not in institutions, allowing them to live their own lives as independently as possible with aid of a support network.[13]

Quantitative data: specific data was not identified.

	Disabled adults under the care of the family or living on their own	**Disabled adults assisted in residential institutions**	**TOTAL**
2006	415,802	17,131	432,933
2007	493,910	16,736	510,646

Source: National Authority for Disabled Persons[14]

[12] Government Decision No.1175/2005. The most recent Monitoring Report performed by NAPD within 334 public institutions do not present about the overall situation, although is mentioning that 71 instituions are complying with the regulations, 111 do not comply entirely, 133 had "projects" approved and 9 institutions had various legal problems with the property rights of the buildings.

[13] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf

[14] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

The legal framework in Romania does not make special provisions for girls and women with disabilities.

Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010, mention the programme "Development of alternative services for children with disabilities/handicap/AIDS" which was implemented in Romania in 2007. The programme supported the recruitment and training of professional child care assistants.[15]

During the period 29 November 2005 – 29 October 2007, the Phare project 2003/005-551.01.04 "Supporting the reform of the system for disabled persons protection" was carried out. The total value of the financing scheme was of EUR 21,355,195.74 and the co-financing of Romania was of EUR 4,079,093. Within the grant scheme, at the end of 2005, 36 financing agreements were signed, having as beneficiaries 20 county councils and 3rd Sector Local Council – Bucharest. Upon project completion, 78 new services were established (protected homes (45), centres of integration by occupational therapy (5), care and assistance centres (13), neuropsychic recovery and rehabilitation centres (10), day centres (4), "respiro" centres (1)).[16]

National Strategy for Health and Long-Term Care Services includes number of provisions related to the development of long-term care services which are mainly targeting older and disabled people.[17]

Based on the social, psychical and medical assessments, the disabled person is entitled to a personal nurse who must monitor the implementation of the customised services plan recommended to the disabled person. If the person with a severe or accentuated disability does not have any home and does not gain incomes equal at least with the national average salary may be entitled to receive the care of a professional personal social worker. The services provided by the professional social worker must comply with the compulsory minimum quality standards.[18]

Quantitative data: No data available

[15] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf
[16] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf
[17] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf
[18] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?			
Qualitative data: There are no specific legal provisions for women with disabilities or specific data. Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 includes the aim of improving the standard of living for various vulnerable groups including disabled people.[19]			
Quantitative Data Please provide comparative data (for non-disabled women and men with disabilities) if available			
	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	73.09%	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

[19] Strategic National Report Regarding Social Protection and Social Inclusion 2008 – 2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

There are no specific legal provisions for women with disabilities.

There are relatively few hearing devices available for hearing impaired persons and their acquisition is only supported by the efforts made by their families. Sign language is often implemented at random in schools, and it is predominantly replaced with writing on the blackboard, which is pedagogically incorrect, there is no order issued by the Ministry of Education imposing the use of sign language. This communication code is absent in public institutions. Only the second channel of public television broadcasts some news bulletins translated into sign language.

Optical devices are again acquired by people with partial visual impairments with their own financial means, since there is no act or norm regulating the reimbursement of this type of expense. Schools are only partially equipped with magnifying glasses, and there are few CCTV systems. Contact lenses are considered more as a luxury than as auxiliary materials with a compensatory value. Large print books are edited on the schools' PCs.

Schools for visually impaired have been recently equipped with electronic Braille embossers that are sufficient to meet their needs. There is also a double-sided Braille embossing unit based on an electromechanical system, and an electric single-sided embosser at the Central Council of the Association of the Blind.

A single branch for visually impaired persons has been open at the Metropolitan Library in Bucharest, while county libraries in Cluj, Tulcea and Satu Mare have started acquiring audio books in order to be able to eventually set up a special section. In 1992, in compliance with the UN Standard Rules, the Romanian Broadcasting Society initiated an information programme on the life and concerns of visually impaired people, fulfilling the role of a spoken newspaper. There are no electronic voice programmes in the Romanian language made in Romania, which would therefore be affordable. Braille editors for PCs are extremely expensive, and they are only made in Western countries. The self-description system of documentaries is not being used either.

There are no Internet connection facilities for disabled users confined to their homes by their physical disabilities, visual impairments or associated disabilities.

Currently there are few community services for disabled adults, most of them having been created via the initiative of local NGOs, with support from international NGOs. The disadvantage of services managed by NGOs is their financial insecurity in the medium term. There is an inequality in the financing of governmental services and the financing of NGO-managed services. The state can finance NGOs providing social services according to Law no. 34/1998. The maximum amount is ROL 600,000/month per beneficiary (EUR 16), but the amount is insufficient. In 2001, ANPH launched a project financing programme, which allows NGOs to apply for financing for the establishment and development of community services. The implementation of the provisions of Ordinance no. 68 of 28 August 2003 on social services is meant to reduce the financing discrepancies and to encourage the competitive development of the services supplied by NGOs. There are also initiatives concerning the establishment of a national

organisation (federation) of service suppliers for disabled people.

The development of community services for adults with disabilities has been uneven around the country. There are areas where a network of community services has been developed. They include residential services (homes for groups and protected homes), employment services, respite care services, counselling services, advocacy and self-advocacy, community support, as well as recreational services. There are other areas in the country, however, where community services are completely non-existent.

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

There is no relevant legislation.

- Levels/rates of those suffering abuse (related to their age)

There is no special law which to ensure the personal integrity of disabled people. Law no. 217/2003 on the prevention and combating of domestic violence contains no special provisions for this social category. There are few reports containing any data on the abuse and violence perpetrated against disabled people, and few programmes run by non-governmental organisations along these lines.

No specific data were identified.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

No specific data was identified.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

The National Agency for employment of the Labour Force is operating in 8 Centers for professional guidance for disabled persons.
Social assistance institutions coordinated by the National Authority for Disabled Persons, on December 31, 2007:
274 Residential centers
- 97 Care and assistance centres
- 17 Integration centres for occupational therapy
- 1 Disabled persons recovery and rehabilitation pilot centres
- 44 Neuropsychiatric recovery and rehabilitation centres
- 34 Disabled persons recovery and rehabilitation centres
- 72 Shelter houses
- 5 Respite care centre
- 2 Crisis centres
- 2 Training centres for living an independent life

50 Day care non-residential centers
- 12 Day centres
- 1 Centres with occupational character
- 34 Centres for ambulatory neuro-motor rehabilitation services
- 1 Mobile team
- 1 Psychic-social counselling centres for the persons with handicap
- 1 Recovery and social inclusion centres – neurological recovery

To the total of **324 institutions** are added the 9 institutions to be fit up before opening

Family life

There is no special law dedicated to family life in Romania. There are, however, legal provisions that have direct effects on family life. Under Art. 26(1), the Romanian Constitution stipulates: “Public authorities respect and protect private, personal and family life.”

The Family Code lays down the legal framework for marriage. According to that Code, people with intellectual disabilities or people who are not in full possession of their mental faculties are not allowed to marry. The same law provides for the possibility of disabled people being deprived of their legal rights upon a parent’s or a legal guardian’s request. On the other hand, however, people with disabilities have the same rights as all other people, according to Ordinance no. 137/2000, including the right to get married and to have a family.

Disabled persons with children have the same rights and duties like any other person. In the case of parents with mental disorders or severe disabilities, County Directorates for Child Protection usually take appropriate measures to protect the children. Unfortunately, this involves removing the children from their families, and placing them with a maternal assistant or in a placement centre. A network of services providing support to families in their homes, which could help them keep their children in the family, has not been created yet. There are no training courses for disabled parents which should enable them to look after

their children, overcoming their disability. There are also few courses on sexual education or contraception adapted to the needs of disabled people. Such courses have only been organised by some non-governmental organisations.

There are currently programmes to support parents of disabled children initiated by non-governmental organisations, sometimes in partnership with local authorities. They include training courses meant to help parents raise and contribute to the development of their children, day care centres, respite centres or counselling centres. Moreover, disabled children benefit from a double maintenance allowance and are entitled to a personal assistant, who is paid according to the severity of the child's disability. The right of the child to have a family is also supported financially by the granting of an additional allowance for maternal assistants who have disabled children in their care.

As far as adults are concerned, the number of day care centres, respite centres or counselling centres, of community services supporting the family, in general, is much more limited. This is due, on the one hand, to the more restricted number of non-governmental organisations working in the field than those working with children. The cause could be financing. It is much easier to obtain financing for children than for adults. On the other hand, reform in the domain of child protection, which also included children with disabilities, started long before reform in the domain of protection of adult persons with disabilities, and the funds allocated were considerably higher in the former case.

The problem is not necessarily legislative in nature. According to Law no. 519/2002, Art.19(e), for instance, disabled people should be granted priority access to social housing. Providing social housing is the responsibility of the mayor's offices, but they are currently confronted with major difficulties generated by the lack of financial resources, so they cannot make any social housing available. There is a very limited number of non-governmental organisations running programmes whereby they make protected housing available to disabled people, but these NGOs have limited funds for their maintenance. There is a hope, however, that things may improve following the establishment of partnerships between non-governmental organisations and local authorities, whereby authorities should co-finance or provide full financing for the services provided by non-governmental organisations to disabled people. The process has already started and there are chances for this collaboration to become effective, which would mean a substantial improvement in the quality of life of disabled people.

Breaking news:

Conference: "The UN Convention on the Rights of the Persons with Disabilities" in Romania.[20]
Date: 22-23 September 2008; Place: Timisoara; Country: Romania
What is the UN Convention on the Rights of the Persons with Disabilities? How can we use the Convention to promote community living for persons with disabilities? Does Romania need to modify its legislation, in order to embed the preventions of the Convention? Or does the legislation in power respect the spirit and the letter of the Convention? "Pentru Voi" Foundation invites you to try to find together the answers to these questions at the national conference "The UN Convention on the Rights of the Persons with Disabilities in Romania ", which will take place this autumn, with the financial support of the Open Society Institute Mental Health Initiative, Budapest.

[20] http://www.pentruvoi.ro/index_en.htm

Country fiche: Slovak Republic

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

There is no separate law addressing disability issues in the Slovak Republic. The main obligations are included in the following legislation:

The Constitution of the Slovak Republic (No. 460/1992 Coll.) lays down the scope of guaranteed fundamental rights including the rights of people with disabilities. Currently, along with the fundamental rights, it guarantees to people with disabilities (Article 38):

- an enhanced protection of their health at work as well as special working conditions,
- special protection in labour relations as well as assistance in vocational training.

The Act on Equal Treatment in Certain Areas and Protection against Discrimination (so-called Anti-discrimination Act No. 365/2004 Coll., in force since July 1, 2004). This act prohibits discrimination on the grounds of: sex, religion or belief, nationality or ethnicity, **disability**, age, sexual orientation, marital and family status, race, language, political opinion, national or social origin, property, gender or other status. Discrimination on all the above mentioned grounds is prohibited in employment area and other similar legal relations, as well as in social security, healthcare, provision of goods and services and in education.

The Labour Code – stipulates the right to work and the free choice of career, as well as fair and satisfactory working conditions and protection against unemployment without any sort of restriction or discrimination on the ground **of state of health.**

The Act on Employment Services (No. 5/2004 Coll.) sets up a legislation framework for the promotion of disabled people's employment, e.g. quota system, sheltered employment, self-employment and vocational training. Pursuant of the Act on Employment Services, people with disabilities are considered as a disadvantaged group which requires special treatment in employment promotion.

The Act on Social Assistance (No.195/1998 Coll.) regulates the legal relations relating to the provision of social assistance aimed at alleviation of or overcoming the social destitution of citizens, and especially of citizens with severe disabilities and guarantees the equal rights provided for by this act.

The Act on Social Insurance (No. 461/2003 Coll.) is the basic law in the area of the state social security scheme. This law stipulates social insurance (including disability insurance), regulates the scope of social insurance, its funding, state supervision over performance of social insurance, as well as proceeding in matters of social insurance. Pursuant in this law, recipients shall have rights in relation to social insurance in compliance with the principle of equal treatment in social security.

The Act on Civil Engineering (No. 50/1976 Coll.) and Regulation on General Technical Conditions

(No.532/2002 Coll.) set up the general technical conditions and standards for buildings used by persons with limited ability for movement and orientation.

The Schools Act (No.245/2008 Coll.) and several executive regulations (No. 212/1991 Coll., No.229/2000 Coll. No. 131/2002 Coll.) determine the rights to education for all with the aid of adequate methods, facilities, tools and stipulate conditions for education and training of pupils and students with special educational needs.

The legislation is enforced by the policies and measures covered by the following strategic documents:
The National Programme of Improving Living Conditions of Persons with Disabilities
The National Action plan for Social Inclusion
The National Reform Programme
The National Action plan to Prevent and Eliminate Violence Committed against Women for the years 2005-2008

- **The Ministry of Labour, Social Affairs and Family of the Slovak Republic** is responsible for disability issues in general including issues for women with disabilities. Within the ministry, the following departments and divisions are relevant to this area: Department of gender equality, Division of labour, Division of social and family policy, Division of social insurance and pension savings,
- **The Government Council of the Slovak Republic on Disability Affairs** is a government body dealing with disability matters and supporting rights of both disabled men and disabled women.
- **The dedicated focal point for matters relating to the implementation of the UN Convention** is the **Ministry of Labour, Social Affairs and Family** of the Slovak Republic.
- The **Ministry of Labour, Social Affairs and Family** along with Deputy Prime Minister of the Government of the Slovak Republic for Knowledge-Based Society, European Affairs, Human Rights and Minorities and other ministries are currently checking the compliance the Slovak legislation with convention's obligations in order to prepare ratification of the Convention.

Promotion and monitoring of the Convention is affected by the actions of the following organisations and institutions:

The Public Defender of Rights (Ombudsman) – is an independent body that protects since 2002 fundamental rights and freedoms of natural persons and legal entities with respect to the activities, decision-making or inactivity of public administration bodies if such activities, decision-making or inactivity is in conflict with the legal order or the principles of the democratic state and the rules of law.

The Governmental Council of the Slovak Republic on Disability Affairs (2001) is an advisory body of the Slovak government on disability issues. The Council monitors activities of ministries and other public authorities relating to improving living conditions of people with disabilities. The domicile of the Council is the Ministry of Labour, Social Affairs and Family of the Slovak Republic and the chairman of the council is the Minister of Labour, Social Affairs and Family.

The National Council of People with Disabilities of the Slovak Republic (2003) is a non-governmental body that enforces and promotes interests and requirements of people with disabilities in all areas of civil life.

Alliance of Organizations of Disabled People in Slovakia – is a non-governmental organization for the

promotion of the rights and interests of disabled people. Main mission of the alliance is to monitor situation of disabled people, provide counselling and mediation services and exchange information among organizations of disabled people.

The Slovak Parliamentary Committee on Human Rights, Minorities and the Status of Women deals with draft laws, international agreements and government programs from the point of their conformity with human rights. Committee pays special attention to gender equality issues.

The Slovak Parliamentary Committee on Social Affairs and Housing deals with draft laws in the field of social affairs.

The Government Council on Gender Equality (2007) is an advisory, co-ordinating and initiative body of the Government of the Slovak Republic on gender equality issues. The domicile of the Council is the Ministry of Labour, Social Affairs and Family of the Slovak Republic and the chairmen of Council is the Minister of Labour, Social Affairs and Family of the Slovak Republic.

The Slovak National Centre for Human Rights (1994) is an independent legal person that performs tasks in the area of promotion and protection human rights and basic freedoms, including the rights of children as well as promoting equal treatment and combating all forms of discrimination. The Centre monitors and evaluates respect for human rights and the principle of equal treatment, collects and disseminates information in this field. The Centre publishes the annual report on respect for human rights in Slovakia.

There are a number of institutional platforms for involving women with disabilities into the processes of promoting, protecting and monitoring the Convention e.g.:
The Government Council of the Slovak Republic on Disability Affairs
The Government Council on Gender Equality
The National Council of People with Disabilities of the Slovak Republic
Alliance of Organizations of Disabled People in Slovakia

In Slovakia there is no organization that would cover disabled women. Disabled women may associate themselves within disabled people's organizations that support the rights of both men and women. On the contrary, female organizations fight for the rights of both healthy and disabled women. The National Council of Disabled Citizens is currently striving for attention being paid particularly to this group of women as they are being multifactorally disadvantaged and thereby increasingly becoming subject to exclusion from the society[1].

Research data collected in relation to the Convention (explicitly and implicitly)
Reports and case studies of the Slovak National Centre for Human Rights (www.snslp.sk):

- *Annual report on observance of human rights in the Slovak Republic in the year 2007 (part 4,2 Rights of People with Disabilities)*
- *Monitoring on observance of human rights and equal treatment in the year 2006*
- *Monitoring on observance of children rights in the year 2006*
- *Report of representative survey on perceiving human rights and equal treatment principle by adult population in the Slovak Republic*

[1] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

- *Discrimination of person with disabilities (case study)*

Studies of the National Council of People with Disabilities of the Slovak Republic (www.nrozp.sk):

- *Regional policy-making in regard to requirements of people with disabilities (2007)*
- *Participation of people with disabilities in policy-making at the local and regional level (2007)*
- *Employment barriers and difficulties of people with disabilities (2006)*
- *Equal opportunities of people with disabilities and social partnerships for monitoring and elimination barriers of discrimination in the labour market (2006)*

Research studies of Institute for Labour and Family Research (www.sspr.gov.sk):

- *Living conditions of families with disabled member (2006)*
- *Blind and Partially Sighted People in the Labour Market and their Access to Lifelong Learning (2006)*
- *Public Employment Services and Persons with Disabilities/with Visual Impairments* (2007)
- *Social protection of persons with disabilities after systemic changes of social policy (2007)*
- *Persons with Disabilities/with Visual Impairments in the Light of Employer's Attitudes* (2007)

Public expenditures on disabled people at national level in the Slovak Republic do not distinguish the gender of people with disabilities. Statistical Office of the Slovak Republic publishes the following information:

- Number of disbursed disability pensions
- Average amount of disability pension
- Total expenditure on disability pensions

Legislation specifically addressing disabled women - disabled women are not treated as separate group in the legislation in the Slovak Republic.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

According to the Social Insurance Act (No. 461/2003 Coll.) a person is disabled, if his/her ability to perform gainful activity has been reduced due to his/her long-lasting adverse state of health by more than 40 % compared to non-disabled person. A long-lasting adverse state of health is a state of health resulting in the reduction of the ability to perform gainful activities and according to the medical assessment is expected to last more than one year.

The Social Assistance Act (No.195/1998 Coll.) defines a "functional impairment, and "severe disability" in order to determine the compensation of the social impact of severe disability. The functional impairment is a lack of physical abilities, sensory abilities or mental abilities of a person exceeding, from the point of view of the disability prognosis, one year. Person with severe disability is a person with the level of functional impairment at least 50%.

The Act on Employment Services (No.5/2004 Coll.) recognises a disabled person and disadvantaged job applicant. A disabled person is a person who is officially acknowledged as disabled according to the Social Insurance Act. A disadvantaged job applicant for the purposes of the Act on Employment Services is a person who is disabled and a person whose ability to perform the gainful activities has been reduced at least by 20% and no more than by 40%.

Quantitative data			
	Women with Disabilities	**Non disabled women**	**Men with disabilities**
Size of population	There are 150,8 thousands women with disabilities of working age in the Slovak Republic (*Source: LFS Ad hoc module on health problem and disability, 2 Q 2002, In: Social Trends in the Slovak Republic , Statistics Office of the Slovak Republic, 2003)*[1] There are also administrative data at the Centre for Labour, Social Affairs and Family with the number of people recognized to be severely disabled. According to these data, there were (as of April 2006) 202 812 girls and women with disabilities in the Slovak Republic [2]. (*In: Repkova, K., Disability in the mosaic of research facts, findings and documents. Institute for Labour and Family Research, Bratislava, 2007.www.sspr.gov.sk)*		There are 146,0 thousands men with disabilities of working age in the Slovak Republic (*Source: LFS Ad hoc module on health problem and disability, 2 Q 2002, In: Social Trends in the Slovak Republic , Statistics Office of the Slovak Republic, 2003)* There are also administrative data at the Centre for Labour, Social Affairs and Family with the number of people recognized to be severely disabled. According to these data there were (as of April 2006) 146 493 boys and men with disabilities in the Slovak Republic. *(In: Repkova, K., Disability in the mosaic of research facts, findings and documents. Institute for Labour and Family Research, Bratislava 2007.www.sspr.gov.sk)*
% of total population	4% of the total working age population according data of LFS ad hoc module on health problems and disability		3,9% of the total working age population according data of LFS ad hoc module on health problems and disability
% of female population	n/a		n/a
Disaggregate by age if possible as follows:	n/a		n/a
< 15 year olds	n/a		n/a
16-64 year olds[3]	8.2% of the total population		8.1% of the total population

[1] According to methodology of the „Ad hoc module on health problems and disability“, a person with long-standing health problem is a person with health problems or disability that last six months or longer.

[2] Person with severe disability is a person with the level of functional impairment at least 50%.

[3] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

> 65 year olds	n/a		n/a
Disaggregate by ethnicity	n/a		n/a
Disaggregate by type/severity of disability	See table Women aged 15-64 with long-standing health problems by type of health problem below		
Is there information on the size of the household where they live?	n/a		n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)	See table below		n/a

Table Women aged 15-64 with long-standing health problems by type of health problem

	Employed (15-64)		Unemployed (15-64)		Economically inactive (15-64)	
Type of health problems	thousand	%	thousand	%	thousand	%
problems with arms and hands	0,4	0,7	0,1	0,4	4,2	2,0
problems with legs or feet	3,8	6,7	0,6	2,5	15,9	7,4
problems with bach or neck	8,5	15,2	4,2	16,7	21,9	10,1
difficulty inseeing	0,5	0,9	0,2	0,8	3,0	1,4
difficulty in hearing	0,6	1,0			1,2	0,5
speach impediment	0,4	0,6			1,3	0,6
skin conditions	1,2	2,1	0,6	2,4	1,7	0,8
cheast or breathing problems	1,6	2,9	1,7	6,7	6,2	2,9
heart, blood pressure or circul.	3,6	6,5	1,1	4,4	22,6	10,5
stomach, liver, diges. or kidney	1,9	3,4	0,7	2,6	5,5	2,5
diabetes	1,5	2,8	0,6	2,4	5,5	2,6
epilepsy	0,2	0,3			2,2	1,0
mental, nervous or emotional prob.	0,5	0,9	0,6	2,3	12,5	5,8
progressive ilness	0,9	1,6	0,2	0,6	6,2	2,9
other long-standing problems	1,1	2,0	0,5	2,0	3,0	1,4
not identified					0,1	0,1
Total	26,7	47,6	11,1	43,8	113,0	52,5

Source: LFS Ad hoc module on health problems nad disability 2 Q, 2002, Statistical Office of the Slovak Republic.

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

Tab1: Employment rate among disabled and non-disabled persons (2002)

	Persons with disabilities from entire adult disabled population	Non-disabled persons from entire adult non-disabled population
Employed persons	56 200 / 19%	2 053 000 / 56%
Unemployed persons	25 400 / 8,5%	458 800 / 13%
Economically inactive population	215 400 / 72,5%	922 600 / 27%

Tab3: Employed persons with disabilities by gender (totally)

year	2004	2005	2006	2007
men	15 700	16 000	16 300	13 900
women	12 200	10 300	15 700	12 100

Source: Labour Force Survey 2004,2005,2006,2007

(Both tables from: Repkova, K.; Hanzelova, E.; and Brichtova, L. (2007) *Report on the employment of disabled people in European countries – Slovakia*, Academic Network of European Disability experts (ANED)).

	Women with disabilities	Non disabled women	Men with disabilities
Employment rates	n/a However, there are available LFS data on the number of employed women with disabilities. There were 12,1 thousands employed women with disabilities in the 4th quarter of 2007, which represents 1,2% of total number of employed women (*Source: Labour Force*		n/a However, there are available LFS data on the number of employed men with disabilities. There were 13,9 thousands employed men with disabilities in the 4th quarter of 2007, which represents 1,0 % of total number of employed men *(Source: Labour Force Sample*

	Sample Survey Results in the Slovak Republic for the 4th quarter of 2007)		*Survey Results in the Slovak Republic for the 4th quarter of 2007)*
Unemployment rates	n/a However there are LFS data of number of unemployed women with disabilities. There were 4,6 thousands unemployed women with disabilities in the 4th quarter of 2007 , which represents 3,2% of total number of unemployed women *(Source: Labour Force Sample Survey Results in the Slovak Republic for the 4th quarter of 2007)* There are also data of number of women with disabilities who are job applicants registered within district employment offices. These data are provided by Centre for Labour, Social Affairs and Family. According to these data, there were 4 180 women job applicants with disabilities by the 31 December of 2007.*(Source: Centre for Labour, Social Affairs and Family.www.upsvar.sk)*		n/a However there are LFS data of number of unemployed men with disabilities. There were 3,7 thousands unemployed men with disabilities in the 4th quarter of 2007, which represents 2,8% of total number of unemployed men. *(Source: Labour Force Sample Survey Results in the Slovak Republic for the 4th quarter of 2007)* There are also data of number of men with disabilities who are job applicants registered within district employment offices. These data are provided by Centre for Labour, Social Affairs and Family. According to these data, there were 4 648 men job applicants with disabilities by the 31 December of 2007. *(Source: Centre for Labour, Social Affairs and Family. www.upsvar.sk)*
Long-term unemployment rates	n/a		n/a
Inactivity rates	n/a However there are LFS ad hoc module data of number of economically inactive population aged 15-64 with long-standing health problem. There were 113,0 thousands of economically inactive women with long-standing health problems aged 15-64, which represents 52,5% of total number of economically inactive population with long-standing health problems.*(Source: LFS*		n/a However there are LFS ad hoc module data of number of economically inactive population aged 15-64 with long-standing health problem. There were 102,4,0 thousands of economically inactive men with long-standing health problems aged 15-64, which represents 47,5% of total number of economically inactive population with long-standing health problems.

	ad hoc module on health problems and disability, 2 quarter 2002. In: Social Trends in the Slovak Republic, Statistical Office of the Slovak Republic 2003)		*(Source: LFS ad hoc module on health problems and disability, 2 quarter 2002. In: Social Trends in the Slovak Republic, Statistical Office of the Slovak Republic 2003)*
Part-time work rates	n/a		n/a
Self-employment rates	n/a		n/a
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a There are two concepts of measuring poverty line in the Slovak Republic. First concept is based on the Eurostat methodology and according to that, poverty line is defined at 60% of the median total equalized disposable income of the household. Second one is a national administrative concept based on the Law on Subsistence Minimum (No. 601/2003 Coll.). According to this law, the subsistence minimum is the income line, below which the person falls into the material destitution.		n/a

[1] Please provide the definition of 'poverty' used in your country

Qualitative data

- Economic situation of people and women with disabilities

Disabled women are faced with the biggest problems in the field of employment relationships and on the labour market. Their access to the labour market is largely limited due to the persisting prejudice against their inability and incompetence on the part of employers, even if there are state subsidies and other state contributions in support of the employment of disabled persons. A special problem is the different approach towards the remuneration of men and women. Disabled women encounter far more problems with their employment than their male counterparts. Although their school results are better, they are jeopardized by unemployment four times as much as men[1].

Since 2004 up to the present the Institute for Labour and Family Research has been conducted in cooperation with the National Council of Persons with Disabilities some analysis and surveys. The key findings[2] emerged from this research (corresponding with national statistics) are the following:

1 High level of economic inactivity of adult (15-64) population with disabilities (more than 70% in comparison to by 25% of non-disabled adult persons)

2 Significant low level of employment rate of adult disabled population (by 20% in comparison to by 60% of non-disabled adult persons

3 High percentage of unemployed and long-term unemployed persons within disabled population

4 High risk of labour market exclusion and poverty risk of people with disabilities because of being out of the regular well-paid job

5 Weak interactivity among subsystems of social protection of people with disabilities, preference of invalidity pension subsystem without utilising of further possibilities provided by e.g. accident insurance subsystem to turn back people with disabilities into labour market and paid job

6 Low level of public employment services accommodating to special needs of people with disabilities, what can produce relatively low level of utilising of public employment services by those persons (number of persons with disabilities in unemployment evidence to seek for a job has been permanently dropped down – from by 26 000 persons in 2003 to by 9 000 persons in 2007)

7 Insufficient access of people with disabilities to lifelong learning often caused by insufficient access (transport, missing of appropriate devices) to the vocational training centres

[1] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.
[2] Repkova, K.; Hanzelova, E.; and Brichtova, L. (2007) *Report on the employment of disabled people in European countries – Slovakia*, Academic Network of European Disability experts (ANED).

- **Type and quality of jobs**[1]

Employment in the open labour market and sheltered employment: There are no general statistical data relating to various employment issues of disabled population. Nevertheless, there are data acquired from a sociological survey undertaken by the Institute for Labour and Family Research focused on employment and unemployment of visually impaired people. According to these data 50.9% of visually impaired respondents worked in the open labour market and 47.0% worked in sheltered work places or sheltered workshops.

Different industries or employment sectors: PWD work often in the technical, health and social services sector and in the industrial sector as qualified or non-qualified workers. For the majority of positions they require secondary education.

Full-time or part-time work: There is evidence of full-time or part-time work of visually impaired people gained by sociological survey. According to these data, the majority (87%) of visually impaired people work in permanent employment and in full - time working regime. Nevertheless, the incidence of full-time jobs within the visually impaired working population is lower than the national average (81% against 95%). On the other hand the spread of part-time work among visually impaired people is significantly higher than the national average and oscillate around 19% (national average is 2,6%). Notably, there are no significant gender distinctions concerning part-time employment: the share of visually impaired men and women in part-time employment is practically identical (51% men and 49% women).

- Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?

  - Legislation and policies to address discrimination with regard to employment in the Slovak Republic do not distinguish between the gender of people with disabilities. General provisions for access to employment of people with disabilities including disabled women are determined in the following legislations:
    - **Constitution of the Slovak Republic (article 38)**
    - **The Act on Equal Treatment in Certain Areas and Protection against Discrimination (sections 6-8)** - - **Labour Code (article1,6,8 and sections 13 and 158-159)**
    - **Act on Employment Services (sections 8,9,14,48b,48c,49a,50a,50,50b,50c,55,55a,56a,57,57a,59)**

[1] Repkova, K.; Hanzelova, E.; and Brichtova, L. (2007) *Report on the employment of disabled people in European countries – Slovakia*, Academic Network of European Disability experts (ANED).
[2]Národná rada občanov so zdravotným postihnutím (www.nrozp.sk)
[3] Únia nevidiacich a slabozrakých Slovenska (www.unss.sk)
[4] Slovenský zväz telesne postihnutých (www.sztp.sk)

- **Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments**

Activation programmes:

- Advice support, vocational guidance, preparation for a job, skills training and skills development of people with disabilities, placement services.
- For improving employment prospects of disabled people there are six regional Centres of counselling and information within public employment services. They assess the work potential of a disabled person and provide counselling for both disabled persons and employers.

Provisions of financial support for work places* adjustment*:

- **Subsidy for employer for employing disadvantaged job applicant**- monthly grant for employer who employed persons with disabilities
- **Subsidy for employer for establishing a sheltered workshop or sheltered workplace** – is financial lump-sum grant for employer to establish sheltered workplace/s
- **Disabled persons self –employment start –up sub**sidy – is financial lump-sum grant for disabled person to establish self employment
- **Subsidy for operational costs of sheltered workshop or sheltered workplace and for transportation of employees** – is quarterly financial grant for expenses of acquiring instruments, devices, tools and protective work aids, as well as for costs arising in connection with the organisation of activities and administration of the sheltered workshop or sheltered workplace.
- **Wage subsidy for job assistance** - monthly wage grant for personal job assistant who provides assistance for disabled employee/s at work
- **Subsidy for employer to maintain disabled person in job** monthly financial grant for employer who employs at least 25% employees with disabilities on total number of employees.

NGO programmes and initiatives:

- National Council of People with Disabilities of the Slovak Republic enforces employment-supporting measures aimed at people with disabilities through initiatives in the field of employment legislation adjusting[2].
- The Slovak Blind and Partially Sighted Union (SBPSU) runs a number of practical activities focused on improving employment prospects of visually impaired people: rehabilitation courses, increasing digital competence and e-learning education programmes. Recent activities of SBPSU were aimed at developing a system of integrated training and integrated employment of people with visual impairment[3].
- The Slovak Union of Physically Disabled People offers work-related counselling and tailored ITC training programmes[4]. Several Agencies of Supported Employment run various training and work-related programmes. Presently, 43 agencies of supported employment are operating in the Slovak Republic.

- Key bodies responsible for enforcement / delivery (including state, private and third sector):
  - Ministry of Labour, Social Affairs and Family
  - Centre for Work, Social Affairs and Family
  - National Labour Inspectorate

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

	Women and girls with disabilities		Non disabled women and girls	Men and boys with disabilities	
Participation rates in general education in the school year 2005/2006	**special-needs schools and special-needs classrooms in mainstream schools**	**individual integration in common classrooms of mainstream schools**		**special-needs schools and special-needs classrooms in mainstream schools**	**individual integration in common classrooms of mainstream schools**
ISCED 0	468	360	69 803	730	532
ISCED 1	4 359	1 921	114 131	6 014	2 985
ISCED 2	5 928	2 247	167 861	8 214	4 664
ISCED 3	1 972	337	152 037	2 801	672
ISCED 4	8	3	2 288	7	2
ISCED 5B	0	3	1 903	0	4
ISCED 5A	0	NA	107 669	0	NA
ISCED 6	0	NA	4 609	0	NA
Total	12 735	4 871	620 301	17 766	8 859

	Women and girls with disabilities		Non disabled women and girls	Men and boys with disabilities	
Attainment levels in the school year 2005/2006: distribution per gender, disability type and ISCED 0-6 levels	special-needs schools and special-needs classrooms in mainstream schools	individual integration in common classrooms of mainstream schools		special-needs schools and special-needs classrooms in mainstream schools	individual integration in common classrooms of mainstream schools
ISCED 0	NA	NA	NA	NA	NA
ISCED 1	NA	NA	NA	NA	NA
ISCED 2	NA	NA	NA	NA	NA
ISCED 3	475	NA	39 578	985	NA
ISCED 4	0	NA	1 082	0	NA
ISCED 5B	0	NA	723	0	NA
ISCED 5A	0	NA	18 488	0	NA
ISCED 6	0	NA	576	0	NA
Total	475	NA	60 447	985	NA

Number and type of specialist schools (i.e. level, for which target groups)

State schools / private schools / church schools

	Total	Kindergartens	Primary schools	Special-needs primary schools	Special-needs vocational schools	Practical schools	Secondary grammar schools	Secondary technical schools	Secondary vocational schools
Disabilities	**number of special-needs schools: state / private / church**								
autism	2 / 5 / 0	1 / 2/ 0	0	1 / 3 / 0	0	0	0	0	0
mental d.	247 / 9 /8	14 / 2 /1	0	163 / 5 /4	33	37/ 2/3	0	0	0
hearing d.	23 / 0 / 2	5 / 0 / 1	5 / 0 / 1	4	2	1	1	2	3
visual d.	11	2	4	3	1	0	0	0	1
communicational d.	10 / 1 /	3	6 / 1 /	1	0	0	0	0	0
physical d.	29 / 0 / 1	3	3	8 / 0 / 1	3	4	1	4	3

behaviour al d.	42 / 1 / 1	6	15 / 1 / 0	7	9	0	0	0	5/0/1
intellectual ly gifted	1 / 1 /	0	1 / 1 /	0	0	0	0	0	0
number of mainstream schools that have special integrated classrooms (state / private / church schools) *									
autism	4 / 0 / 1	3	0	1 / 0 / 1	0	0	0	0	0
mental d.	217 / 3 /6	9 / 2 / 0	0	208 / 1 /6	0	0	0	0	0
hearing d.	0	0	0	0	0	0	0	0	0
visual d.	9	8	1	0	0	0	0	0	0
communic ational d.	5	2	3	0	0	0	0	0	0
physical d.	9 / 0 / 1	4	3	1 /0 / 1	0	0	0	1	0
learning d.	57 / 0 / 1	0	57 / 0 / 1	0	0	0	0	0	0
intellectual ly gifted	26	0	26	0	0	0	0	0	0

Source: Institute of Information and Prognosis in Education, www.uips.sk, where stated that certain data are NA, this was confirmed by Mrs Alzbeta Ferencicova, Institute of Information and Prognosis in Education.

Note:
* Apart from these, there are also individually integrated pupils in mainstream schools in common classrooms

Qualitative data:

Description of legislation and policies to recognise right of disabled persons to education

The **Constitution of the Slovak Republic** sets out the main rights concerning education. The recently passed **Schools Act** (No.245/2008 Coll., coming in force as of September 1, 2008) gives details about the network of schools (mainstream schools as well as special-needs schools), diagnostics and streaming of children with disabilities, as well as integration of children with disabilities in mainstream schools at different levels. School assistants can be employed by schools at pre-primary and primary level, incl. certain special–needs secondary schools.

The **Act on financing of primary, secondary schools and school facilities** No. 597/2003 Coll. sets out principles of the schools financing, which is mostly per-student based, taking into account higher per-student subsidies for students with special educational needs, incl. students with disabilities.

The **Antidiscrimination Act** No. 365/2004 Coll. establishes the equal treatment principle and ban on discrimination on the base of gender, disability, etc. and explicitly requires equal treatment in provision of social assistance, social welfare and insurance, state social benefits, health care, education, goods and services including housing.

Constitution of the Slovak Republic
Article 42

(1) Everyone has the right to education. School attendance is compulsory. Its period and age limit will be defined by law.

(2) Citizens have the right to free education at primary and secondary schools and, based on their abilities and society's resources, also at higher educational establishments.

(3) Schools other than state schools may be established, and instruction in them provided, only under conditions defined by law. Such schools may charge a tuition fee.

(4) A law will specify under which conditions citizens who are engaged in studies are entitled to assistance from the state.

Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education:

Network of schools in Slovakia includes mainstream schools at all levels and special-needs schools mainly for children with various disabilities, there are also several schools associated with hospitals.

Students with disabilities can also be educated in mainstream schools: either in special classes or individually integrated in common classes. Higher per-student subsidies are allocated to schools with such students and such schools can also employ teacher assistants. Most teacher assistants in Slovakia are for Roma children (this policy started originally as a NGO activity called Roma teacher assistants and only later teacher assistants for disabled children were included).

Integration of disabled students is decided after discussions with parents and the child with the school principal, a physician, psychologists, special-needs psychologists or other specialists. The final decision is taken by the school principal who is not obliged to accept such a child even though specialists confirm that integrated education is possible for the child. In practice, integration and removing existing barriers for disabled children at schools depends more on the personal attitude of the school management and parental support than on the state.

Main policy instruments:

- School assistants can be employed by schools at pre-primary and primary level, including certain special–needs secondary schools.
- School psychologists and special-needs pedagogues are employed by schools to assist in the education of disabled children.
- Higher per-student subsidies are allocated to schools with disabled/special-needs students, be it mainstream schools or special-needs schools.
- Teachers often provide certain personalised support to such students, such as individual classes, extra support, and peer group support.
- Special-needs schools and mainstream schools help such students also by overcoming physical obstacles and providing different assistive technologies.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

- The term independent living is not defined in the country legislation, nor is legally defined the commonly used term social living – e.g. municipalities use the term in their strategic development documents as living for low-income families and individuals, people with disabilities or elder people dependent on assistance.
- According to the Ministry of Employment, Social Affairs and Family, there are adequate incentives in place to support the independent living[1] of severely disabled people, where the regulation of the Ministry of Construction and Regional Development sets conditions for state subsidies to support municipalities in construction of flats to be rented to their inhabitants. According to this regulation, at least 1% of flats (but a minimum of1 flat) must meet the requirements for constructions to be used by people with limited movement. Apart from state subsidies, municipalities can also apply for a subsidised loan and grants up to 100.000 SKK per flat from the State Fund for Housing Development. For other than severely disabled people, standard flats are suitable for their independent living with assistance of another person. The Ministry also states that municipalities should be active in construction and allocation of flats to disabled people and provision of the necessary assistance so that these people live in conditions of a sheltered housing, which is also more cost-efficient than living in institutional care.

Quantitative data:

- Rates of independent living of women with disabilities, compared to men with disabilities (Please disaggregate by age group: <15, 16-64, >65)
  - No exact data available. According to a survey on a sample of 885 disabled family members aged 18 and above and living mostly (77%) in towns, the following data on living conditions were collected. The data are not representative (due to age lower limit and overrepresentation of town citizens), but provide at least an illustrative insight:

Disabled person living in:	Percent
- a family house	39.9
- an own flat	47.9
- a rented flat	10.7
- a dormitory, hostel	0.6
- other	0.9
Total	100.0

Household conditions of a disabled person:	Percent
- living alone	15.8
- living with other person	84.2
Total	100.0

[1] See document „Living conditions of some socially vulnerable and marginalized groups“, available at: http://www.rokovania.sk/appl/material.nsf/0/FE01625D7C241A69C125706E0053C3A8/$FILE/Zdroj.html

Other household members are:	Percent
- husband/wife	46.6
- dependent children	15.3
- independent children (adult)	14.8
- own parents	28.8
- own grand-parents	2.9
- other relatives	10.5
- other persons	3.5

Number of household members:	Percent
1 member	14.9
2	30.7
3	25.0
4	17.7
5	8.3
6	2.4
7	0.5
8	0.4
11	0.1
Total	100.0

Households with a disabled family member consist most frequently of 4 people, 2-member families are most common in the age group of above 60 years (of the disabled family member), on the other hand 3- and 4-member families are most common in the age groups 18-30 and 31-40 years.

There are no aggregate data for Slovakia, but a useful insight is provided in the research by Bednárik R. and Repková K. (2005) based on a sample of the following adult care institutions: 19 joint Senior Houses and Social Services Houses, 12 individual Social Services Houses, 2 individual Senior Houses, 1 Adult Care Institution, 1 joint Senior House, Social Services House, Adult Care Institution and a Shelter; the sample included the following children care institutions: 4 individual Social Services Houses for Children, 2 Social Services Houses for Children joint with other institution for children care, 5 joint Social Services Houses for Children and Adults.

Senior Houses: serve mostly women (62%) older than 75 years (23%), living usually 2 (70%) or 1 per room (20%). More than a quarter of clients require all-day supervision due to psychiatric diagnosis, another quarter of clients require partial supervision and a sixth of clients require full-time supervision. A quarter of clients have very limited mobility and fifth of clients are immobile. Thirty percent of clients require assistance in catering for themselves. By the level of care intensity, more than half of clients require the lowest level of care, a quarter in higher level of care, one eight require care of category III., and only 6% of clients require the highest level of care intensity.

Social Services Houses for Adults: most clients are women, but the share of men is relatively high (44%). 55% of clients are aged 20-60 years, 45% are older than 60 years. Clients are living usually 4 or more per room (40%), 3 per room (32%), or 2 per room (24%). Two thirds of clients require full-time supervision and a quarter of clients require partial supervision. The highest level of care intensity (category IV.) is provided

to 30% of clients, cat. III. level of care to 24% of clients. Those with little mobility constitute almost a quarter of clients and the immobile are 16% of clients.

Adult Care Institutions: Three quarters of clients are women, 71% of them aged older than 75 years, living 1 per room (56%) or 2 per room (35%). 10% of them are in care on weekly basis, the rest on full-time basis. Forty percent require full-time supervision, 32% partial supervision, 28% require full-time supervision due to psychiatric diagnosis. Thirsy one percent require the lowest intensity of care (category I.) and 30% the highest level of care (cat. IV.).

Social Services Houses for Children: 55% are boys, mostl children (44%) aged 12-17 years, 22% aged 8-11 years, 9% 7 and less years. 24% of clients are in care on daily basis, 9% on weekly basis, 64% on full-time basis. 61% of children live in rooms of 4 or more. Fifteen percent require full-time supervision due to psychiatric diagnosis, 50% of clients require full-time supervision. Almost 80% of children is in category III. and IV. by the level of care intensity. A third of children are immobile, a have limited mobility.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

- Health care provided on the basis of public health insurance is available to everyone irrespective of gender, age, race, religious denomination or social status. Health insurance companies are obliged by statute to secure health care for their insured persons. The availability of health care for disabled persons has been solved also through progressively establishing barrier-free access at individual healthcare facilities[1].
- The **Constitution of the Slovak Republic** stipulates in Article 38 that "(1) Women, minorities, and persons with impaired health are entitled to an enhanced protection of their health at work as well as to special working conditions. (2) Minorities and persons with impaired health are entitled to special protection in labour relations as well as to assistance in professional training". In Article 40, it states that "Everyone has a right to the protection of his health. Based on public insurance, citizens have the right to free health care and to medical supplies under conditions defined by law."
- The rights of people insured in the system of health insurance are based on the European Charter of Patients' Rights and individual rights are directly incorporated in the respective legislation. There are 14 basic rights of patients in relation to health care provision, such as the right to prevention, right to access (without any discrimination) to health care services, the right to information, the right to informed consent, right to free choice of health care service provider, right to privacy, right to respect for the patient's time, right to quality, right to safety, right to innovations, right to minimize pain, right to individualized treatment, right to complain, and right to amendment.[2]
- The **Health Care Surveillance Authority**[3] received in 2006, 1321 complaints and motions, almost half of them complaining against the health care treatment and another fifth in connection with death. Approximately one third of the complaints and motions were deemed legitimate.
- Quality of health-care services is performed by public insurance companies, e.g. the largest Všeobecná zdravotná poisťovňa (General Health Care Insurance Company) publishes the detailed results at https://portal.vszp.sk/ipep-webindikatory/main/public.p/prehlad_indikatory.jsf?_flowExecutionKey=_c2A699AEE-2B4A-09F8-9D0E-497918BD5DBB_kECDDB2E8-D6EE-46DF-B2E3-F26D29F72FD2
- Services that are gender/disability sensitive are for example:
  - health-care transport service (severely disabled people pay reduced fare, immobile patients and certain patients (e.g. oncologic) can use the service cost-free),
  - preventive medical examinations: general practitioner once per 2 years (disabled people once per year), gynaecologist (once per year all women above 18 years or after first pregnancy, once per month all pregnant women or frequently in case of problems, once per 2 years ultra-sonography,

[1] National Report on Strategies for Social Protection and Social Inclusion – Slovak Republic
[2] The Report on the State of Public Health Care System in 2006, available at: http://www.udzs.sk/buxus/docs//web/SpravaVZP.doc
[3] The Report on the Activities of the Health Care Surveillance Authority in 2006, available at: http://www.udzs.sk/buxus/docs//web/SpravaocinnostiPP.doc

mammography), urologist (once per 3 years men above 50 years of age), dentist (twice a year for less than 18 years of age and during pregnancy, once per year above 18 years)

Quantitative data:

The Health Care Surveillance Authority does not provide data that would allow distinguishing between men/women and based on disability. The situation concerning waiting lists was the following in 2006[1]:

Number of insured persons on the waiting lists and review of related costs in 2006 compared to 2005

Health care insurance company	Number of insured persons scheduled to waiting list		- in that: number of persons provided the necessary care and discarded from the waiting list	Estimate of costs for the waiting list services in SKK	- in that: costs of the provided services in SKK
	as of 31.12.2005	as of 31.12.2006	as of 31.12.2006	per year 2006	per year 2006
SZP	1 391	1 254	891	105 948 000	57 144 000
Dôvera, Sideria	937	18 414	9 554	326 274 484	204 562 485
Apollo	362	400	58	21 741 393	9 360 280
VšZP	8 597	8 592	7 187	185 863 007	401 006 611

Source: Health care insurance companies

Certain data about accessibility and quality of health-care are in the public survey “The Quality and Accessibility of Health Care : Cardiologic Diseases”, available at: http://www.health.gov.sk/redsys/rsi.nsf/0/4923E4DAE8740AB0C125718C002DD41C/$FILE/Kvalita_a_dostupnost_ZS.pdf

- Availability of health and life insurance (including their affordability – e.g. the required expense in terms of percentage of total income)
  - disabled people pay contributions to the public health insurance system reduced by half – i.e. 7% of the payment basis (e.g. voluntary unemployed people pay since January 1, 2008 751 SKK monthly, while disabled people who are voluntarily unemployed pay 376 SKK monthly)
  - the state pays contributions for several categories of people including: also retired people, retired people (included disabled people) who have no entitlement for a pension, people in the full-time social service institutional care, a person caring for a severely disabled person, a person providing assistance to a severely disabled person, a person in material need, etc.[2]

[1] The Report on the State of Public Health Care System in 2006, available at: http://www.udzs.sk/buxus/docs//web/SpravaVZP.doc

[2] See Všeobecná zdravotná posťovňa/ General Health Care Insurance Company at http://www.vszp.sk/showdoc.do?docid=127

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)

Legislation and policies in the Slovak Republic do not distinguish between the gender of people with disabilities. People with disabilities are entitled to:

- Disability pension
- Old-age pension
- Widow/widower pension
- Sickness benefits
- Material destitution benefit (MDB) and additive allowances to MDB (e.g. allowance t for pregnant women, health care allowance, protecting allowance, housing allowance), MDB is means tested .
- Maternity benefit
- Child birth benefit
- Parental benefit (provided to parents who care regularly of at least 1 child up to the age 3 or the age 6 of child with long standing adverse health state). Child allowance and extra bonus to child allowance
- Rehabilitation benefit
- Retraining benefit
- Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources)
- Mothers of children with disabilities are entitled to parental benefit up to the child age 6 and to nursing care allowance from child age 6 . See also allowances listed in section Assistance with disability related expenses.
- Assistance with disability-related expenses
- There are several financial (cash) allowances for severe disability compensation (Act on Social Assistance No.195/1998 Coll.):
- allowance for personal assistance
- allowance for purchasing aids (assistive devices)
- allowance for aids (assistive devices) reparation
- allowance for purchasing a personal motor vehicle
- allowance for adopting apartment, house or garage
- allowance for nursing care
- allowances for increased expenses which are connected with:
    1. special diet
    2. hygiene or wear and tear of clothing, linen, footwear and furnishing
    3. running a personal motor vehicle
    4. care for specially trained guide dog

Types of social services provided to people with severe disability:

- Residential care for adults and children with disabilities
- Home care (nursing care, common meals service)
- Personal assistance service
- Work rehabilitation service
- Transportation service

Quantitative Data

Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	Non disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	-	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	The ratio of disabled women receiving disability pension is 45,6% of the total number of disability pension recipients as of the 31.December 2007 *(Source: Social Insurance Company. www.socpoist.sk)*	-	The ratio of disabled men receiving disability pension is 54,4% of the total number of disability pension recipients as of the 31.December 2007 (*Source: Social Insurance Company. www.socpoist.sk)*

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

Minimum standards and guidelines for the accessibility of facilities and services (public and private)

- The **Act on Civil Engineering** No. 50/1976 Coll. states in Article 47 (general technical norms for the design of buildings) that buildings to be used by people with limited ability of movement and orientation or buildings to be used by general public should be designed in accord with special requirements on buildings for people with limited ability of movement and orientation, above all barrier-free access.
- These requirements are reflected also in the **Article 82** dealing with the official construction acceptance procedure by the respective Construction Authority. However, these requirements deal only with the new constructions, not with the existent public buildings and their accessibility to disabled people – here the target is to enable barrier-free access to all public building by 2015 according to the National Programme for Improving Living Conditions of Disabled People.

- Current status of accessibility is not known (to map the status and allocate necessary funds from the state budget to local authorities is the measure no. 5.3.2. related to the regular monitoring of the stated National Programme[1]).
- There is regulation by the **Ministry of Transport, Posts and Telecommunications** No. 1706/M-2006 on the standard of information systems for the public sector. However, the 2007 audit of accessibility of Slovak websites organised by the Ministry of Finance and the Slovak Blind and Partially Sighted Union (on a sample of 200 websites – governmental websites, private and education sector) revealed poor results: only 4 websites from the sample fully comply with the accessibility criteria, 19% do not comply with some criteria and other 79.5% do not comply with the criteria in a substantial level.

Transport, parking and mobility initiatives

- The **National Strategy Report on Social Protection and Social Inclusion[2]** includes the provision of transport services to groups at risk of social exclusion, such as PWD. For ensuring the mobility of this group it is necessary to create appropriate conditions for access to public transport (create barrier-free entrances, adjustment of platforms as an essential prerequisite for transporting people). These measures have been realized at the level of central government bodies. Specifically, this concerns enabling access for people with limited mobility (vulnerable users of the transport) to public transport, creating the conditions for their mobility, creating conditions for the progressive renewal of the fleet in all types of transport so that by 2015 they meet the appropriate requirements for carrying disabled persons. At present disabled persons, sight-impaired persons and socially weaker persons have non-discriminatory access to public transport. In the field of rail, suburban bus transport and urban public transport these social groups are provided with special 50% deduction on fares[3]. The availability of transport for disadvantaged groups is solved in, among others, the Operational Programme Transport. One of its objectives is to ensure quality public transport services and to create the conditions for enabling mobility for people with reduced movement and limited ability of orientation.

- The **Social Assistance Act** No. 195/1998 Coll. guarantees provision of the transport services to people with severe disability who are not able to use public transport due to their disability. Recipients of the transport services cannot ask for a subsidy to buy a motor vehicle.

- The **Road Transportation Act** No. 168/1996 Coll. in Article 7, Section 3d, gives the licensing authority (municipalities and regions) an option to charge the bus transporting company also with an obligation to provide access to transportation for the disabled people. Furthermore, in Article 8, Section 1f, bus transporting companies are required to “create conditions for the transport of people with physical and visual disabilities, and to improve conditions for the transport of seniors and mothers with children”. Municipalities and regions should take into account “the requirements on the barrier-free access to people with severe disabilities” when making public transport plans and strategies (Article 14a).

- For example Slovak Lines, the main bus transport company in Slovakia, provides 40-50% reduced fare

[1] http://www.employment.gov.sk/new/get_file.php?SMC=1&pk_bin_id=787

[2] National Strategy Report on Social Protection and Social Inclusion – Slovak Republic

[3] Children under 6 years of age free of charge, holders of a severe disability card - a 50% reduction, holders of a severe disability card – sight impairment a 50% reduction + guide – free of charge, pensioners over 70 years of age – SKK 5 per each 50 km.

on domestic travels to holders of the **Severe Disability Identification Card**. In urban public transport, Severe Disability Identification Card holders are eligible to cost-free travel (e.g. Bratislava, Košice) or to reduced fares. The Slovak Railways provides reduced fares to Severe Disability Identification Card holders and cost-free travel for their accompanying persons – however, the accompanying person or the card holder must load and unload the wheelchair chair or the pram on and off the train her/himself. (Sources: www.slovaklines.sk, www.slovakrail.sk, www.epi.sk)

- No legislation guarantees disabled people parking places. However, according to the law No. 315/1996 Coll., Article 41, Section 4, the District Office issues a special label on a vehicle for disabled people holding a Severe Disability Identification Card. Private parking places are free to decide whether certain easily accessible parking places will be assigned to disabled people or not. Big parking places e.g. at the shopping centres do so in general. Also, municipal parking places usually provide cost-free parking to disabled people (e.g. in Trnava, Piešťany).

Are there any schemes or programmes in place which provide assistive technologies (specifically to women with disabilities, or to disabled people in general) and is there any data on take-up (by women with disabilities and men with disabilities)

- An example is the action plan to provide information and communication technologies within the "New Telecommunication Policy" in such a way, that they are accessible to disabled people as well, provision of at least 50% of TV programs with open/hidden subtitles and at least 3% of TV programs translated to gesture language within 5 years of allocating a broadcasting licence, etc. (The National Programme for Improving Living Conditions of Disabled People),

Are there any legal acts requiring public and private bodies to provide access to goods and services?

- The action plan aims to: make all public buildings have in place barrier-free access by 2015; to reconstruct mainstream public schools for children with special-needs by 2015 (barrier-free access and other needs required according to the type of disability); prepare legislation by the end of 2008 enabling low-floored public transport vehicles; explicitly define the rights of disabled people to information (in terms of accessible technical formats) in the Free Access to Information Act No. 211/2000 Coll.; and to introduce measures to provide information and communication technologies within the "New Telecommunication Policy" in such a way, that they are accessible to disabled people. There is also provision of at least 50% of TV programs with open/hidden subtitles and at least 3% of TV programs translated into sign language, etc. (The National Programme for Improving Living Conditions of Disabled People).

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

- The **Ministry of Justice** created in 2005 (law No. 325/2005 Coll.) the Centre of Legal Aid as its subordinated organisation. It provides cost-free legal aid to low-income people using a network of lawyers administered by the Slovak Chamber of Advocates. The Centre has its own subsidiaries in 9 towns. In 2006, it employed 56 people and received some 3,000 motions per year. (See www.legalaid.sk for more information).
- The **Slovak National Centre for Human Rights** was established by the Act Nr. 308/1993 Coll. and according to the Agreement between the United Nations and the Government of the Slovak Republic from March 1994, the Centre is engaged in activities relating to the promotion and protection of human rights in Slovakia. In 2006, it published a training manual for advocates of human rights of disabled people as well as case studies[1] of discrimination of disabled people that had contacted the Centre with their problems. The complaints were in the following categories:
  - complaints against the discriminatory character of certain laws and other legislation (e.g. payments for the health-care, procedures applied by the district labour and social affairs office)
  - complaints against not being assigned some contributions or benefits (e.g. when the district labour and social affairs office did not assign compensation on higher transport costs to a disabled applicant for a job, or compensation to reconstruction of a flat for a disabled person)
  - complaints against the discrimination of disabled people (e.g. dismissing from the job, municipality communicating with deaf citizen without an interpreter)
- Other public bodies active in help-lines and human rights/antidiscrimination advocacy are: Public Defender of Rights (ombudsman), Governmental Plenipotentiary for Roma communities, Deputy Prime Minister for Human Rights and Minorities
- There are also many non-governmental organisations active in the field:
  - Fenestra, Pro Familia, Aliance of Women, Podisea all providing crisis intervention and complex care to abused women
  - other at least 30 organisations such as Gate to Life, Center Hope – Help to Children at Risk, House for Abused Women, Victim Support Slovakia / Help to Victims of Violence etc. (see a list at http://www.piatazena.sk/index1.htm) providing housing, counselling, help-lines to mostly women and children at risk or victims of violence.
- Based on the campaign against domestic violence “Every Fifth Woman” (www.moznostvolby.sk), several important changes in the legislation were introduced since 2002: stricter punishment of violent crimes, and also stricter punishments in case of domestic violence, changed definition of abuse to comply with international agreements about human rights and children rights, included crime of economic violence against relatives and dependent persons, agreement of the abused person became not necessary to start criminal proceeding, the violator can be restraint to use common property with the

1 http://www.snslp.sk/rs/snslp_rs.nsf/0/12511f520e05976ac12571b60037bbf0/$FILE/ATTS69XN/Zdravotne%20postihnuti_pripadove_studie.pdf.pdf

partner (e.g. can be banished from the flat).

- The situation of disabled women in families is relatively worse in comparison to that of healthy women. Disabled women are much more frequently abused and exposed to violence; in many cases their reproductive rights are restricted[1].
- Disabled women of an older age live isolated; they often have no possibility to get out of their houses since they do not have enough money for all-day personal assistance[2].

Quantitative data:

- The **Ministry of Justice** and the **Ministry of Interior** publish statistical information about the number of different criminal acts committed, including penalties and the proportion of women criminals and victims of crime. (See Statistical Yearbook of the Ministry of Justice and the Ministry of Interior[3]). Women made up 74.9% of victims of abuse in 2002, and 80.3% in 2004. Moreover, between 2002 and 2004, the number of this type of crime increased by 8-times, resulting not only from the increase in domestic violence, but also by significant legislative changes enabling faster and more efficient dealing with such crimes, and also strong campaigns raising awareness about violence against women. In offences against morality, women were 95.2% of victims in 2004.[4] According to the National Plan, there are no data concerning specific groups of women victims, but measures should be taken to improve the statistical databases.

- The Police Force data used in the campaign against domestic violence “Every Fifth Woman” (www.moznostvolby.sk) are given below:

Womens Suffering Violent Criminal Acts[5]

Type of Criminal Act	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
murder	41	24	27	34	30	38	49	44	39	33	41	36	39
robbery	79	75	77	69	79	253	250	262	265	235	248	282	287
bodily harm	1027	1142	1016	1001	958	1077	1071	1245	1126	1189	1207	1143	1113
violence on an individual	361	431	454	431	465	384	438	701	808	1203	1430	190	2374
blackmailing	45	46	68	43	59	58	73	86	83	86	118	141	126
abuse of a person in care (warded)	10	9	6	5	10	6	15	6	5	6	10	10	4

[3] http://www.justice.gov.sk/h.aspx?pg=r30&htm=http://www.justice.gov.sk/stat/08/index.htm
[4] National action plan to prevent and eliminate violence against women for years 2005-2008. Available at: www.gender.gov.sk/index.php?id=194
[5] MIKUŠ, P.; RADOVÁ, M. : Informácia o domácom a verejnom násilí, In: Ochrana obete v domácom násilí, Zborník príspevkov národnej konferencie, konanej v dňoch 15.-16. Apríla 1999, Bratislava, Národné centrum pre rovnoprávnosť žien a mužov, Bratislava, 1999.

rape	255	254	291	232	257	318	258	234	210	211	207	207	173
statutory rape of a person in care	71	78	55	55	38	36	40	47	47	42	71	41	42
other statutory rape	441	496	506	426	345	265	212	248	244	340	339	444	426
pimping	3	0	0	0	0	0	0	0	0	0	0	0	0
trafficking in women	0	0	0	0	0	0	0	0	0	4	9	4	5
other violent criminal acts	122	129	141	128	126	161	147	122	111	115	126	125	129

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

As stated in the point 1 above, there are several platforms enabling disabled women to participate in the political and social life (see the list below). An important factor for effective participation is that the general public (individuals or organisations) can monitor the public policy process on the governmental websites and can directly comment the draft laws and documents submitted for the review procedure prior to their submission to the Government session (see the Legislation Website at https://lt.justice.gov.sk). In practice, the access to legislation to-be-commented is sometimes limited, when some ministries do not provide the public with necessary time to comment as requested by the regulations

(see: http://www.etrend.sk/ekonomika/slovensko/bezpripomienkove-konanie/138762.html).

- **The Governmental Council of the Slovak Republic on Disability Affairs** (2001) is an advisory body of the Slovak government on disability issues.
- **The Slovak Parliamentary Committee on Human Rights, Minorities and the Status of Women** deals with draft laws, international agreements and government programs from the point of their conformity with human rights. Committee pays special attention to gender equality issues.
- **The Slovak Parliamentary Committee on Social Affairs and Housing** deals with draft laws in the field of social affairs.
- **The Government Council on Gender Equality** (2007) is an advisory, co-ordinating and initiative body of the Government of the Slovak Republic on gender equality issues.
- **The Slovak National Centre for Human Rights** (1994) is an independent legal person that performs tasks in the area of promotion and protection human rights and basic freedoms, including the rights of children as well as promoting equal treatment and combating all forms of discrimination.

- **The National Council of People with Disabilities of the Slovak Republic** (2003) is a non-governmental body that enforces and promotes interests and requirements of people with disabilities in all areas of civil life.
- **Alliance of Organizations of Disabled People in Slovakia –** is a non-governmental organization for

the promotion of the rights and interests of disabled people. Main mission of the alliance is to monitor situation of disabled people, provide counselling and mediation services and exchange information among organizations of disabled people.

There are a number of national and local level organisations of disabled people, providing support in various areas including cultural and sporting activities[1]. Some of them are active also in funding (e.g. Associaton of People with Physical Handicaps, www.ztpm.sk)

The **Ministry of Education** runs a grant program supporting sport and youth activities in general, and also the activities of disabled sportsmen and organisations working with the disabled children and youth.[2]

There are a number of non-governmental organisation and foundations, including foundations with corporate ties active in supporting disabled people in their lives, as well as in sport and cultural activities see the list at www.nadacia.sk).

- Existence of appropriate public transport or affordable alternatives
  - See point 8 above.
- Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities)
  - The participation of women (in general) in politics is relatively small, the proportion of women in the parliament as below has been at around 20% for decades, there are only 3 women mayors of towns (2.2%) and 20.3% women mayors of villages. There were 2 women out of 20 cabinet members after the 1998 elections, and no women ministers after the 2002 elections, women employed at the ministries make up 58% of their employees, but at higher than the management level, less women are present[3].
  - Greater publicity regarding this issue was given when the first wheel-chaired politician succeeded in parliament (Peter Bódy in 2002) – his political career started with the help of the Alliance of Organizations of Disabled People in Slovakia communicating with the political parties and requesting an electable place in the 2002 elections for a disabled candidate.

Gender structure of candidates for the parliament members (elections 1998 and 2002)

	No. of political	Candidates total	Women candidates	Share of women	Share of women	Share of women	Share of women

[1] see a shortlist at http://www.best.sk/www/KlubyZdravPostihnuti.htm

[2] Subsidies for the sport activities are available at: http://www.minedu.sk/index.php?lang=sk&rootId=2179, for the activities with children and youth at: http://www.minedu.sk/index.php?lang=sk&rootId=548.

[3] Filadelfiová, J.: Gender Equality in the Political Decision-making Process, EsFem, Bratislava 2003. Available at http://www.esfem.sk/?action=fileDownload&idFile=77

	parties			candidates total	candidates in the first half of the list	candidates in the first quarter of the list	candidates in the parliament
Elections 1998	17	1618	274	16.9	14.7	12.6	14.0
Elections 2002	25	2618	604	23.1	20.9	17.9	14.7 / 19.3*

Source: Filadelfiová (2003)

Note: * - After the substitutes for the MP who became cabinet members

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Slovenia

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- In April 2008, the National Assembly ratified the UN Convention on the Rights of Persons with Disabilities, which enforces the principle of non-discrimination and equal opportunities by exercising economic, social and cultural rights.[1]
- In Slovenia policy on people with disabilities does not take into account gender differentiation.[2]
- In 2006 the government approved National Action Plan for Disabled People 2007-2013, which includes issues related to architectural barriers and structural adaptations, residential problems, media representation, employment and education. It also covers issues related to disabled women like domestic violence, gender discrimination and rights to decide for their sexual life, family life and maternity.[3]
- With regard to the legislation on anti-discrimination, Slovenian Constitutions guarantees to everyone equal human rights and fundamental freedoms irrespective to disability. Moreover, art. 52 of the Constitution protects disabled people and guarantees them professional training. In addition, Slovenian Parliament adopted the Implementation of the Principles of Equal Treatment Act (IPETA) in 2004. Number of anti-discrimination provisions are also included into Employment Relationship Act (ERA).[4]
- Evaluation of the implementation of persons with disabilities policy 1991-2006 which is presented in the Action Programme for Persons with Disabilities 2007-2013 summarise the legislation development related to people with disabilities. Between 1991 and 2006 a set of regulations was adopted in the fields of education, healthcare, employment, elimination of obstacles in the environment and ensuring benefits for persons with disabilities. Various national and development programmes in different fields offer solutions essential for the living of persons with disabilities. Special stress has been been put on following themes:
  - amendment to Article 14 of the Constitution providing constitutional policy against discrimination, based on disability (2004);
  - adoption of the Programme for training and employment of persons with disabilities by 2002 and Employment and Rehabilitation of Persons with Disabilities Act in 2004;
  - National guidelines to improve built environment, information and communications accessibility for persons with disabilities, adopted by the Government in 2005; Slovenian building standards for the needs of persons with disabilities and other functionally impaired persons;
  - Use of Slovenian Sign Language Act (2002) in which the state provides equal opportunities to the deaf in the area of communications;
  - adoption of Children with Special Needs Act (2000);
  - adoption of The Implementation of Equal Treatment Act (2004);

[1] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf
[2] CERMI (2008) *European conference: recognising the right of girls and women with disabilities. An added value for tomorrow's society.* Madrid, November, 2007.
[3] CERMI (2008) *European conference: recognising the right of girls and women with disabilities. An added value for tomorrow's society.* Madrid, November, 2007.
[4] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.

- adoption of Employment Relationships Act (2002), by which distinguishing between indirect and direct discrimination related to disability was introduced into the Slovene legislation;
- amendments to regulations governing rights in the area of disability insurance, parental policy, family benefits and social assistance;
- in Slovenia promotion of disabled people's organizations was specially supported. Thus the Disabled People's Organizations Act was adopted in 2002.[5]

The Government of the Republic of Slovenia appointed in December 2007 a commission for approaching the formed plan for disabled 2007-2013 (Action plan for disabled 2007-2013), which is composed by representatives of domain ministries, expert organisations and Slovene National Council of Disabled People's Organisations (NSIOS). Their task is to present every year a report on approaching the formed plan for the past year. [6]

- What obligations exist in the legislation?
- Are they divided between national and local levels, and if so, how?
- How is the legislation enforced?
- Is there a specific ministerial responsibility for women with disabilities, and if so, who holds it?
- Is there a specific government body or agency responsible for women with disabilities?
- Is there a dedicated focal point / coordination mechanism within the government for matters relating to the implementation of the UN Convention?
- Has a framework been established for the promotion, protection and monitoring of the Convention?
- Are women with disabilities consulted / involved in the processes of promoting, protecting and monitoring the Convention, and if so, how?
- What statistical and research data is collected in relation to the Convention?
- Does your Government publish information on public expenditure at national level on women with disabilities? If yes, provide the numbers.

Article 5, Equality and non-discrimination

1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.
2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.
3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.
4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

Article 6, Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.
2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human

[5] The Government of the Republic of Slovenia (2006), Action Programme for Persons with Disabilities 2007-2013.
[6] Report on approaching the formed action plan for disabled 2007-2013, 2007 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/api_07_13_poroc07.pdf
[7] Convention on the rights of persons with disabilities At: http://www.uradni-list.si/1/content?id=86045

rights and fundamental freedoms set out in the Convention.[7]

- Anti-discrimination laws, disability legislation, etc.
- Legislation specifically addressing disabled women

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

The term disability is defined by Art. 60 of the Pension and Disability Act and this definition is used as a reference point in the legislation. According to it the status of "disabled" is granted if the impairment in the insured individual's health cannot be reversed by medical treatment or medical rehabilitation, those impairments have been determined according to the Pension and Disability Act, and those impairments result in decreased ability to get or to retain a job or be promoted.

Disable person

According to the Disabled Persons Organisations Act (ZInvO)[8], a disabled person is a person who, due to inborn or acquired impairments and handicaps conditioned or created by the physical and social environment, is not able on their own to, partially or fully, satisfy their needs for a personal, family and social life in the environment in which they live, in accordance with the international classification.

According to the Vocational Rehabilitation and Employment of Disabled Persons Act (ZZRZI)[9], a disabled person is a person who acquires the status of disabled person under the act or other regulations, and a person in whom a competent body has determined the long-term consequences of a physical or mental impairment or disease and has considerably fewer opportunities for employment, continuation of employment, or being promoted.

Disability

According to Article 60 of the Pension and Disability Insurance Act[10] (ZPIZ-1), "disability is confirmed if, due to changes in health condition which cannot be eliminated with treatment or medical rehabilitation measures and are determined in accordance with this Act, an insured person's ability to find, keep or advance in an employment position is impaired".

There is no common definition in Slovenian legislation of intellectual disability.[11]

[8] Disabled Persons Organisations Act (ZInvO), Official Journal of the Republic of Slovenia, No. 108/2002 of 12.12.2002, Article 5, paragraph 3 At: **http://www.stat.si/doc/pub/invalidi-2007-ANG.pdf p.9-10**

[9] Vocational Rehabilitation and Employment of Disabled Persons Act (ZZRZI), Official Journal of the Republic of Slovenia, No. 16/2007 of 23.02.2007, Article 3 At: http://www.stat.si/doc/pub/invalidi-2007-ANG.pdf p.9-10

[10] Pension and Disability Insurance Act (ZPIZ-1), Official Journal of the Republic of Slovenia, No. 109/2006 of 23.10.2006, At: http://www.stat.si/doc/pub/invalidi-2007-ANG.pdf p.9-10

Quantitative data
For all data, please indicate the definition of disability used and the source of the data (research definitions may differ from legal definitions).

	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population 2.053.740 (September 2008)[12] In Slovenia there are around 170.000 disabled and around 230.000 persons with long-term diseases. Every 12 inhabitant of Slovenia is disabled.[13]		1.029.479	
% of total population			
% of female population			n/a
Disaggregate by age if possible as follows:			
< 15 year olds			
16-64 year olds (as a percentage of the total population)[14]	19.1% of the total population	n/a	19.9% of the total population
> 65 year olds			
Disaggregate by ethnicity			
Disaggregate by type/severity of disability Distribution of people with disabilities by type (men and women 16-64 years)[15]	Women 16-64 years: Back or neck - 28.3%, Heart, blood or circulation problem – 13.5%, and Other LSHPD – 13%	n/a	Men 16-64 years: Back or neck – 25.4%, Heart, blood or circulation problem – 14.8%, and Legs or feet – 12.6%
Is there information on the size of the household where they live?			
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[16]	**16-24 years**: Considerably restricted = 1.6% [arms/legs/back = 21.6% see/hear/speech/ski	n/a	**16-24 years**: considerably restricted = 3.1% [arms/legs/back = 34.7% see/hear/speech/s

[11] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.
[12] Statistical Office of the Republic of Slovenia, At: http://www.stat.si/novica_prikazi.aspx?id=2126
[13] Article: 3. December, International Day of Disabled (1. Dec 2008) Author: Nelka Vertot At: http://www.stat.si/novica_prikazi.aspx?id=2034
[14] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS and the EU-SILC.
[15] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS and the EU-SILC
[16] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS and the EU-SILC

	n = 13.8% chest/heart stomach/diabetes = 18.3% epilepsy/mental = 25.2% other = 21%]; to some extent restricted = 1.3% [arms/legs/back = 26.9% see/hear/speech/skin = 16.2% chest/heart stomach/diabetes = 18.9% epilepsy/mental = 15.8% other = 5.9%] ; Not restricted = 97.1% **25-54 years** Considerably restricted = 8.9% [arms/legs/back = 48.4% see/hear/speech/skin = 7.4% chest/heart stomach/diabetes = 16.7% epilepsy/mental = 10.3% other = 17.3%] To some extent restricted = 6.4% [arms/legs/back = 50.2% see/hear/speech/skin = 7.7% chest/heart stomach/diabetes = 23.6% epilepsy/mental = 4.2% other = 14.3%] Not restricted = 84.7%		kin = 11.2% chest/heart stomach/diabetes = 24.7% epilepsy/mental = 17.1% other =12.2%]; to some extent restricted = 2.2% [arms/legs/back = 29.3% see/hear/speech/skin = 3.1% chest/heart stomach/diabetes = 59.4% epilepsy/mental = 0% other =8.2%] ; Not restricted = 94.6% **25-54 years** Considerably restricted = 9.8% [arms/legs/back = 46.2% see/hear/speech/skin = 5.1% chest/heart stomach/diabetes = 21.9% epilepsy/mental = 12.1% other = 14.7%] , to some extent restricted = 6% [arms/legs/back = 48.9% see/hear/speech/skin = 8.1% chest/heart stomach/diabetes = 30.8% epilepsy/mental = 3.1% other = 9%] , not restricted = 84.2%

	55-64 years: considerably restricted = 23.1% [arms/legs/back = 39% see/hear/speech/skin = 3.6% chest/heart stomach/diabetes = 34% epilepsy/mental = 4.5% other = 19%] To some extent restricted = 13.3% [arms/legs/back = 41.5% see/hear/speech/skin = 5% chest/heart stomach/diabetes = 37.9% epilepsy/mental = 3.3% other =12.4%] Not restricted = 63.6%		**55-64 years** Considerably restricted = 26.1% [arms/legs/back = 45.7% see/hear/speech/skin = 1.9% chest/heart stomach/diabetes = 41.6% epilepsy/mental = 1.3% other = 12.3%] To some extent restricted = 11.8% [arms/legs/back = 46.9% see/hear/speech/skin = 3.8% chest/heart stomach/diabetes = 39.1% epilepsy/mental = 3.7% other = 6.6%] Not restricted = 62.1%

3. Economic situation and employment

What is the economic / employment situation of women with disabilities? **What legislation and policies are in place to recognise the right of women with disabilities to work?** **Please provide the source of the data**
Quantitative data: In the first 7 months of 2006, 1107 unemployed disabled were employed, which is 40% more than in the same period in 2005 (this might be due to the adoption of relevant legislation).[17] In the beginning of 2006 were among employed persons 31.205 disabled and at the end of the year 2006 32.682. At the end of 2007 were employed 33.058 disabled and in September 2008 33.901. The number of employed disabled is growing slower in compeer to the employment of all unemployed. In 2007 the number of employed disabled grown for 1,1%, while the percent of all unemployed was 3,6%. [18] In December 2008 there were 66.239 registered unemployed of which 33.675 women (50,8%) and 11.025 registered unemployed disabled, which is 16,6% of all registered unemployed people. [19]

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates: -Disabled persons total 33.210 (October 2007)[20] -Employment rates for elderly women (55-64 years old) has been increasing between 2005 and 2007 from 18.5% to 22.2%[21]; - In 2007, 1746 employments of persons with disabilities has been recorded, compared to 1927 in 2006.[22] - Rate of employed disabled persons on 31.12.2008 is 3,91% [23]	14.248 (October 2007) approx 7%		18.962 (October 2007) approx 9%
Unemployment rates: - disabled persons 10.145 (October 2007)[24], 10.346 (15,1%of all registered unemployed	4.285 (October 2007)		5.860 (October 2007)

[17] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.
[18] Article: 3. December, International Day of Disabled (1. Dec 2008) Author: Nelka Vertot At: http://www.stat.si/novica_prikazi.aspx?id=2034
[19] Statistical data, Monthly Information 2008 of Employment Service of Slovenia At: http://www.ess.gov.si/slo/Dejavnost/StatisticniPodatki/MesecneInformacije/MesecneInformacije.htm
[20] Publication of Statistical Office of the Republic of Slovenia, Disabled Persons, the Elderly and Other Persons with Special Needs in Slovenia, p.11 At: http://www.stat.si/doc/pub/invalidi-2007-ANG.pdf
[21] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf
[22] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf
[23] Personal contact to director of Fund for Promoting the Employment of Disabled Persons

people Dec 2007) - disabled persons 11.025 (16,6% of all registered unemployed people) (December 2008)[25] - Disabled persons 11.418 (January 2009)[26] -The share of disabled unemployed people in total unemployment has been increasing from 11.6% in 2006 to 15% in 2007.[27]	4.895 (January 2009)	32.325 (January 2009)	6.523 (January 2009)
Long-term unemployment rates (January 2009)	1.026 (from 3-9 months) 2.054 (from 9 months to 3 years) 1.815 (3 years and more)		1.466 (from 3-9 months) 2.541 (from 9 months to 3 years) 2.516 (3 years and more)
Inactivity rates (no working experience, inscribed on Employment service of Slovenia, January 2009)[28]	321		330
Part-time work rates			
Self-employment rates			
Poverty rates[29] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+) At-risk-of-poverty rate (Income in cash) 11,7% (2006) At-risk-of-poverty rate with breakdown by age and gender Man 10,3% Women and 13% 0-15 years 11,8% ; 16-64 years 9,8% (man 9,8% and woman 9,7%) ; 65+ years 20% (man 12% and woman 24,9%)[30]			

[24] Publication of Statistical Office of the Republic of Slovenia, Disabled Persons, the Elderly and Other Persons with Special Needs in Slovenia, p.11 At: http://www.stat.si/doc/pub/invalidi-2007-ANG.pdf

[25] Statistical data, Monthly Information 2008 of Employment Service of Slovenia At: http://www.ess.gov.si/slo/Dejavnost/StatisticniPodatki/MesecneInformacije/MesecneInformacije2007.htm

[26] Requested data from the Employment service of Slovenia, contact Sanja Belec

[27] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf

[28] Requested data from the Employment service of Slovenia, contact Sanja Belec

[29] Please provide the definition of 'poverty' used in your country
Statistical office uses for measure edge of survival and for calculation of poverty degree a relative concept. It stands on distribution of incomes and changes in relation to that. Calculated like this, it does not show the real degree of poverty but more the inequality inside the studied population, or how many people have a significant lower income in relation to the medium value of income in the state. Relative poverty is express as at-risk-of-poverty rate. It relate to the part of people which income is lower of the threshold at-risk-of-poverty rate.
After the standardize definition of Eurostat are relative poor persons that whose income does not reach 60 % of median income (this is 60% income of the middle person in the distribution of population on elevation of income).
Ombusman, Free newsletter of the Human Rights Ombusman of the Republic of Slovenia, No. 12, May 2008 At: http://www.varuh-rs.si/fileadmin/user_upload/pdf/bilten/Varuh_bilten_st_12_-_maj_08.pdf p. 3-6

[30] 2008 Annual report of Statistical Office of the Republic of Slovenia At: http://www.stat.si/letopis/2008/14_08/14-05-08.htm

From January 2006 to December 2007 the number of employed persons with disabilities rose by 6%, and in 2007 the number of the disabled participating in vocational rehabilitation went up by 27% compared to 2006.[31]

Qualitative data

In April 2008, the National Assembly ratified the UN Convention on the Rights of Persons with Disabilities.
Article 27, Work and employment
1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:
(a) Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
(b) Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
(c) Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
(d) Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
(e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
(f) Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
(g) Employ persons with disabilities in the public sector;
(h) Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
(i) Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
(j) Promote the acquisition by persons with disabilities of work experience in the open labour market;
(k) Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.
2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.[32]

Stimulation and support to include disabled woman on the labour market.[33]

The Vocational Rehabilitation and Employment of Disabled Act was adopted in 2004 and amended in 2005. The aim of the Act is to increase the opportunities for disabled people to be employed and to create the circumstances for them to equally participate in the labour market by eliminating obstacles and creating equal opportunities. The Act regulates employment of disabled people. Disabled people can be employed either in an ordinary employment environment, in companies for disabled people or in supported and

[31] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf
[32] Convention on the rights of persons with disabilities At: http://www.uradni-list.si/1/content?id=86045
[33] Action Plane for Disabled 2007-2013 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13.pdf

sheltered employment. The Act also states that support services can be supplied by specialists in regard to the rehabilitation and employment of disabled, for the employer or in relation to the working environment.[34]

Services promoting employment rehabilitation include: counselling and motivating disabled people be active; compiling a report on the level of working ability, knowledge, working habits and professional interests; helping people to accept their disability and informing them about opportunities for training for work; helping to identify appropriate professional goals; developing social skills; assistance in searching for a suitable job; and analysing a disabled person's particular position and working environment, in order to produce a plan for adapting the position and working environment. The Vocational Rehabilitation and Employment of Disabled Persons Act also established Institute of the Republic of Slovenia for Rehabilitation.[35]

There is a system of initiatives for hiring disabled people in Slovenia which includes:

- Subsidising disabled people's wages;
- Paying costs of adapting work stations and working equipment supplied to disabled people;
- Exempting employer from paying pension and disability insurance for disabled employees;
- Rewards for exceeding quotas;
- Yearly rewards for employers for good practice in the area of employment of disabled people;
- Other incentives in the area of employing disabled people and reserving positions for disabled people and other development incentives.[36]

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[34] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.
[35] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.
[36] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.
[37] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.
[38] Article: 3. December, International Day of Disabled (1. Dec 2008) Author: Nelka Vertot At: http://www.stat.si/novica_prikazi.aspx?id=2034
[39] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia
[40] Article: 3. December, International Day of Disabled (1. Dec 2008) Author: Nelka Vertot At: http://www.stat.si/novica_prikazi.aspx?id=2034
[41] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia
[42] Saša Žebovec, Metka Teržan, Maja Metelko (2006), Workers with Disabilities in Slovenia. At: http://osha.europa.eu/en/campaigns/hwi/topic_integration_disabilities/slovenia/state_of_play.pdf
[43]Report on approaching the formed action plan for disabled 2007-2013, 2007 http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[44] Saša Žebovec, Metka Teržan, Maja Metelko (2006), Workers with Disabilities in Slovenia. At: http://osha.europa.eu/en/campaigns/hwi/topic_integration_disabilities/slovenia/state_of_play.pdf
[45] Article: 3. December, International Day of Disabled (1. Dec 2008) Author: Nelka Vertot At: http://www.stat.si/novica_prikazi.aspx?id=2034
[46] Article: 3. December, International Day of Disabled (1. Dec 2008) Author: Nelka Vertot At: http://www.stat.si/novica_prikazi.aspx?id=2034
[47] Report on approaching the formed action plan for disabled 2007-2013, 2007 http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[48] Saša Žebovec, Metka Teržan, Maja Metelko (2006), Workers with Disabilities in Slovenia. At: http://osha.europa.eu/en/campaigns/hwi/topic_integration_disabilities/slovenia/state_of_play.pdf
[49]Report on approaching the formed action plan for disabled 2007-2013, 2007 http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[50] Report on approaching the formed action plan for disabled 2007-2013, 2007 http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[51] Report on approaching the formed action plan for disabled 2007-2013, 2007 http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[52] Analyze of programmes personal assistance At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/osebna_asistenca.pdf p.13-14
[53] Saša Žebovec, Metka Teržan, Maja Metelko (2006), Workers with Disabilities in Slovenia. At: http://osha.europa.eu/en/campaigns/hwi/topic_integration_disabilities/slovenia/state_of_play.pdf
[54] Saša Žebovec, Metka Teržan, Maja Metelko (2006), Workers with Disabilities in Slovenia. At: http://osha.europa.eu/en/campaigns/hwi/topic_integration_disabilities/slovenia/state_of_play.pdf

However, the implementation of the measures related to the rehabilitation is criticised for being applied in discriminatorily way.[37]

In Slovenia quotas for employers to employ disabled people has been introduced on the 1st January 2006. Every company which employs at least 20 employees must employ disabled people. The quota mainly depends on the type of the activities of the employer. The minimum is 2% and maximum 6%.[38] Companies which do not meet quota must pay the contributions to the Fund for Promoting the Employment of Disabled Persons equivalent to 70% of the minimum wage for each disabled person that employer should have hired.[39]

Disabled are like more difficult employed group on the labor market often taken in consideration unequal and are often neglected. [40]

In 2005 the Association of the Employed Disabled Persons of Slovenia and the Chamber of Commerce signed an agreement on guidelines on disability in employment.[41]

In order to increase employment possibilities for disabled people, Institute for Employment provides various trainings. In the year 2004, 839 took part in such trainings.[42]

In the program of employment rehabilitation in 2007, were included 1.411 unemployed disabled, which is 27 % more than the year before.[43]

The overall unemployment in Slovenia is decreasing; however, the unemployment of disabled people is increasing.[44]

After the introduction of quota system the number of employed disabled is increasing, but still growing slower in compeer to employment of all unemployed people.[45]

An important institute for employing disabled are Disabled companies (IP), which were founded already before 1976 with workshops for disabled and in 1988 transformed in companies. After the Slovenian independence, the number of that companies and disabled employed in them has grown a lot. Today IP employs a fifth of all employed disabled (in September 2008 was among all persons employed in IP, 6.413 or 43,6% disabled).[46]

In September 2007, there were 178 Disabled companies and employment centers, where there were among 6.500 disabled employed.[47]

In order to increase employment levels of disabled people in Slovenia, there exist the enterprises supported by the state which employs disabled people.[48]

The government of Republic of Slovenia in 2007 had accepted a resolution about stimulating qualification and employment in the organs of public administration, which includes obligation, that the organs of public administration enable every year a trainee to at least 16 disabled at the high school level, higher school and university level of professional education. With this solution they will tray to give the possibility for trainee to at least 20 pupils or students with special needs.[49]

Disabled people, which are because of disturbance in mental and physical process incompetent for profit work and are unable to assure a social care by them selves, have beside the material rights have the right for guidance, guardianship and employment under special conditions. They achieve a recompense for the work done under special conditions. In 2007, 2.653 disabled were included into this program.[50]

Publication of two brochures, which intention is to increase the knowledge of the legislation from the police of disabled care and contribution to higher knowledge to all that can contribute to a higher quality of work and life disabled.[51]

Program Disabled to disabled is a program of the active employment policy, where through different organisations, they subsidy employment for execution help at home, personal assistance and care of disabled.[52]

The overall unemployment in Slovenia is decreasing, however, the unemployment of disabled people is increasing.[53]

In order to increase employment levels of disabled people in Slovenia, there exist the enterprises supported by the state which employs disabled people.[54]

Qualitative data
– Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?
– Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments
– Key bodies responsible for enforcement / delivery (including state, private and third sector)
Minsry of Labour, Familly and Social Affaires, Employment Service of Slovenia, Ministry of Public Administration, Fund for Promoting the Employment of Disabled Persons, Communities, different NGOs, Disabled companies,..

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Article 52, Rights of Disabled Persons
Disabled persons shall be guaranteed protection and work-training in accordance with the law.
Physically or mentally handicapped children and other severely disabled persons have the right to education and training for an active life in society.
The education and training referred to in the preceding paragraph shall be financed from public funds.[55]

Article 24, Education
1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:
(a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

[55] Constitution of the Republic of Slovenia, Human rights and fundamental freedoms, Official Gazette RS, Nos. 33/91-I, 42/97, 66/2000 and 24/03, At: http://www.varuh-rs.si/index.php?id=113&L=6#II

(b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
(c) Enabling persons with disabilities to participate effectively in a free society.
2. In realizing this right, States Parties shall ensure that:
(a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
(b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
(c) Reasonable accommodation of the individual's requirements is provided;
(d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
(e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.
3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
(a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
(b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
(c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.
4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.
5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.[56]

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Participation rates in general education (data is only available disaggregated by age)[57]	16-19 years – 94.7% 20-24 years – 60.6% 25-49 years –	n/a	16-19 years 88.6% 20-24 years – 48% 25-49 years

[56] Convention on the rights of persons with disabilities, At: http://www.uradni-list.si/1/content?id=86045
[57] Applica and CESEP and Alphametrices (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC.

	12.9% 50-64 years – 2.2%		11.7% 50-64 years – 2.1%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[58] Low = ISCED 1 + 2 Med = ISCED 3 +4 High = ISCED 5	**25-54 years** Considerably disabled: low = 46%; med = 48.8%; high = 5.2% To some extent restricted: low = 42.4%; med = 48.3%; high = 9.3%. Not restricted: low = 19.6%; med = 60.1%; high = 20.3%. **55-64 years** Considerably restricted: low = 51.9%; med = 43.4%; high = 4.7% To some extent restricted: low =46.6%; med = 49.2%; High = 4.2% Not restricted: low = 35.6%; med = 52.1%; high = 12.2%	n/a	**25-54 years** Considerably disabled: low = 38.4%; med = 59%; high = 2.6% To some extent disabled: low = 23.6%; med = 68.7%; high = 7.7% Not restricted: low = 15%; med = 70.6%; high = 14.4% **55-64 years** Considerably restricted: low = 39.3%; med = 51.8%; high= 8.9% To some extent restricted: low = 30.8%; med = 60.9%; high = 8.3% Not restricted: low = 19.3%; med = 62.4%; high = 18.2%
Number and type of specialist schools (i.e. level, for which target groups) - Elementary schools and institutions with special curriculum 2006/07: 57 Schools (Class units 277) for slightly mentally disabled children: 52 (234) for blind and weak-sighted: 1 (7) for deaf and partially deaf: 3 (25) for children with physical disabilities: 1 (11) - Upper secondary schools for students with special educational			

[58] Applica and CESEP and Alphametrices (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad-hoc module and the EU-SILC

needs, 2006/07, not counted by number of schools, but just by pupils[59] - Institutions, child and youth homes and other establishments for education, training, work and guardianship for children and youth with special needs (2007). Institutions: Numer of units: 21 (Number of children and youth in institutional care: 1223) for blind and weak-sighted children and youth: 1 (30) for deaf and partially deaf children and youth: 2 (47) for children and youth with physical disabilities: 2 (212) for children and youth with emotional and behavioural disorders: 11 (403) for children and youth with moderate, severe and profound mental disabilities: 5 (531) Boarding schools and other establishments for lodging and care of slightly and moderatelly mentally disabled children and youth: 10 (266).[60] - Institutions for training moderately and seriously handicapped children and youth: 5 (422).[61]	

The main legislation on education is the Organisation and Financing of Education Act which guarantees the possibility to achieve optimum development to individuals regardless their disadvantages including physical and mental abilities.[62]

In 2000 was accepted the act about orientation/direction of children with special needs, which enable children with special needs equal possibilities in the field of education with the inclusion in different adapted and professional supported models/ways of education – regular models/ways, adopted educational programs and special programs. The acts help to adapt programs and ways of communications, adaptations of places, interpreters and physical help.[63]

Disabled students acquired a special status and are like this evidenced and separated differently from others students with special needs (sportsman, parents). The Slovenian Association of Disabled Students attain with their proposal at the Ministry of Higher Education, Science and Technology, a special rubric on the student inscription list where it is possible indicate if the student is disable and which kind of disability she/he has.[64]

The average number of schooling years of women in employment rose from 11.95 in 2005 to 12.19 in 2007, while that of men rose from 11.31 to 11.74 years. In the same period, the difference between men and women, which stood at 0.64 years in 2005, decreased to 0.45.[65]

There is an increasing share of women among all persons in post-secondary vocational or higher

[59] 2008 Annual report of Statistical Office of the Republic of Slovenia At: http://www.stat.si/letopis/2008/06_08/06-07-08.htm
[60] 2008 Annual report of Statistical Office of the Republic of Slovenia At: http://www.stat.si/letopis/2008/06_08/06-09-08.htm
[61] 2008 Annual report of Statistical Office of the Republic of Slovenia At: http://www.stat.si/letopis/2008/10_08/10-10-08.htm
[62] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.
[63] Action Plane for Disabled 2007-2013 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13.pdf
[64] Report on approaching the formed action plan for disabled 2007-2013, 2007 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[65] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf

education; in the 2007–08 academic year, almost 60% of all women aged 19–23 were enrolled.[66]

Table: Percentage of the population aged 25–64 with completed tertiary education in Slovenia, by gender, in 1995–2007, in %[67]

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total	14.2	13.4	13.1	14.4	15.4	15.7	13.8	14.5	17.8	18.8	20	21.5	22.9
Men	N/A	12.8	12.5	13	14	14.1	11.7	13	15.2	16.1	17.1	18.8	19.3
Women	N/A	13.9	13.5	15.9	16.9	17.3	15.8	16.1	20.4	21.7	23	24.2	26.5

Source of data: Eurostat; calculations by IMAD, SORS.

Student with special needs with difficult functional disability can get a higher scholarship, but not higher of 20% of guarantee wage.
Pupils and students with special needs have priority to be accepted in student dorms. They have also the chance to assert the right for reside attendant in the student dorms.[68]

VIZIJA (Slovene organization focusing on the specific problems of handicapped/disabled women) collaborates with schools, universities and educational institutions in promoting the social inclusion of handicapped/disabled people. It organises some seminars and training courses and gives information to educators, students and scholars.[69]

Ministry of Higher Education, Science and Technology is financial supporting building intervention/renovations to make easier and enable the access for disabled. Their politic is also to stimulate the access to education for disabled.
Access to the information in adaptable techniques - in 2007 they started with forming an activity for borrowing resources for primary and high schools, which include in their programs blind and weak-sighted children and youth and they need adapted technology for following the classes.[70]

Qualitative data:
Description of legislation and policies to recognise right of disabled persons to education
Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:
– Personalised measures at school (individual classes, extra support, mentors, peer group support, etc.)
– Integrative measures
– Providing or promoting the use of assistive technologies
– Financial subsidies, loans etc

[66] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf
[67] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf
[68] The Slovene Association of Disable Students, At: http://dsis-drustvo.si/pravice_stud.htm
[69] Recognising the Rights of Girls and Woman with Disabilities, At: http://www.cermi.es/NR/rdonlyres/01DB88F5-F478-4B95-95D8-24CD83F01C3F/16166/Reconociendolosderechosdelasniasymujerescondiscapa.pdf p.257-259
[70] Report on approaching the formed action plan for disabled 2007-2013, 2007 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

In 2008 the network of programmes supporting independent living of the disabled with personal assistance was extended by 56%, i.e. from 170 users to 266 users. In 2007, 160 persons accompanied the blind and visually impaired and 25 persons were included in the programme of assistance in a residential group; the objective was achieved.[71]

Article 19, Living independently and being included in the community
States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:
(a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
(b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
(c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.[72]

Housing Policy enable to the disabled and to the families with disabled the following benefits:
- rent of social apartments
- rent of unprofitable apartments
- beneficial housing loans

Housing loan, disabled, who are citizens of the Slovenian Republic, have the possibility to gain housing loan.[73]

For disabled are available different programs of personal assistance, like personal assistance for independent life, physical help and care, adapted transports, individualized forms of escort and support and other kind of similar programs, which are roll out in associations and disabled organizations. Till now this programs were project financed by Ministry for Labor, Family and Social Affairs, Foundation for financing disabled and humanitarian organizations (FIHO), Employment Service of Slovenia and communities. This kind of financing personal assistance is quite uncertain; beside this at the end of 2008 the six year period of co founding employment of personal assistants inside the program Disabled to disabled will end.
Another important form of community care is Family assistant (introduce in 2004) and who do personal, health and social care, organize leisure activities and help at housekeeping.
There is also an act in consideration about long-term care and insurance for long-term care, which includes help at basic life activities, advising and education, help at housekeeping, others forms of help (Assistance at working place and at study, escorts, transports, keeping social contacts,..) and health services.[74]

[71] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf
[72] Convention on the rights of persons with disabilities, At: http://www.uradni-list.si/1/content?id=86045
[73] Guide through the rights of disabled, At: http://www.zveza-soncek.si/Zakonodaja/Vodnik_po_pravicah_invalidov.htm

Qualitative data:

- What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention?
- What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources?

Quantitative data:

– Rates of independent living of women with disabilities, compared to men with disabilities (Please disaggregate by age group: <15, 16-64, >65)

– Rates of women with disabilities in care

There are three institutions where for care of disabled, old people's home, special social welfare institution and centre for protection and training. In 2007 there were 69 old people's homes, 14 special social welfare institutions and 71 centres for protection and training in Slovenia. There were 19,008 people in care or protégés in these institutions, almost 70.0% of them women (67.3%), their share gradually increasing each year.

In 2007, there were 13,856 people in care in 69 old people's homes. Women represented 74.8% of people in care and their number is gradually increasing each year.

14 special social welfare institutions were taking care of 2,531 people. Women represented approximately half of all people in care (in 2007 their share was 49.6%).

In the observed year there were 2,621 protégés in 71 centres for protection and training. Among all protégés women represented over 40.0% (44.9%). Some of them are living in this centres, some are staying only during the week or come for daily activities and work.[75]

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Article 25, Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

(a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

(b) Provide those health services needed by persons with disabilities specifically because of their

[74] Analyze of programmes personal assistance At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/osebna_asistenca.pdf p.9-21

[75] Statistical Office of the Republic of Slovenia. Rapid reports, Social protection, 20. January 2009, No.1 At: http://www.stat.si/doc/statinf/12-si-044-0901.pdf

disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
(c) Provide these health services as close as possible to people's own communities, including in rural areas;
(d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
(e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.[76]

Assure to disabled persons as easier as possible the access to health programmes and services and to include in consideration the special needs of disabled women.[77]

All new built health institutions assure appropriate access (like slope) till the main entrance, lift, sanitaria and toilets for disabled. Health institutions which are in old buildings have to carry out these modifications in the time of predicted reconstructions or at bigger invested maintenances.[78]

Inside The Women Lobby of Slovenia is a working group which is dealing with women and health issues, especially about the reproductive rights.[79]

ZORA (National program for early discover of cervical cancer) is a national program, which active includes all women from 20-64 and passive from 65-74 years old. The aim of the program is to send invitations for preventive gynecological control, to prevent cervical cancer. They are invited every three years.[80]

DORA (National program screening for breast cancer) is a national program, which enable to all women from 50-64 years old, with a pre-invitation to an examination with screening. The women are invited every two years.[81]

Qualitative data:
- Is there recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services?
- What services are available which are gender and disability sensitive?
- Please refer specifically to sexual / reproductive health services, rehabilitation support and screening programmes (e.g. screening for cancer)

Quantitative data: Please compare access rates for women with disabilities and women without disabilities to the following:
– Access (specifically including affordability, waiting times) to generic health services

[76] Convention on the rights of persons with disabilities, At: http://www.uradni-list.si/1/content?id=86045
[77] Action Plane for Disabled 2007-2013 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13.pdf
[78] Report on approaching the formed action plan for disabled 2007-2013, 2007 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[79] The Women Lobby of Slovenia, At: http://www.zls.si/index.php?option=com_content&task=blogcategory&id=2&Itemid=13
[80] National program for early discover of cervical cancer, At: http://www.onko-i.si/zora/delovanje.html
[81] National program screening for breast cancer, At: http://www.onko-i.si/zora/

– Access (specifically including affordability, waiting times) to specialist healthcare services
– Access (specifically including affordability, waiting times) to rehabilitation services
– Availability of health and life insurances (including their affordability – e.g. the required expense in terms of percentage of total income)
– Provision of childcare to mothers with disabilities
– Where possible, please collect data broken down by age (<15, 16-64, >65), or any information on special provision for older disabled women

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

- The Social Care Act regulates when the adults are given "invalid status" and have the right to receive social benefits, however, when people receive "invalid status" they are automatically presumed as unable to live independently, or to be employed regardless of their actual abilities. If they wish to work, they must renounce the "invalid status" and so lose their eligibility for social benefits.
- Disability benefits cover the basic living costs of a person with intellectual disabilities living at home with their family, but would not allow them to live independently.[82]
- National Report on Strategies for Social Protection and Social Inclusion 2008-2010 includes number of policy priorities and measures related to the social protection and social inclusion of people with disabilities. There are no gender differences taken into consideration in this document.
- Within the social assistance system, users are provided different services such as daily and whole-day forms of institutional protection, service of (social) help at home, the right to a home care assistant, care in sheltered housing and various social protection programmes of personal assistance for persons with disabilities.[83]

Article 28
Adequate standard of living and social protection
1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.
2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:
(a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;
(b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;
(c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;

[82] European Commission (2007), Report on Measures to Combat Discrimination, Slovenia.
[83] National Report on Strategies for Social Protection and Social Inclusion 2008-2010 (2008). At: http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf

(d) To ensure access by persons with disabilities to public housing programmes;
(e) To ensure equal access by persons with disabilities to retirement benefits and programmes.[84]
Assure the access to disabled (especially the more vulnerable groups among them, e.g. disabled women, harder disabled and others) to the programmes for increase social protection and programmes to reduce poverty.[85]

According to the Social Security Act, social welfare services are:
− first social assistance (professional help in individuating the social need or problem, advice the possible solutions and introduce to him the social care facilities and tributes and his obligations due to the choice of the facility)
− personal assistance (covers counselling, managing and guiding with the intention to enable individuals to develop, supplement, preserve or improve their social capacities)
− assistance to a family for home (covers expert counselling and assistance in regulating relations among family members, taking care of children and training the family to perform its role in everyday life)
− assistance to a family at home (social provision at home - covers provision of beneficiaries in case of disability, old age and in other cases when social provision at home can replace institutional care, and social service (mobile assistance) - is assistance in housework or other work in case of childbirth, illness, disability and old age)[86]
-Institutional protection (it replaces home or family, can be a form of treatment in an institution, in another family or in one another way organised form, like a housing community)
- Leading and protection for employment under special circumstances[87]

The Institute of Pension and Invalidity Insurance of Slovenia (ZPIZ) undertake the following benefits: Invalidity pension, Partial invalidity pension, Invalidity supplement, Invalidity benefit, Assistance and attendance allowance, Disability allowance, Benefit for the duration of occupational rehabilitation, Benefit for occupational rehabilitation, Benefit due to part-time work.[88]

Special child care allowance is a money allowance for a child that need special care and protection and it purpose is to cover extra life expenses, which the family because of the special care and protection of this child could not afford to cover.[89]

Qualitative data:
– Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)
– Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources)
– Assistance with disability-related expenses

Quantitative Data
Please provide comparative data (for non-disabled women and men with disabilities) if available

[84] Convention on the rights of persons with disabilities, At: http://www.uradni-list.si/1/content?id=86045
[85] Action Plane for Disabled 2007-2013 At:
http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13.pdf
[86] Statistical Office of the Republic of Slovenia Rapid Reports No 5/2009 on Social protection, At: http://www.stat.si/doc/statinf/12-SI-041-0901.pdf
[87] Guide through the rights of disabled, At: http://www.zveza-soncek.si/Zakonodaja/Vodnik_po_pravicah_invalidov.htm
[88] The Institute of Pension and Invalidity Insurance of Slovenia, Statistical Terminology Dictionary of Mandatory Pension and Invalidity Insurance, At: http://www.zpiz.si/att/STslovar.pdf
[89] Guide through the rights of disabled, At: http://www.zveza-soncek.si/Zakonodaja/Vodnik_po_pravicah_invalidov.htm

	Women with disabilities	Non-disabled women	Disabled men
Life expectancy (breakdown by age group if possible) Life expectancy at birth (whole population): Period Man (years) Women (years) 2006-2007 74,98 82,30 [90]			
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc. Recipients of disability pensions in November 2008 – 93.042[91] Recipients of disability benefits and pensions - annual average (2007): 95.347 Disability pensions Recipients of other contributions: 55.575 Disability benefits 28.799 Allowance for care and help 45.021 Care allowances[92] Recipients of social welfare services, Adults: 8.940 With problems of old age (over 60) 3.569 Disabled persons 3.371 Behaviourally and personally disturbed 3.130 Other adults with problems in family and/or partnership relations[93]			

[90] 2008 Annual report of Statistical Office of the Republic of Slovenia, At: http://www.stat.si/letopis/2008/04_08/04-06-08.htm
[91] Monthly statistical data, Pension and Disability Insurance Institute of Slovenia, At: http://www.zpiz.si/src/msp/200811/index.html
[92] 2008 Annual report of Statistical Office of the Republic of Slovenia, At: http://www.stat.si/letopis/2008/10_08/10-07-08.htm
[93] 2008 Annual report of Statistical Office of the Republic of Slovenia, At: http://www.stat.si/letopis/2008/10_08/10-13-08.htm

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Article 9, Accessibility
1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:
(a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
(b) Information, communications and other services, including electronic services and emergency services.
2. States Parties shall also take appropriate measures:
(a) To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
(b) To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
(c) To provide training for stakeholders on accessibility issues facing persons with disabilities;
(d) To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
(e) To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
(f) To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
(g) To promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;
(h) To promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.[94]

Public transport:
The concessionaries hold the decision of the amount of discount for the bus transport, for the special category of passengers, where disabled can be placed. In the rail traffic there are different discounts for different categories of disability of the person (for war disabled – 75% discount for 5 round trips on train or bus in Slovenia; blind and people with neuromuscular disorders can assert 12 rides wit 75% of discount per year and a free ticket for the travelling companion or the dog that escort the blind, they can access to the discount with a card edited by the Alliance of Associations of Blind and Association of Neuromuscular disorders; a free ticket is also available for wheelchair travelling companion, which they have to pick up at the ticket office when they buy the ticket for the person on wheelchair).
All new buses of public city transport have to be equipped to enable a person on wheelchair the access on it and have to have an extra place for that passengers equipped with devices that ensure a safety ride. Now there are already many of that kind of buses in the public traffic that are available for persons on wheelchair.
Rail traffic: in the intercity traffic the ride for a persons on wheelchair is possible on the ICS trains (Inter City

[94] Convention on the rights of persons with disabilities, At: http://www.uradni-list.si/1/content?id=86045

Slovenia) where is otherwise obligatory seat reservation. The ride is also possible on most of all Euro City trains (EC) and on some Inter City trains. Trains that have in the composition coach for transport persons on wheelchair are marked on the time table.
Air traffic: Every airport have to have suitable settled and prescribed logistical procedures and measures that enable to the disabled as easier as possible access to the airplane (obligatory assure a person an accompanier, a special transport, disabled have the right of priority boarding) and suitable technical equipment (lift, wheelchairs,..). The disabled have to allege all the needed informations already when they buy the ticket, so that they can be suitable treated.

Public Administration:
In relation with the measure for ensure the same accessibility to information and production of national administration on the world wide web to all the citizens, the Ministry of Public Administration had in the frame of the national project of the portal e-administration, on their web site to enable to weak-sighted persons to survey the picture contents with texts descriptions and the possibility to dynamically enlarge the text with the help of menu help surveyor. They have in plan to make an application which will allow the user to set up optional colour contrasts and typography.
For disabled and older persons was in 2008 settled a program of realisation of a special e-portal which would enable an easier e-inclusion.[95]

Informations:
Editing of the Guide through the rights of disabled, which on unit and simple way presents the rights of disabled through the Slovenian legislations on fields of employment and work, health insurance, pension and disability insurance, parental care and family allowances, social care, education and learning, war disabled, till different exemptions and facilities.[96]

Qualitative data:
Legislation / Policy / Measures in place to facilitate access to goods and services, e.g.:
– Minimum standards and guidelines for the accessibility of facilities and services (public and private)
– Transport, parking and mobility initiatives
– Are there any schemes or programmes in place which provide assistive technologies (specifically to women with disabilities, or to disabled people in general) and is there any data on take-up (by women with disabilities and men with disabilities)
– Are there any legal acts requiring public and private bodies to provide access to goods and services?

[95] Report on approaching the formed action plan for disabled 2007-2013, 2007 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[96] Report on approaching the formed action plan for disabled 2007-2013, 2007 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf ,Guide through the rights of disabled available at: http://www.zveza-soncek.si/Zakonodaja/Vodnik_po_pravicah_invalidov.htm

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Article 13, Access to justice
1. States Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.
2. In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff.[97]

Disclosing and preventing violence and discrimination upon disabled. Warning public about violence and abuses (especially violence upon disabled children, disabled women and elder disabled); increase inclusion of disabled women in community decision making, in disabled organisations, at work, etc.; supporting disabled women to education; increase education and qualify about rights and needs of disabled women in family; form services for help and support measures for self-help to disabled, especially to disabled women.[98]

It is worth to expose the work of Slovene organization of people with mobile disability VIZIJA. They are carrying out programs of social preventive – violence upon mobile disabled women and psycho-social and social-health care program INKO for women. Both programmes are co-financed by FIHO (Foundation for financing disabled and humanitarian organisations in the Republic of Slovenia). FIHO had assured to the organization purposed founds to start the co-financing the bought of safe apartment for mobile disabled women.[99]

VIZIJA has also conducted several educational training courses in the form of seminars and workshops, spread information and material about domestic violence and offers informal, individual conversations and advice to users of the programme also by telephone (in collaboration with SOS telephone from Ljubljana). One of VIZIJA efforts is to acquire at least two apartments for temporarily or permanently residence for handicapped/disabled women who have decided to escape from domestic violence.
Namely in Slovenia there are no adapted structures (such as “safe/secure houses”) for handicapped/disabled people who are victims of violence! The main reason for this situation is obviously lack of money.[100]

Human Rights Ombudsman had in 2007 continue antidiscrimination inform and education to different target groups, especially for students, pupils and volunteers of Law clinic and Low-informative centre of NGO’s,

[97] Convention on the rights of persons with disabilities, At: http://www.uradni-list.si/1/content?id=86045
[98] Action Plane for Disabled 2007-2013 At:
http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13.pdf
[99] Report on approaching the formed action plan for disabled 2007-2013, 2007 At:
http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf
[100] Recognising the Rights of Girls and Woman with Disabilities, European Conference, At:
http://www.cermi.es/NR/rdonlyres/01DB88F5-F478-4B95-95D8
24CD83F01C3F/16166/Reconociendolosderechosdelasniasymujerescondiscapa.pdf

for disabled workers, advisers in Employment Service of Slovenia and policemen in police stations. The aim of the workshop was to qualify the participants, so that will know how to recognise discrimination, their mechanisms and forms of discrimination, react properly and handle the situation in contact with others or their customers.[101]

Slovene National Council of Disabled People's Organisations (NSIOS) had noticed the need of completion criminal low, because the valid doesn't define different forms of psychical violence upon disabled, like molestation or following. [102]

Association SOS Help Line for Women and Children - Victims of Violence:
- SOS Help Line is intended primarily for women, children, adolescent girls and boys with the experience of domestic violence or violence from their partners, relatives, violence at a work place or in other relationships. It is operating on a national level, therefore providing help to callers from all around Slovenia.
- Shelter for Women and Children is a safe (safeguarded) place at a secret location. It is available for women with or without children, in need of a safe space to avoid violence they had experienced from their partners, within family or from relatives. Located in Ljubljana, but it houses women and children from all parts of Slovenia. It is available for women aged 18 and over. Male children can stay at the Shelter only up to the age of 15.
- Self Help Group gathers women with the experience of violence. The group can have up to 10 members. The main aim of the Self Help group is the exchange of experience between women who had experienced or are still experiencing violence. Meetings take a form of group conversation, lead by two female coordinators, specifically trained to work with victims of violence.[103]

Qualitative data might include:
– Requirements to make reasonable adjustments in the delivery of services
– Provision of procedural and age-appropriate accommodations
– Appropriate training for those working in the field of justice
– Helplines, help centres, (accessible) shelters, dedicated staff in the police and other law enforcement agencies
– Sensitive and personalised investigation procedures

Quantitative data:
- Levels/rates of those suffering abuse (related to their age)

Tabu subject. There is no quantitative data available about those suffering abuse on national level. Some disabled organisations are registering this data among their members.

[101] Annual Report Human Rights Ombudsman for the year 2007 – Shorten version, At: http://www.varuh-rs.si/index.php?id=54 p.97
[102] Report on approaching the formed action plan for disabled 2007-2013, 2007 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/api_07_13_poroc07.pdf
[103] Association SOS Help Line, At: http://www.drustvo-sos.si/index.php?page_id=83

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Inside different associations of disabled they are organising and carrying out different initiatives about politics, sport and culture. Some that are specific related to these issues are: Sports federation for the disabled of Slovenia – Paralympics Committee[104], The Woman Lobby of Slovenia[105] (concerning on the participation of woman in politics), Association for the theory and culture of handicap[106] (is running SOT 24,5 a space for promotion and stimulation the handicap culture, where they organise lectures and educations, exhibitions, information activities, screenings of non-convectional films which core are somehow related to handicap).

VIZIJA like the only Slovene organization focusing on the specific problems of handicapped/disabled women, inside of it programmes for social inclusion, organises art and craft workshops, visits to cultural and sports events, professional and expert seminars and excursions, etc. [107]

Many initiatives had been accepted in the field of culture to make the cultural heritage and museums more accessible and approach them to disabled persons. To enable an easier access to heritage and information about it to everyone and especially to the youth, elders and disabled.
Art: financing funds from the Ministry of Culture to buy proper material (books, cassettes, cd's, etc.), which include also material technical adapted for disabled (mostly voice books and reviews).
Standardization of sign Slovenian language for deaf. Enlargement variation of program contents, accessible to blind and weak-sighted persons and deaf and partially deaf.
Institute for rehabilitation in 2007 had started to prepare in collaboration to other interested parts, draft of multidisciplinary project of construction a sport hall for disabled, which wouldn't be just a hall but more like a center for educational programs from the sport field, a center for students and pupils educational programs and a center for teaching sport elements which compound rehabilitation programs.[108]

Elena Pečariča was the first handicapped woman that had participate in presidential elections in 2007 and got 0,90% of vote in the first round of elections.[109]

Qualitative data might include:
– Existence of political, sporting and cultural associations or interest groups for disabled women
– Provision of special facilities or support services for disabled people in these fields
– Awareness raising of disabled women's role and achievements in these fields
– Existence of appropriate public transport or affordable alternatives
– Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities)

[104] http://www.zsis.si/
[105] http://www.zls.si/index.php?option=com_frontpage&Itemid=1
[106] http://www.yhd-drustvo.si/
[107] Recognising the Rights of Girls and Woman with Disabilities, European Conference, At: http://www.cermi.es/NR/rdonlyres/01DB88F5-F478-4B95-95D8 24CD83F01C3F/16166/Reconociendolosderechosdelasniasymujerescondiscapa.pdf
[108] Report on approaching the formed action plan for disabled 2007-2013, 2007 At: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/api_07_13_poroc07.pdf

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[109] Elections of the President 2007, At: http://volitve.gov.si/vp2007/en/rezultati/rezultati_slo.html

Country fiche: Spain

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- Spain as defined in the Spanish Constitution of 1978 is structured in three levels: Central Government, Autonomous Communities (regional governments), and Local Authorities. Central Government has a series of exclusive powers: civil and procedural law, Social Security law, basic structure and coordination of healthcare and education, basic legal system of Public Administration, etc), while regional governments manage some of these fields (health, education, etc). In fields relevant to the UN Convention on Rights of People with Disabilities, all three tiers of government (central, regional and local) have jurisdiction.
- Spain signed the Convention and the Optional Protocol on the 30th March 207 and ratified them on the 3rd of December 2007.
- Spain has also identified a focus for matters relating to the UN Convention: DG for the Coordination of Policies on Disability (within the Secretary of State for Social, Political, Families and Dependence and Disability attention, Ministry of Labour and Immigration).
- The **National Disability Council (NDC)** also has responsibilities in coordinating the work to be undertaken to implement the UN Convention. The NDC is an inter-ministerial collegiate advisory body set up for the coordination of the tiers of government, transversally of policy in the field of disability and participation in policy-making by organisations of disabled and their families. Attached to the Ministry of Labour and Immigration (DG for the Coordination of Policies on Disability), the Council has 15 members representing different bodies within the National Government, 15 members representing associations of disabled people and 4 expert advisors.
- The **IMSERSO** (Spanish acronym for "Institute of Elderly and Social Services") has recently been ascribed to the Ministry of Education, Social Services and Sport (before March 2008 it was attached to the Ministry of Labour and Social Affairs). It is the Social Security body in charge of the management of Social Security systems and Social Services complementary to those within the Social Security Systems, as well as in elderly people and dependant people.
- NGOs and civil society organisations:
  - CERMI (Spanish National Council of Representatives of People with Disabilities) is a Spanish disability movement and political platform. CERMI is composed of the main national organisations in the disability field, some sectoral organisations and regional platforms, a total of more than 2.500 associations and entities. CERMI Executive Committee created in 2005 the figure of "Commissioner for Women Affairs".
  - ONCE is a non-profit corporate organisation that focuses its activities on the improvement of the quality of life of people with blindness or severe visual impairment from all over Spain. In 1988 the ONCE Foundation for Cooperation and Social Integration of the Disabled (ONCE Foundation) was set up by the Governing Board of the Organisation. The Foundation was thus conceived as a tool for cooperation and social responsibility of the Spanish blind with all other disabled people.

The purpose of the ONCE Foundation is to achieve direct or officially approved implementation of social and labour integration programmes ONCE Foundation.

- The **Spanish Constitution of 1978** proclaims the general principle of equality and non-discrimination in its article 14: *"Spaniards are equal before the law and may not in any way be discriminated against on the grounds of birth, race, sex, religion, opinion or any other condition or personal or social circumstance".* Disability, age and sexual orientation are not expressly included in this article, but case-law tends to include them as "any other condition or personal or social circumstance"[1].
- **Article 10.2** of the Spanish Constitution recognises the interpretative applicability of the main international treaties on human rights: "*provisions relating to fundamental rights and freedoms recognised by the Constitution shall be interpreted pursuant to the Universal Declaration on Human Rights and the chief international treaties and agreements ratified by Spain*".
- **Article 9** of the Spanish Constitution conceptualises positive action or promotional measures as a constitutional way to promote equality as it states that public authorities must "*promote conditions that ensure that the freedom and equality of individuals and of the groups that they form are real and effective; to remove obstacles that impede or hamper the fulfilment of such freedom and quality; and to facilitate the participation of all citizens in political, economic, cultural and social life*". Directly related to people with disabilities, **article 29** of the Spanish Constitution adds that "*public authorities shall implement a policy of welfare, treatment, rehabilitation and integration for those with physical, sensory or mental disabilities to whom they shall give the necessary specialised attention and specific protection so that they may enjoy the rights that this Title provides for all citizens*".
- Council Directive 2000/43[2]; and Council Directive 2000/78[3] were jointly transposed in **Law 62/2003 of 30 September on fiscal, administrative and social measures** (articles 27 to 43), published on 31st December 2003; in Chapter III (Measures for the application of equal treatment) of Title II (Social Measures). This law entered into forced on 1st January 2004. This law is known in parliamentary terms as **"Accompanying Law"** ("*Ley de Acompañamiento*"), as it goes together with the annual law that passes the Government Budget for the following year. This Accompanying Law amended over 50 laws were amended. The use of "Accompanying Law" has been strongly criticised.
- More specifically on disability rights, **Law 51/2003, of 2nd December 2003, on Equal Opportunities, non-Discrimination, and Universal Access for Persons with Disabilities** (*Ley 51/2003, de 2 de Diciembre 2003 de Igualdad de Oportunidades, No Discriminación y Accesibilidad Universal de las personas con discapacidad*) represents the National Government's commitment and effective implementation of the right of equal opportunities. Law 51/2003 replaced a previous one dealing concerning disability's rights: Law 13/1982, of 7th April, for the Social Integration of Disabled people (hereinafter, LISMI). Law 51/2003 expressly mentions the grounds of racial or ethnic origin, religion or belief, disability, age and sexual orientation in its article 27.
- Law 51/2003 aims at guaranteeing the rights and making equal opportunities for people with disabilities effective and real. This Law is based on the principles of: independent living, universal access, design for all, dialogue with civil society associations and transversal character of disability policies. The scope of this Law covers the fields of: telecommunications and information society; urban areas an infrastructures; transport, goods and services and relations with the Public Administration. The Law

[1] Spanish Constitutional Court's Judgement no 269/1994 of 3rd October 1994.

2 Council Directive 2000/43 of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic, OJ L 180, 19.07.2000.

3 Council Directive 2000/78 of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, OJ L 303, 02.12.2000.

include positive action measures and anti-discrimination measures (Chapter II); as well as promotional measures (training, awareness raising, innovation and development of technical items, accessibility plans, participation of people with disabilities and their families in social lives, etc) and protection measures (arbitration, judicial protection, special criteria for burden of proof, etc).

- The only reference to **women with disabilities** in Law 51/2003 can be found in article 8.2 of the act referring to positive action measures: " *public powers shall adopt additional positive action measures f those people who objectively suffer from a higher degree of discrimination or enjoy less equal opportunities, such as women with disabilities*".
- The **Royal-Decree 1414/2006, of 1st December**, **on the procedure for the official recognition of disability and its rating** complemented Law 51/2003. Its describes the process and designates two official body responsible for the recognition, declaration and rating of degrees of disability for people with a degree of impairment equal to 33% and for people with a degree of impairment higher than 33%.
- Law 51/2003 was also supplemented as regards sanctions by the **Law 49/2007, of 6th December, on offences and sanctions in the field of equality for disabled people**[1]. This law entered into force on 27th March 2008.
- **Law 39/2006, of 14th December, for the Promotion of Personal Autonomy and Attention to dependence people**[2] established the "fourth pillar" of the Spanish welfare state (together with health system, social security and social services systems and pensions): **System for the Autonomy and Attention of Dependant people** (hereinafter, **SAAD**), with the aim to complement and develop the existing social protection systems and resources. The SAAD, an integral attention model, is based on the principles o Universality, Equality and Accessibility. It sets up three protection levels: (a) basic protection level guaranteed and financed by the National Government, (b) a second protection level grounded on the cooperation agreements between the National Government and the regions and co-financed by these two tiers of government; and (c) a third protection level to be developed by regions, if they decide to do so. The measures supported by SAAD are among others, tele-assistance, home-help support, day-centres, etc, and exceptionally, the payment of family carer's salary (after his/her registration in Social Security system).
- **Law 27/2007, of 23rd October, for the recognition of sign language and speech aid systems**[3] aims to recognise and facilitate the use of sign language and speech aid systems for those people who decide to use them. It also provides and guarantees support for communication by deaf, hearing-impaired and deaf-blind people in all public and private spheres: goods and services available to the general public; transport; communication with public administrations; political, cultural and social participation; media and telecommunications and information society.
- **Organic Law (hereinafter, OL) 3/2007, of 23rd October, on effective equality of women and men**[4] represents a major step for the promotion of an effective and real equality between women and men based on the fundamental principle of the transversal equal opportunities. It includes a set of measures to promote public administration actions to make equality effective in all areas (education, health, rural development, etc), including a general framework for the implementation of positive action measures, new bodies (Inter-Ministerial Equality Commission), request of gender impact assessment, etc. Further it includes measures to promote effective equality in private spheres of life, in labour relations, political

/[1] Official Journal, BOE num 310, 27/12/2007.
[2] Official Journal BOE num 299, 15/12/2006.
[3] Official Journal BOE num 255, 24/12/2007.
[4] Official Journal BOE num 71, 23/03/2007.

participation, etc.

- There are no provisions addressing the questions of **multiple discrimination**, or plans of legislation on this issue. The first reference to multiple discrimination in Spanish law can be found in Organic Law (hereinafter, OL) 3/2007, of 23rd October, on effective equality of women and men Its preamble stressed out that the law takes special consideration to "*double discrimination's cases and the particular difficulties faced by vulnerable women, such as women belonging to ethnic minority groups, migrant women and* ***women with disabilities***. Article 20 of OL 3/2007 states that " *public authorities shall, in the preparation of studies and statistics, devise and introduce the necessary mechanisms and indicators to show the incidence o other variables whose recurrence generates situations of multiple discrimination in the various spheres of action*".

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

National Definitions of Disability

- **Law 13/1984,** of 7th April, for the Social Integration of Disabled people (**LISMI)**, provided a general definition of disability, which is broader that the ones included in Law 51/2003, which replaces Law 13/1984, and in Social Security legislation. Law 13/1984 defined a **person with disability** as "*any person whose capacity for integration in education, work, or society is found to be diminished as a consequence of a impairment, congenital or otherwise, that is it likely to be permanent, in their physical, mental, or sensory capacities*" (article 7).
- **Law 51/2003** provided a definition of a **person with disability** for the purpose of this Law, that is to say, *for certain benefits*[1]: "*persons with disabilities shall be deemed to be those with a recognised degree of impairment equal to or greater than 33 per cent*". This state of affairs must be recognised by an official body, according to the procedure regulated in **Royal Decree 1971/1999 of December 23** on the recognition, declaration and rating of degrees of disability.
- **Articles 136.1 and 2 of the General Social Security Law** includes two **definitions of Disability**, which are not as extensive as the one included in Law 51/2003: (a) **Disability as regards contributory benefits**: "*severe anatomical or functional impairment that may be objectively determined and is likely to be permanent, and that diminishes or removes their ability to work*"; and (b) **Disability as regards non-contributory benefits**: "*Impairments likely to be permanent, whether physical or mental, congenital or otherwise, than alter or render ineffective the physical, mental or sensory capacity of those suffering from them*".
- **Equal Opportunities of People with Disabilities** as laid down in **Law 51/2003** is "*the absence of discrimination, either direct or indirect, as well as the adoption of positive action measures aiming to prevent or compensate for the disadvantages faced by people with disabilities to fully take part in political, cultural, economic and social lives"* (article 1).
- **Disability contracts (Ordinary Employment including quota)** with economically active workers with a degree of disability equal to or above 33%, are encouraged by a quota system anticipated by Law

[1] Chacón L. (2007), Report on Measures to Combat Discrimination Directives 2000/43/EC and 2000/78/EC, Country Report – Spain (http://ec.europa.eu/employment_social/fundamental_rights/pdf/legnet/esrep07_en.pdf) (Accessed 22/07/08).

13/1984 (LISMI): the obligation of employers with more than 50 employees to set aside at least 2% of the posts for workers with disabilities. This quota system is equally applicable to Public Administrations as set out in Law 39/1984, of 2nd August (modified by Law 53/2003, of December 10, about public employment of the disabled people[1]).

- **Disability contracts (Semi-Sheltered Employment)** with economically active workers with a degree of disability equal to or above 33%, are encouraged by a set of positive action measures anticipated by Law 13/1984 (LISMI):
  - Incentives[2] for permanent contracts: (a) Subsidies (financial aid up to 3,900 Euros to companies for each permanent contract signed); (b) Bonuses in Social Security contributions (reduction of companies' Social Security contributions, offset by the public employment services); (c) support to professional training; (d) bonuses to adapt work stations; (e) tax reductions, etc.
  - Incentives[3] for temporary contracts: reduction or bonuses in companies' Social Security contributions.
- **Disability Contracts in Especial Employment Centres, hereinafter EECs (Sheltered Employment**), introduced by Royal-Decree 427/1999 to promote the integration of disabled people in adapted workplaces[4], with special employment relations rules. EECs must offer suitable and accessible labour environments providing support and assistance to workers with disabilities, though the pay and social contributions is low. At least 70% of the centres' employees must be disabled. EECs can enter into contracts with collaborating companies on the ordinary labour market to allow disabled workers to provide their services in such companies.
- **Autonomy** as laid down in **Law 36/2006 (SAAD)** refers to the *"people's capacity to control, face and take personal decisions own their own initiative, as well as personal decisions about how to run their lives in accordance with their own preferences and how to undertake daily-life basic activities*" (article 2.1.1).
- **Dependency** as laid down in **Law 36/2006 (SAAD)** refers to the situation (of permanent character) of "*people that need other person/people's assistance or significant help in order for them to carry out daily-life basic activities or, in the case of people with mental disabilities or mental illnesses, require other supports for their personal autonomy. This situation should be a consequence of age, illness or disability, and linked to the absence or loss of physical, mental or sensorial autonomy*". Law 36/2006 sets out three degrees of dependency, for which it recognises protection through the SAAD: (a) Severe Dependents ("*Grandes Dependientes*") are dependent people who require assistance 24-hours a day; (b) Serious Dependents ("*Dependientes Graves*") are those who need assistance 2 or 3 times a day; and (c) Moderate Dependents ("*Dependientes Moderados*") are those who need assistance only once a day.
- **Pupils in special centres** are those with permanent education needs, as assessed by a team of psychiatrists and pedagogues. The maximum enrolment age is 21.

[1] Official Journal, BOE num. 296, 11/12/2003.

[2] Incentives established by Royal-Decree 1441/1983, of 11th May, regulating measures for the promotion of employment for the disabled. Subsequent legislation has amended these Royal-Decree's provisions.

[3] *Idem*.

[4] Official Journal BOE num 73, 26/03/1999.

[5] Applica and CESEP and Alphametrics (2007) men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

Quantitative data

- In 1999 there were 3,528,221 people with disabilities in Spain, which represented around 9% of the total population.
- More than half, around 58% were women (2,055,251) in 1999. The largest figures were found in women of 64 years-old or more (818,137 women with disabilities -61,96% of total population with disabilities - as compared to 502,396 men with disabilities – 37,43%). There were more men with disabilities between 6 and 44 years of age than women (over 240,000 women as opposed to around 250,000 men).
- There were no gender-related differences in children with disabilities (< 6 years-old) in 1999.
- In 2002, there were a total of 2,364,000 working population with disabilities in Spain (aged 16-64) (8,6%), of which 45,81% were women (*).

Data: INE, ONCE-Foundation and IMSERSO, Survey on Disabilities, Impairments and State of Health (1999).

Marital status:

- 39% of women with disabilities are widows, while 9% of men with disabilities are widowers. 45.2% of women with disabilities are married, in comparison with 67.3% of men.

Data: INE, ONCE-Foundation and IMSERSO, Survey on Disabilities, Impairments and State of Health (1999).

Disaggregated by Age:

- Under 6 years of age: total population with disabilities (49,577; 1,41% of total population with disabilities), of which 24,723 were men (49,9%) and 24,853 were women (50,1%).
- 6-15 years of age: total population with disabilities (68,284; 1,94% of total population with disabilities), of which 36,060 were men (52,8%) and 32,224 were women (47,2%).
- 16-44 years of age: total population with disabilities (519,495, 14,72% of total population with disabilities), of which 298,726 were men (57,5%) and 220,769 were women (42,5%).
- 45-64 years of age: total population with disabilities (818,213; 23,19% of total population with disabilities), of which 379,652 were men (46,4%) and 438,561 were women (53,6%).
- 65 or more years of age: total population with disabilities (2,072,652; 58,74% of total population with disabilities), of which 733,809 were men (35,4%) and 1,338,843 were women (64,6%).
- 85 or more years of age: total population with disabilities (381,418; 10,81% of total population with disabilities), of which 111,031 were men (2%) and 270,388 were women (70,9%).

Data: INE, ONCE-Foundation and IMSERSO, Survey on Disabilities, Impairments and State of Health (1999).

Disaggregated by Ethnicity:

- Not available.

Disaggregated by Type/Severity of their Disabilities:

Total population with disabilities: 3,478,644, of which 1,448,247 are men (41,63%) and 2,030,397 are women (58,375) (*)

- Mental disabilities: total population (515,900; 9,39% of total), of which 246,167 are men (47,72%) and

269,733 are women (52,28%).

- Visual disabilities: total population (839,718; 15,29% of total), of which 340,570 are men (40,56%) and 499,146 are women (59,44%).
- Hearing disabilities: total population (833,190; 15,17% of total), of which 373,072 are men (44,78%) and 460,120 are women (55,22%).
- Language disabilities (voice, speech): total population (51,521; 0,94% of total), of which 30,865 are men (59,91%) and 20,656 are women (40,06%).
- Osteo-articular disabilities: total population (1,467,922; 26,73% of total), of which 475,216 are men (32,37%) and 992,704 are women (67,63%).
- Neurological disabilities: total population (318,327; 5,80% of total), of which 156,099 are men (49,04%) and 162,228 are women (50,96%).
- Visceral disabilities: total population (865,752; 15,76% of total), of which 301,657 are men (37,84%) and 564,095 are women (65,16%).
- Other disabilities: total population (524,027; 9,54% of total), of which 143,787 are men (27,44%) and 380,238 are women (72,56%).
- Not listed/classified: total population (75,837; 1,38% of total), of which 33,731 are men (44,48%) and 42,107 are women (55,52%).

Data: INE, ONCE-Foundation and IMSERSO, Survey on Disabilities, Impairments and State of Health (1999).

(*) *Note: The same person can be included in different categories. Population aged 0-6 years old are not included.*

Is there information on the size of the household where they live?

- Households where people aged 16-64 years old are living, by size of the household where they live and the number of people with disabilities aged 16-64 (thousands). No gender disaggregation available.

	Total Households	Households with no people with disabilities sin discapacitados	Households with 1 person with disabilities	Households with 2 people with disabilities	Households with 3 people with disabilities
Total Households	11,178.4	9,174.2	1,706.8	263.9	33.5
With 1 member	825.8	706.6	119.2	-	-
With 2 members	2,321.0	1,888.3	379.2	53.5	-
With 3 members	3,185.3	2,603.8	498.9	75.5	7.1
With 4 members	3,316.2	2,795.1	438.9	72.6	9.6
With 5 members	1,087.2	859.2	179.4	39.1	9.4
With 6 or more members	442.9	321.2	91.2	23.1	7.4

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

Multiple disaggregation by age, and type/severity of disability:[5]

Women with disabilities:

16-24 years: considerably restricted – 0.8% [arms/legs/back = 25.6%; see/hear/speech/skin= 6.4%; chest/heart/stomach/diabetes = 14.2%; epilepsy/mental = 41.1%; other = 12.8%]; to some extent restricted

– 0.6% [arms/legs/back = 31.4%; see/hear/speech/skin = 10.8%; chest/heart/stomach/diabetes = 31.9%; epilepsy/mental = 20.1%; other = 5.8%]; not restricted 98.6%.
25-54 years: considerably restricted – 3.2% [arms/legs/back = 37.8%; see/hear/speech/skin = 5%; chest/heart/stomach/diabetes = 13.8%; epilepsy/mental = 26.4%; other = 17%];
to some extent restricted – 1.8% [arms/legs/back = 47.9%; see/hear/speech/skin = 7%; chest/heart/stomach/diabetes = 17.7%; epilepsy/mental = 14.5%; other = 12.9%]; not restricted 65.1%.
55-64 years: considerably restricted – 11.2% [arms/legs/back = 54.6%; see/hear/speech/skin = 5.3%; chest/heart/stomach/diabetes = 19%; epilepsy/mental = 8.5% other 12.5%]; to some extent restricted – 4.6% [arms/legs/back = 56.5%; see/hear/speech/skin = 4%; chest/heart/stomach/diabetes = 23.6%; epilepsy/mental = 6.8%; other 9.2%]; not restricted 84.2%

Men with disabilities:
16-24 years: considerably restricted – 1.3% [arms/legs/back = 31.3%; see/hear/speech/skin = 3.3%; chest/heart/stomach/diabetes = 2.4%; epilepsy/mental = 47.8%; other = 15.3%];
to some extent restricted – 0.8% [arms/legs/back = 34.4%; see/hear/speech/skin = 22.1%; chest/heart/stomach/diabetes = 30.3%; epilepsy/mental = 0%; other = 13.2%]; not restricted 97.9%.

25-54 years: considerably restricted – 4.2% [arms/legs/back = 31.4%; see/hear/speech/skin = 5.7%; chest/heart/stomach/diabetes = 17.6%; epilepsy/mental = 31.1%; other = 14.1%;];
to some extent restricted – 1.6% [arms/legs/back = 49.5%; see/hear/speech/skin = 7.6%; chest/heart/stomach/diabetes = 21.9%; epilepsy/mental = 12%; other = 9%]; not restricted – 94.2%

55-64 years: considerably restricted – 15.5% [arms/legs/back = 44.6%; see/hear/speech/skin = 4.9%; chest/heart/stomach/diabetes = 34.9%; epilepsy/mental = 6.9%; other = 8.7%]: to some extent restricted – 4.3% [arms/legs/back = 50.2%; see/hear/speech/skin = 6.1%; chest/heart/stomach/diabetes = 30.1%; epilepsy/mental = 5.2%; other = 8.4%]; not restricted – 80.2%

Ref:

- Survey on Disabilities, Impairments and State of Health (1999), carried out by INE (National Statistical Institute) in collaboration with IMSERSO ("Institute of Elderly and Social Services") and the ONCE Foundation;
- Survey on Active Population (2002), INE, with the exception of data marked with (*), which are included in the same survey but have been re-elaborated with the methodology used in Survey on Active Population (2002), extracted from INE (2008).

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Economic /Employment conditions

- People with disabilities aged 16-64 years old, by employment situation, gender and their household situation (living alone or with other people) (in Thousands)

	Both			Men			Women		
	Total	Living alone	Do not live alone	Total	Living alone	Do not live alone	Total	Living alone	Do not live alone
Total	2,339.2	119.3	2,219.9	1,265.8	65.9	1,199.9	1,073.4	53.3	1,020.1
Active population - Working	666.9	35.4	631.5	433.7	22.0	411.7	233.2	13.4	219.8
Avtice population - Unemployed	120.9	5.3	115.6	63.6	3.9	59.7	57.3	1.4	55.9
Non-active population	1,551.4	78.6	1,472.8	768.5	40.0	728.5	782.9	38.5	744.4

Data: *INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).*

- Activity rate, employment rate and unemployment rate of people with disabilities aged 16-64, by gender and by their household's situation (%)

	Both			Men			Women		
	Total	Living alone	Living with others	Total	Living alone	Living with others	Total	Living alone	Living with others
Activity Rate	33.7	34.1	33.7	39.3	39.3	39.3	27.1	27.8	27.0
Employment Rate	28.5	29.7	28.4	34.3	33.4	34.3	21.7	25.1	21.5
Unemployment Rate	15.3	13.0	15.5	12.8	15.1	12.7	19.7	9.5	20.3

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Activity rate, employment rate and unemployment rate of people with disabilities aged 16-64, by gender and age group (%)

	Both				Men				Women			
	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old
Activity Rate	33.7	40.2	44.9	27.3	39.3	41.8	50.1	33.3	27.1	38.1	38.6	20.5
Employment Rate	28.5	30.2	37.7	23.7	34.3	32.8	43.1	29.7	21.7	26.4	31.0	16.8
Unemployment Rate	15.3	24.8	16.1	13.3	12.8	21.4	13.9	10.7	19.7	30.6	19.6	18.1

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Activity rate, employment rate and unemployment rate of people with disabilities aged 16-64, by duration of the disability (%) (no gender cross-reference made available)

	Activity rate	Employment Rate	Unemployment Rate
Total	33.7	28.5	15.3
Under 1 year	54.4	48.5	10.7
Between 1 - 3 years	41.0	34.5	15.8
Between 3 - 5 years	31.1	26.2	15.6
Betwen 5 - 10 years	27.9	23.2	16.7
10 years or more	29.5	24.6	16.5
No answer	37.0	32.4	12.6

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Number of Active People with Disabilities aged 16-64 years old that are beneficiaries of measures facilitating their integration or reintegration into the labour market, by gender (in Thousands).

	Both Genders	Men	Women
Total	666.9	433.7	233.2
Beneficieries	77.5	52.7	24.9
Not Beneficieries	568.6	366.3	202.3
No answer	20.8	14.7	6.1

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Number of Active People with Disabilities aged 16-64 years old rate, by gender and age group (in Thousands).

	Both Genders			Men			Women		
	Total	16 - 44 years old	45 - 64 years old	Total	16 - 44 years old	45 - 64 years old	Total	16 - 44 years old	45 - 64 years old
Total	666.9	322.7	344.2	433.7	203.8	229.8	233.2	118.9	114.4
Employers with employees	36.8	9.7	27.1	26.5	7.3	19.2	10.3	2.4	7.9
Employers without employees	93.7	28.3	65.4	65.9	20.9	45.0	27.8	7.4	20.4
Employees in Public Sector	106.2	49.8	56.4	58.5	25.9	32.7	47.7	24.0	23.7
Employees in Private Sector	416.9	232.0	184.9	275.7	147.4	128.3	141.2	84.6	56.6
Another situation	13.4	2.9	10.4	7.1	2.3	4.7	6.3	0.6	5.7

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Number of Employed People with Disabilities aged 16-64 years old, by gender by types of contracts (in Thousands).

	Both Genders				Men				Women			
	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old
Total	523.1	41.7	240.1	241.3	334.3	26.5	146.8	160.9	188.8	15.2	93.3	80.4
Permanent	359.0	15.2	150.6	193.2	231.6	9.9	93.6	128.1	127.5	5.4	57.0	65.1
Temporary	164.1	26.5	89.5	48.1	102.7	16.7	53.2	32.9	61.4	9.8	36.3	15.2

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Number of People with Disabilities aged 16-64 years old, working under a temporary contract by by gender and by the motivation to work under a temporary contract (in Thousands).).

	Both Genders				Men				Women			
	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old	Total	16 - 24 years old	25 - 44 years old	45 - 64 years old
Total	164.1	26.5	89.5	48.1	102.7	16.7	53.2	32.9	61.4	9.8	36.3	15.2
Did not find a permanent position	131.0	20.9	72.5	37.5	82.3	12.5	44.0	25.8	48.7	8.4	28.5	11.7
Other motivations	33.1	5.7	16.9	10.6	20.3	4.2	9.2	7.0	12.7	1.4	7.7	3.5

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Number of Unemployed People with Disabilities and without Disabilities aged 16-64 years old, who have worked over the past 3 years, by gender and by reason why they left their last employment (in Thousands).).

	People With Disabilities			People Without Disabilities		
	Both	Men	Women	Both	Men	Women
Total	84.5	47.3	37.2	1,330.8	608.5	722.4
End of Seasonal Employment Contract	15.4	8.4	7.1	222.4	89.6	132.7
End of Other type of contract	37.2	20.5	16.7	775.4	367.2	408.3
Dismissal by other reasons por otras c	8.2	6.0	2.3	95.5	48.7	46.7
Early retirement	6.7	4.8	1.9	8.8	3.1	5.7
Voluntary resignation	4.7	2.1	2.7	60.6	22.8	37.7
Other motivations	12.3	5.6	6.7	168.1	77.1	90.9

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Number of Unemployed People with Disabilities and without Disabilities aged 16-64 years old, by gender and by number of months/years that they have been unemployed (in Thousands).

	People with Disabilities			People without Disabilities		
	Both	Men	Women	Both	Men	Women
Total	120.9	63.6	57.3	1,890.2	773.8	1,116.4
Less than 3 months	21.7	14.1	7.6	380.7	186.2	194.5
Between 3 - 5 months	5.3	2.8	2.5	129.6	57.0	72.6
Between 6 - 11 months	23.5	11.2	12.3	368.2	162.6	205.6
Between 1 -2 years	23.9	13.0	11.0	379.8	146.9	232.8
Between 2 -3 years	14.2	6.7	7.5	278.5	106.8	171.7
3 years or more	32.4	16.0	16.4	353.4	114.2	239.2

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Number of Non-Active People with Disabilities and without Disabilities aged 16-64 years old, by gender and by reason why they are not looking for a job (in Thousands).

	People with Disabilities			People without Disabilities		
	Both	Men	Women	Both	Men	Women
Total	1,551.4	768.5	782.9	7,369.4	1,907.9	5,461.5
Illness or incapacity	948.3	548.5	399.8	29.3	13.0	16.2
Personal or family responsibilities	133.5	3.1	130.4	1,828.0	16.0	1,812.1
Studying or training	40.5	23.7	16.8	2,517.4	1,199.1	1,318.4
Retired	166.7	134.3	32.5	445.8	362.7	83.0
Does not need to work	19.1	0.4	18.6	168.7	5.6	163.2
Other reasons	183.0	27.9	155.1	1,957.6	171.6	1,785.8
Not known	60.3	30.6	29.7	422.6	139.9	282.8

Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

- Women with disabilities who are job seekers represented a lower percentage as compared to men (48,36%) in 2007. Only 2.76% of all job seekers in Spain were people with disabilities; though there was been an average annual increase of 10.93% in the previous 5 years.
- Unemployment among women with disabilities (19.7%) is three and a half percentage points higher than that of women without disabilities (16.2%) and almost seven times higher than that of men with disabilities (12.8%). (Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).
- There is a significant gap between women and men with disabilities in the impact of measures to boost employment. Out of 43,088 people with disabilities involved in such measures, only 12,731 (29.54%) are women (Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).
- The number of women receiving non-contributory allowances (73.46%) is three times higher than that of men (Data: Map of Non-contributory allowances, IMSERSO 2004).
- This difference is even more pronounced when looking at non-contributory retirement pensions: 85.01% are women (with and without disabilities) (Data: Map of Non-contributory allowances, IMSERSO 2004).
- A higher degree of dependency in the case of women, as 61% of all people with illnesses requiring high levels of assistance to carry out instrumental activities in the daily living are women. 63% of all those with high or severe support needs are women with disabilities, compared to 37% of men (Data: INE, August 2003: "People with disabilities and their employment situation" (based on annexed module to the Survey on Active Population (third quarter, 2002).

– **Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?**

- The main legal framework laid down in Law 62/2003 of 30 September on fiscal, administrative and social measures; Law 13/1982, of 7th April, for the Social Integration of Disabled people (LISMI).and Law 51/2003, of 2nd December 2003, on Equal Opportunities, non-Discrimination, and Universal

Access for Persons with Disabilities (*Ley 51/2003, de 2 de Diciembre 2003 de Igualdad de Oportunidades, No Discriminación y Accesibilidad Universal de las personas con discapacidad)*, replacing Law 13/1982 (see further information in section 1 of this country fiche).

- Law 9/2005, of 6th June, for the compatibility of the non-contributory disability pension with paid work[1], aims at promoting the introduction of non-active people into the labour market. As most beneficiaries of non-contributory disability pension are women, this act is key to promote the integration of women with disabilities in the labour market.
- As stated in the **Spanish Action Plan for Women and Girls with Disabilities (2007),** women with disabilities have less chance of finding a job due to their lack of education, their disability and the prejudices and stereotypes held by companies and potential workmates, which cause discriminatory behaviour. Among the 8 priority action areas, the Action Plan includes on "Employment", which embraces measures in three fields: occupational training, working for a company and self-employment. This Plan has been criticised by some of the interviewees' representatives of Disabled people's organisation due to the lack of implementation and monitoring of the progress made. It was even qualified as "wet paper" by some of them.

– **Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments**

- See section 2 of the country fiche (detailed explanation given in relation to sheltered employment: semi-sheltered employment, etc).

– **Key bodies responsible for enforcement / delivery (including state, private and third sector)**

- CERMI adopted the 1st Integrated Plan for Women with Disabilities (2005-2008) in 2005. This Plan is divided into 10 priority areas, including training (courses of digital literacy) and employment (support for self-employment initiatives, distance-working for women with disabilities, study of social reality in the field of employment, etc).

	Women with disabilities	Non-disabled women	Men with disabilities
Employment rates	n/a	n/a	n/a
Unemployment rates	n/a	n/a	n/a
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates	n/a	n/a	n/a
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[2] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

[1] Official Journal, BOE nun 135, 07/6/2005.
[2] Please provide the definition of 'poverty' used in your country

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

- There are approximately 230 special facilities for SEN pupils in Spain (see definition below) in Spain (Reference: National Page for Spain of the European Agency for Development in Special Needs Education; Data of the year 2003), which can be categorised as follows:
  - State special schools (CPEE): 74
  - Special Education School substitute classrooms: 50
  - Concerted Special Education Schools (private centres which are partially supported by public funding): 97; and
  - Private special education schools: 11

- The **Ministry of Education, Social Affairs and Sports** publishes an annual educational statistics report on the annual performance indicators of the educational system and the pupils (*"Las Cifras de la Educación en España",* last available corresponds to the academic year 2005-2006: http://www.mepsyd.es/mecd/jsp/plantilla.jsp?id=3131&area=estadisticas&contenido=/estadisticas/educativas/cee/2007A/cee-2007A.html). However, only data on 2 indicators is broken down by gender, related to the following:
  - Percentage of pupils with SEN of the total student population: 2.2% of pupils with SEN of total students (136,075 pupils, of which 2.7% are men and 1.7% are women);
  - Distribution of pupils with SEN by gender, by type of educational facility (in % of total student population): Please note that pupils attending special units for special education in ordinary schools or mainstream schools are counted as pupils attending special education schools.

All Educational Facilities		Special centres		Mainstream Centres	
Men	Women	Men	Women	Men	Women
62.3%	37.7%	62%	38%	62.4%	37.6%

- Attainment levels of women with disabilities (Source: Survey on Disabilities, Impairments and State of Health (1999), carried out by INE (National Statistical Institute) in collaboration with IMSERSO):
  - Attainment level of people with disabilities, by gender:

Attainment levels	Total population	% total people with disabilities /total population	Men	% of Men/total people with disabilities	Women	% of Women/total people with disabilities
Illiterate/Anal phabetic	462,269	13.4%	140,764	30.45%	321,507	69,55%
Without any studies	1,205,688	34.96%	466,975	38.47%	738,713	61,27%
Primary	1,237,201	35.87%	528,906	42.75%	708,295	57,25%

school-level or equivalent						
Secondary school-level	353,519	10.25%	188,697	53.38%	164,823	46,62%
Professional Training	98,571	2.86%	59,691	60.56%	38,881	39,44%
Higher education-level or equivalent	91,614	2.66%	47,583	52.23%	43,760	47,77%
TOTAL	**3,448,862**	**100.00%**	**1,432,884**	**41.55%**	**2,015,977**	**58.45%**

– Attainment level of women with disabilities (% or women with disabilities per attainment level /total population of women with disabilities)

Attainment levels	Illiterate/Analphabetic	Without any studies	Primary school-level or equivalent	Secondary school-level	Professional Training	Higher education-level or equivalent
Total (%) of total population of women with disabilities (100%)	15.95%	36.64%	35.13%	8.18%	1.39%	2.17%

– Attainment level of women with disabilities per age group(% or women with disabilities per age group /total population of women with disabilities):

Attainment Level	Total Population of Women with Disabilities	% Women/ Total population of women with disabilities	Population aged 10-64 years of age	% Women aged 10-64 years of age/Total population of women by age group	Population aged 65-79 years old	% Women aged 65-79 years of age/Total population of women	Population aged 80 years old or more	% Women aged 80 years of age or more/Total population of women
Illiterate/ Analphabetic	321,507	15.95%	79,005	24.57%	129,100	40.15%	113,402	35.27%
Without any studies	738,713	36.64%	173,757	23.52%	338,899	45.88%	226,057	30.60%
Primary school-level or equivalent	708,295	35.13%	256,868	36.27%	298,296	42.11%	153,131	21.62%
Seconda	164,823	8.18%	114,788	69.64%	32,592	19.77%	17,443	10.58%

ry school-level								
Professional Training	38,881	1.93%	27,739	71.34%	8,490	21.84%	2,652	6.82%
Higher education-level or equivalent	43,760	2.17%	24,978	57.08%	10,760	24.59%	8,022	18.33%
TOTAL	**2,015,977**	**100.00%**	**677,134**	**33.59%**	**818,137**	**40.58%**	**520,706**	**25.83%**

Note: The Survey used these age groups and did not cover the people with disabilities under 10 years of age.

– Attainment level of women with disabilities per disability type (% or women with disabilities per disability type /total population of women with disabilities):

Attainment levels ⇨ / Disability Types⇩	Total	Illiterate /Analphabetic	Without any studies	Primary school-level or equivalent	Secondary school-level	Professional Training	Higher education-level or equivalent
Mental	100.00%	25.18%	36.07%	30.25%	6.08%	1.02%	1.39%
Visual	100.00%	17.12%	37.30%	31.62%	9.16%	1.80%	2.40%
Hearing	100.00%	14.44%	35.50%	37.33%	8.75%	1.60%	2.38%
Language (Voice, Speech)	100.00%	25.33%	37.29%	26.08%	3.87%	0.06%	7.37%
Osteo-articular	100.00%	15.32%	37.97%	35.57%	6.8%	2.23%	2.13%
Neurological	100.00%	15.12%	35.84%	34.19%	10.06%	2.77%	2.02%
Visceral	100.00%	15.24%	37.98%	37.72%	7.17%	1%	0.89%
Others	100.00%	23.12%	42.79%	27.40%	4.27%	0.77%	1.65%
Not listed/classified	100.00%	15.10%	36.32%	38.88%	5.86%	2.07%	1.77%
TOTAL	**100.00%**	**15.95%**	**36.64%**	**35.13%**	**8.18%**	**1.93%**	**2.17%**

Ref:

- Survey on Disabilities, Impairments and State of Health (1999), carried out by INE (National Statistical Institute) in collaboration with IMSERSO ("Institute of Elderly and Social Services") and the ONCE Foundation;
- Annual educational statistics report on the annual performance indicators of the educational system and the pupils ("Las Cifras de la Educación en España", last available corresponds to the academic year 2005-2006: http://www.mepsyd.es/mecd/jsp/plantilla.jsp?id=3131&area=estadisticas&contenido=/estadisticas/educativas/cee/2007A/cee-2007A.html).
- National Page for Spain of the European Agency for Development in Special Needs Education: http://www.european-agency.org/nat_ovs/spain/9.html

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Participation rates in general education: Data is only available disaggregated by age[1]	Women 16-19 years = 80.8% Women 20-24 years = 47.5%	N/A	Men 16-19 years = 71.8% Men 20-24 years = 38.5%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels	See above		
Number and type of specialist schools (i.e. level, for which target groups)			

Qualitative data:

Description of legislation and policies to recognise right of disabled persons to education

- The legislative framework governing and guiding the Spanish Education system comprises the **Spanish Constitution**, the **Organic Law 2/2006, of 3rd May, of Education** (hereinafter, LOE; Title II, Chapter I, Section One) and the **Royal-Decree 696/1995, of 28 of April, concerning the regulation of education for pupils with special educational needs** (hereinafter, SNE pupils). The Spanish Constitution recognises the right to education as one of the essential constitutional rights that public powers must guarantee to every citizen.

- **Special education** within the national education system is address to pupils with SEN, who are those who require, during a school period or alongside it, and in particular which refers to assessment, certain support and educational specific attentions due to their physic, physic, and sensory disabilities or to personality or behavioural disorder.

- As laid down in **article 71 of LOE**, the State is responsible for education and for offering cost-free and compulsory education until 16 years of age. In any event, pupils with specific special education units or schools may only remain in school until they reach the age of 20.

- The national regulations are supplemented by rules laid down by the various autonomous communities depending on their needs to their respective scopes of competences. Thus, Autonomous Communities to which educational competences have been transferred may regulate the adaptation of this national legal framework into their territories.

- One of the fundamental principles underlying the national educational system as laid down in the **Organic Law 2/2006, of 28th of April,** is the **principle of equal opportunities and the promotion of the effective equality between women and men** (article 1). The education for the recognition of fundamental rights, the principle of equal opportunities between women and men and equal treatment and non-discrimination of people with disabilities is at the same time one of the main mains of the national educational system (article 2).

- SEN pupils are educated at mainstream schools and under mainstream curricula. Only when it is objectively established that the needs of SEN pupils can not be properly met at a mainstream school,

[1] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC

then pupils with SEN are educated at Special Needs Schools.

- The process followed for enrolling pupils with SNE in schools is the same in all autonomous communities. There are three options: (1) enrolment in mainstream units and schools, with any special adaptation and support; (2) enrolment in special education units in mainstream schools; and (3) enrolment in specific special education schools.

- The educational levels for pupils with SEN are the same as for other pupils: pre-school (0-3 years), infant (3-6 years), primary (6-12 years) and compulsory secondary education (12-16 years), baccalaureate (16-18 years), vocational training and university (+18 years of age) with their respective adaptations. The general objectives of the various educational phases constitute the standard reference for the individual curricular models or adaptations for pupils with SEN.

Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:

– **Personalised measures at school (individual classes, extra support, mentors, peer group support, etc.) & Integrative measures**

- The provision for pupils with SNE is governed by the **principles of mainstreaming and educational integration**. The **Royal-Decree 696/1995, of 28 of April,** arranges the education of pupils with SEN and establishes the conditions for the educational provision for this population.

- Pupils with SEN are granted priority for the enrolment in pre-primary education, given the preventive and rehabilitative nature of this phase of education. Special educational needs are diagnosed after a psycho-pedagogical evaluation process, conducted by each autonomous region's specialist counselling services. This decision, however, may be subject to revision. Further, the promotion of pupils with SEN to the next stage of education or the following year is governed by evaluation criteria established in the Master Programme for the respective phase and the curricular adaptations in each specific case.

- When there are no Special Education schools in the area, pupils with SEN receive their schooling in Units for Special education within mainstream centres.

- According to applicable legislation, there is a set of specific support measures that can be applied in mainstream schools and Special Education schools to provide appropriate schooling to pupils with SEN, such as: (1) alterations to school building facilities, (2) special adaptation to the curriculum; (3) additional support provided by specialists teachers or other professionals (Guidance teams, etc – see below); (4) Special teaching methods and materials (alternative means for pupils with visual alterations, auditory alterations, etc); (5) reduced size classrooms; (6) Special arrangements for evaluation or progress through education; etc.

- Mainstream schools are equipped with the human and material resources required for providing education to the SEN pupils, such as:
  - Specialist teachers in therapeutic education;
  - Specialist teachers in hearing and language;
  - Educational and Psycho-educational Guidance Teams (EOEP);
  - Guidance Departments at secondary schools
  - Physio-therapists at schools that take in pupils with motor-type needs;
  - Support teachers and tutors with training in the use of oral and visual systems in communication and a command of sign language at schools that take in pupils with communication and language disabilities (based on agreement between the Ministry of Education and the Spanish National Confederation of the deaf)
  - Specialist teachers giving special care to sight-impaired pupils, pursuant to the agreement

between the Ministry of Education and the Spanish Association of the Blind.
  - Other professionals such as educational technicians, carers and nurses;
  - Teaching aids and resources to ensure that pupils with SEN can pursue and participate in all school activities, particularly pupils with communication and language, motor and sight disabilities.
- Based on their respective competences in this matter, each Autonomous Community establishes the allocation of the above resources in the schools and centres in their territories, with the view to meet the SEN pupils' needs, as well as the conditions in which such allocation is carried out.

- At special schools, the provision for human and material resources is increased and the specialists/pupils ratio is decreased depending on the needs of pupils.

– **Providing or promoting the use of assistive technologies**

No relevant information found, though there are specific projects also funded by ESF that deal with this matter.

– **Financial subsidies, loans etc**

- The total budget allocated to education in Spain comes from: (1) Public Budgets provided by the State (Ministry of Education, Social Policy and Sport), the Autonomous Communities (Regional Departments of Education) and local authorities (about 80% of total funds to education); (2) private funds (provided by families); and to a lesser extent from (3) private institutions (around the remaining 20% comes from 2+3).

- Public spending is not only earmarked for public education, but is also allocated to subsidise private establishments and finance students and teaching staff scholarships and grants.

- The budget for Special Education covers the following: staff, operational expenses, equipment (furniture, etc), grants to NGOs and to private schools with an educational cooperation agreement with the Ministry), canteens, financial support for mainstream schools with integration of pupils with SEN, transport, new building improvement, works for removing physical and architectural barriers, etc.

- Public spending allocated to Special Education amounted to 2,1% of total funding (approx. 835.452 Euros in 2005; total budget for education levels before University amounted to 27,647,451 Euros)

Ref:

- Same as for quantitative data.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

- **What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention?**
  - The term "Independent Living" as such was not developed by the applicable national legislation until the entry into force of the Law 39/2006, of 14th December, on the Promotion of Personal Autonomy and the attention to dependent people. Its article 2 defines "autonomy" as the "capacity to control, cope and make, on one's own initiative, personal decisions about how to run one's life in accordance with one's own rules and preferences, as well as on how to develop basic daily-life activities". According to this law, however, the dependent situation (and therefore the lack of autonomy) is a permanent situation that may be caused, not only by any disability type, but also by age or illness.
  - "Independent living" is also recognised by the National Plan for Women with Disabilities (2007), which includes "Independent living" as one of its fundamental principles. The Plan's principles are derived from the applicable international and European legislative framework in this field.
  - The Plan's definition of "Independent living" follows a similar definition to that laid down by the UN Convention. As stated in the National Plan for Women with Disabilities (2007), "Independent living" refers to "*the situation in which women with disabilities exercise their capacity to decide on their own existence and actively take part in community life in accordance their rights to full self-development freely. (..) policies addressed to allow women with disabilities to run an independent life, ensuring whenever possible their subsistence through their jobs; their free choices in their private, professional or family lives; their access to education; to employment, to public and private areas; and enable the community to enjoy their experiences, abilities and talents".*

- **What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources?**
  - Law 39/2006, of 14th December for the promotion of Personal Autonomy and Attention to dependent people established the SAAD (System for the Autonomy and Attention of Dependent People, which follows an integral model to provide support services to dependent people in the country. The system involves multiple support measures that can be financed partially by the State (National Government, Autonomous Communities and Local authorities) and the beneficiaries. These measures include: tele-assistance, home-based support, day-centres, etc, and, exceptionally the payment of family carers' salaries (after their registration in the Social Security System and the fulfilment of certain conditions).
  - Alongside the delays in launching the SAAD due to the general elections and coordination

problems between the Ministry and the Autonomous Communities, CERMI has identified other issues affecting the SAAD during its first year of implementation[1], such as weak training of people within the assessment teams responsible for examining the applications for support under the SAAD; the SAAD's complexity, the little knowledge about the system by potential beneficiaries and weak dissemination and awareness-raising of the SAAD and its content..

- The **National Plan for Women with Disabilities** (2007) is based on six fundamental principles, one of which is "independent living" aimed at promoting the capacity of women with disabilities for self-determination. Furthermore, the Plan includes a set of policy measures with the view to ensuring an independent living for women with disabilities in the Areas of Intervention II on "Family life, affective relationships and motherhood". This area aims to deal with the family and personal relationships, key factors in the life choices made by women with disabilities and the attitudes and prejudices in which socialisation takes place, and including measures aimed at increasing the autonomy women with disabilities enjoy in these fields. One of the policy objectives under this Area is to "promote the autonomy and independence of women with disabilities". To achieve this objective, the Plan includes the study of women with disabilities' needs to identify the existing gaps in the proximity of services provided; an impact assessment study on the home-based dependent care services for women with severe disabilities; and the set up of a professionalised attention care services for rural women with disabilities.
- However, the lack of resources and the weaknesses of the National Plan (it has no time frame, inadequate monitoring tools, etc) have been criticised by the key stakeholders interviewed.
- The 1st Integral Action Plan for Women with Disabilities 2005-2008 prepared by CERMI (Spanish Committee of Representatives of People with Disabilities) includes "Independent Living" as one of its areas of intervention. To achieve the objectives to ensure that women with disabilities fully enjoy their rights to live independently and receive the support from public authorities and civil society associations, the Plan proposes a set of measures to key Ministries and other stakeholders to intervene in local environments, to promote personal and direct assistance and support to women with disabilities, to support further research in this area and to improve the existing legislative framework.

Quantitative data:

- Rates of independent living of women with disabilities, compared to men with disabilities (Please disaggregate by age group: <15, 16-64, >65)

Not available (see comments in section 2 of this country fiche)

- Rates of women with disabilities in care
  - According to the statistics published by the Ministry of Education, Social Policies and Sport responsible for the overall management and monitoring of the set up and implementation of SAAD[2], since the launch of SAAD and up to 1st October 2008, around 606,446 people have applied for financial support under the SAAD, of which 34% were men and 66% women. By age group, most

[1] CERMI, "Análisis del Sistema de Valoración y Reconocimiento de la Situación de Dependencia – un año después de su implantación", May 2008.

[2] IMSERSO, Statistics Service within the Deputy Directorate-General for SAAD's Assessment, Quality and Evaluation (Servicio de Estadísticas de la Subdirección General Adjunta de Valoración, Calidad y Evaluación), http://www.seg-social.es/imserso/estadisticas/saad/estsisaad20081001.pdf

applicant are aged between 65 and 79 years old (165,797 people; of which 29.7% are men and 27.29% are women) and 80 years old or more (318,277 people; of which 58.1% are women and 30.22% are men).

– A total of 378,378 beneficiaries have been recognised funding support by the system following a series of formal recognition and grading of their dependency ratios and needs. However, data made available by the Ministry does not break down this figure by gender. Most of the funding support has been granted for support services that have not been specified by the Autonomous Community to the Ministry (a total of 209,702 beneficiaries). 69,143 beneficiaries have been granted support for family-related assistance services; 49,828 beneficiaries have been granted a residential assistance support, 23,914 beneficiaries have been given financial support for home-based assistance services; 9,807 beneficiaries will receive funding support for day-centres and night-centres; 7,098 will receive tele-assistance support. Fewer beneficiaries have received funding support for personal assistance services and prevention and promotion of personal assistance services (149 and 103 beneficieries respectively).

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

- **Is there recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services?**

  - One of the intervention areas within the **National Action Plan for Women with Disabilities** (2007) deals with “Health” aimed at ensuring health systems respond to women’s needs and avoiding a health-based approach to disability, though women are the most numerous users of health services: approximately 61% of all people with illnesses requiring high levels of assistance are women and lack the accessible services need to secure appropriate health care. 63% of all those with high sever support needs are women with disabilities, compared to 37% who are men (Source: Survey on Disabilities, Impairments and State of Health, 1999-INE, ONCE Foundation and IMSERSO).
  - The **National Action Plan for Women with Disabilities** (2007) acknowledges that the legal acts passed with the view to overcome architectural barriers for people with disabilities to access the public health system have not been enough to meet the needs of women with disabilities. Thus, barriers to access the public health system remains for women with disabilities due to inadequate equipment, lack of training for professional staff (in identifying pathologies in cases of women with disabilities; in talking to women with disabilities), discriminatory attitudes, etc. The needs of women with disabilities remain considerable in crucial areas such as their rights to motherhood, reproductive rights, sexuality and abortion.
  - The VII intervention area dealing with “Health” within the National Action Plan for Women with Disabilities (2007) sets out the following objectives: (1) Study and analysis of specific aspects related to health of women with disabilities (gynaecological attention adapted to their needs; etc);

(2) Improve quality in sanitary support services and services addressed to women with disabilities both in women's life cycle and their reproductive and sexual life; (3) Improve the attention offered to women with disabilities by health professionals (training staff, awareness raising, etc); and (4) Introduce gender mainstreaming in the public health information system (health indicators, etc).

- **What services are available which are gender and disability sensitive? Please refer specifically to sexual / reproductive health services, rehabilitation support and screening programmes (e.g. screening for cancer)**

  - As stated in the 1st Integral Action Plan for Women with Disabilities 2005-2008, there is an "absolute lack of studies on the needs and services provided to women with disabilities, based on the epidemiologic research on disabilities. However, all interviews stressed out the considerable barriers and discriminatory situations that women with disabilities faced to access to, and receive adequate assistance related to family planning, reproductive rights, in particular related to their personal choices in these matters.
  - As for the areas in need of attention, CERMI proposed some activities in the field of health which were taken into account to draft the National Action Plan, based on their 1st Integral Action Plan for Women with Disabilities 2005-2008, namely: (1) develop legal provisions making it obligatory to secure the informed consent of all women with disabilities to any medical procedures; (2) the introduction of technical adjustments and adaptation to devices to ensure that gynaecological and obstetrics services are accessible for women with disabilities, (3) training for sanitary staff concerning the assistance to be provided for women with disabilities when accessing the health system with the view to include steps to follow based on the needs for different disability types; (4) training programmes in women body language and the promotion of self-confidence in women with disabilities in rehabilitation courses targeting hospitals' sanitary staff.

– **Quantitative data**:

- Data is not available for people with disabilities within the Survey of the State of Health in Spain undertaken by the Ministry of Health (available for the years 2003 and 2006). Data is broken down by age, gender, nationality, employment situation, etc. Data used for the Survey on Disabilities, Impairments and State of health, however, is gathered by INE (National Statistics Institute), but data on "disabilities" is not crossed-referenced in the case of the above indicators.

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

– **Legislation, policies and measures to recognise and facilitate the right of disabled women to an adequate standard of living (e.g. types of benefits disabled women are entitled to, including pensions, child support etc)**

- Law 13/1982, of 7th April for the **Social Integration of People with Disabilities** (hereinafter, LISMI) defined the scheme of social benefits applicable for people with disabilities. This benefits' scheme does not distinguish between genders of people with disabilities. Furthermore, these benefits were complemented by the promotional and prevention measures developed by the Law 51/2003 which replaced the LISMI.
- According to the LISMI, the State is obliged to ensure prevention, medical and psychological care, proper rehabilitation and economic means to facilitate a better self-fulfilment of the disabled and social integration as well as integration in the labour market of the persons with physical, psychological and sensory impairments. It can also provide trusteeship for those who need it.
- The economic and technical benefits laid down by the LISMI are addressed to disabled persons who are not working and therefore are not included in the Social Security Scheme. One person can receive different benefits, but they are incompatible with other public benefits of the equal nature and purpose These benefits include the following:

    (1) Guaranteed minimum income subsidy (SGIM), for people that do not have a personal income higher than 70% of the minimum wage; are 18 years of age and more; have a 65% and more degree of disability, which impedes the person from having a job;
    (2) Subsidy for care by a third party (SATP), for people that do not have a personal income higher than 70% of the minimum wage; are 18 years of age and more; have a 75% and more degree of disability; need the assistance of another person for the accomplishment of the most essential activities of daily living, and can not be admitted in a centre;
    (3) Subsidy for mobility and reimbursement of transportation costs (SMGT), for people that do not have a personal and/ or family income higher than 70% of the minimum wage; are 3 years of age and more; have a 33% and more degree of disability; have serious difficulties to use public transportation to be able to leave the house, and if admitted in a centre, will able to leave it for 10 weekends per year; and
    (4) Medical assistance and medicinal benefit (ASPF being the technical benefit) for people with a degree of disability of 33%.

- Further, people with disabilities are also entitled to both **contributory invalidity allowances** and **non-contributory invalidity allowances** (contributory allowances refer specifically to the working capacity and to a reduction of capacity, as opposed to the non-contributory allowances, which are related to impairments that may be manifested from birth or childhood):
    - **Contributory invalidity allowances** include permanent incapacity, retirement, old age, orphans, and family members. The permanent incapacity allowances are addressed to workers who, after having medical treatment, display serious anatomical and functional

limitations, susceptible of objective and foreseeable determination that reduce or annul their working ability. No minimum period of contributions is required if the disability is caused by an industrial or non-industrial accident or occupational disease. No accumulation possible for incapacity allowances (*pensiones de incapacidad*) with other pensions under the general scheme except a widow's pension.

- **Non-contributory invalidity allowances** is payable if a person is assessed as having more than 65% disability according to the Real Decreto 1971/1999. The pension ensures them a financial benefit, and free medicinal and pharmaceutical assistance as well as complementary social services. In this case, the incapacity is the result of physical, mental, congenital, not congenital impairments (deficiencias), which are permanent for the foreseeable future, which annul or modify the physical, mental or sensory capacity of the person who suffers from them. This benefit is addressed to non-insured and persons not qualifying for contributory schemes and can not be accumulated with any other disability benefits.

- Additionally, it is worth noting that the Law 39/2006, of 14 December, concerning the promotion of personal Autonomy and Care for persons in a situation of dependency, grants a subsidy to elderly and disabled people, not receiving a help from other public funds. The requirements to be eligible under this scheme are as follows: (a) a personal income higher than to 70% of the minimum wage, (b) 18 years of age and more, (c) 75% and more degree of disability, (d) need the assistance of another person for the accomplishment of the most essential activities of daily living, and (e) can not be admitted in a centre.

- **Support available to mothers with disabilities or mothers of children with disabilities (e.g. support for childcare, respite care, subsidies for equipment / resources)**
- **Assistance with disability-related expenses**

Data was not found or identified in the sources consulted for both qualitative and quantitative data above and below.

Quantitative Data

Please provide comparative data (for non-disabled women and men with disabilities) if available

- Percentage receiving state benefits:
  - No data broken down by gender and type of benefit under the LISMI (Guaranteed minimum income subsidy –SGIM; Subsidy for care by a third party – SATP; Subsidy for mobility and reimbursement of transportation costs - SMGT; and Medical assistance and medicinal benefit - ASPF being the technical benefit) has been made available. Only total percentages of LISMI beneficiaries by gender: 17,822 beneficiaries were men in 2007 (last available year; estimate figures), while 75,042 beneficiaries were women.
  - Clear majority of women receiving non-contributory allowances: 73.46% of the total are women, around three times the number of men. Among those receiving non-contributory retirement pensions, the difference is even more noticeable: 85.1% are women. The percentage of women among pensioners over 84 years of age is even higher: 89.96%.
- Life expectancy (breakdown by age group if possible): not available for people with disabilities – only for men (76 years of age) and women (83 years of age) irrespective of their situation.

Sources:

- Map of non-contributory allowances, IMSERSO, Deputy Directorate-General of Management, Area of Economic Allowances, (Subdirección General de Gestión del IMSERSO, Área de Prestaciones Económicas), 2004.
- IMSERSO, Deputy Directorate-General of Management, Area of Economic Allowances, (Subdirección General de Gestión del IMSERSO, Área de Prestaciones Económicas) http://www.seg-social.es/imserso/estadisticas/evollismi.pdf
- Ministry of Health and Consumers, Health indicators (2002), http://www.msc.es/estadEstudios/estadisticas/inforRecopilaciones/indicadoresSalud.htm#esperanza

	Women with disabilities	Non disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

– **Minimum standards and guidelines for the accessibility of facilities and services (public and private)**

- Article 29.1 of Law 62/2003, of 30th September on fiscal, administrative and social measures states that "the aim of this section (Chapter III of the Law dealing with "Measures for the application of equal treatment") is to establish measures to ensure that the principle of equal treatment and non-discrimination on the grounds of racial or ethnic origin is real and effective in education, health, social benefits and services, housing and, in general, the supply of and access to goods and services".
- Law 51/2003 (LIONDAU)
- Universal Accesibility Agreement between the Ministry of Education, Social Policies and Sport and the ONCE Foundation (Spanish national association of the Blind) http://www.seg-social.es/imserso/dependencia/dis_acc40_08.html

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities? **What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?** **What is the extent of abuse faced by the women with disabilities?**
– **Qualitative data** not available
Quantitative data: METIS Project (Daphne Project, 1998) Sources: • Iglesias, M.; Gil, G.; Joneken, A.; Mickler, B.; Knudsen, J.S., Study on "Violence and Women with Disabilities", Project METIS co-funded by the Initiative DAPHNE, European Commission, 1998, http://www.independentliving.org/docs1/iglesiasetal1998sp.html#_Toc446678996

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

Qualitative data:

- **Existence of political, sporting and cultural associations or interest groups for disabled women**
- **Participation in political parties, achievement in political careers (compared to women in general and to men with disabilities)**

  - Women with disabilities in Spain barely take part in the spheres of power in society, despite being the majority in associations. The governing bodies of associations of people with disabilities are predominantly composed of men. Less than half of all organisations have a female president, while the figure for associations of people with a sensorial disability is 20% (Source: Women with disabilities and the disability movement, QRM, 2004).
  - According to CERMI (Spanish National Council of Representatives of People with Disabilities) data, around 30% of the people on representative bodies are women. This figure for leadership positions on boards and top management post is 10% points lower. Direct participation by women with disabilities in women's organisations is the rare exception rather than the rule and when it occurs it is on an individual basis and not as a representative of women with disabilities.
  - The people with disabilities movement is very active and has a long-standing tradition in Spain. The largest association include: ONCE Foundation (National Organisation of Blind People in Spain), Spanish Confederation of People with Physical and Organic Disabilities (COCEMFE) and the National Confederation of Deaf People (CNSE).
  - The National Action Plan for Women with Disabilities (2007) explicitly acknowledges the "lack of research and studies dealing with the participation of women with disabilities in leisure activities, including sports. To address the issues noted as relevant at the Plan's diagnosis, the Plan includes a specific area of intervention on "Participation and Leadership", which aims at attaining the following objectives: (1) Promote the presence, participation and leadership of women with disabilities in the social and political spheres and in decision-making processes; (2) Promote the participation of women with disabilities in the associative movement; (3) Favour the participation of women with disabilities in leisure activities and programmes.
  - CERMI has a regional commission in some of the CERMI's disability councils in the Autonomous Communities (Andalucía, Asturias, Aragón, Cataluña y Valencia). Further, the figure of "Commissioner for Women's Affairs" was set up by CEMIR Executive Committee in 2005 with the view to develop specific policies to bridge the gap faced by women with disabilities.
  - CERMI has also set up a National Network of Female Experts in Gender and Disability, an internet-based network to exchange information and work together on issues related to women with disabilities.

Source:

- National Action Plan for Women with Disabilities (2007);
- Peláez, A, Spain Country Report, “European Conference: Recognising the Rights of Girls and Women with Disabilities, An Added Value for Tomorrow’s Society”, Madrid, Nov 2007.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Country fiche: Sweden

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

National legislation and policy

A distinctive feature of Swedish legislation is its emphasis on framework laws, which establish the direction and objectives of government policy. Municipalities or county councils then have considerable freedom in interpreting the objectives and shaping their activities themselves.

Sweden has four laws prohibiting discrimination, including on the grounds of disability. The first of these, the **Prohibition of Discrimination in Working Life of People with Disability Act**, was adopted in 1999. This was followed in 2002 by the **Act on Equal Treatment of Students at Universities** and in 2003 by the **Prohibition of Discrimination Act**, which applies among other things to trading of goods and services. In 2006, a law was added prohibiting the discrimination and other degrading treatment of children and pupils.

Sweden also has an **Equal Opportunities Act**, which deals with conditions in the workplace. For example, there is a requirement that all employers must work actively and pursue specific goals to promote equality between men and women. There is also a prohibition against discrimination as well as an obligation to investigate and take measures against harassment. Moreover, an employer must not treat any employee or job applicant unfairly who is, has been or will be on parental leave.

Notably, the discrimination legislation does not distinguish between men and women with disabilities. Equally, the legislation on equal opportunities does not distinguish between women with disabilities and women without disabilities.

In addition to the above legislation, a **National Action Plan on Disability Policy**, 'From Patient to Citizen', was adopted in 2000. The National Action Plan shifted the emphasis of Swedish policies targeting disabled people from government action largely centred on social issues and welfare matters to an emphasis on democracy and human rights[1]. Notably, through the **National Action Plan** government authorities have been given more responsibility for the implementation of the disability policy. Indeed, fourteen government authorities, so called ‘sector authorities’, have been selected with special responsibility for the implementation of the disability policy within their specialist area. The national action plan extends to 2010.

Generally, the Swedish disability policy is particularly concentrating on:

- identifying and removing barriers to full participation and full equality in society;
- preventing and combating discrimination; and
- promoting equality between disabled girls and boys, women and men.

[1] Swedish Disability Policy (2007) Swedish Institute

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

As part of the disability policy, government agencies have begun to make their premises, activities and information generally accessible. Moreover, public officials are being trained in disability issues so that disabled people are not prevented from exercising their rights as citizens as a result of ignorance or degrading treatment or both.

However, according to the Swedish Disability Federation, gender equality aspects are not integrated into disability policies even though women's and men's roles and living conditions differ in many ways. Power relations based on gender exist in the disability field as well and women and men are not treated equally even though they would have the same needs. This means that women and men with disability do not today have the same possibilities to the support systems in society. In the follow up of the action plan on disability the government is pointing out that consideration of a gender perspective needs to increase within disability policy and that methods and knowledge on gender perspective in activities within the disability field need to be further developed[2].

Sweden does not have a law specifically establishing the rights of people with disabilities. Instead, certain laws contain clauses that apply specifically to disabled people, including the **Planning and Building Act** and the **Social Services Act**. Notably, the Planning and Building Act (17 kap. 21a §) was changed in 2001 with the addition of a demand that barriers to accessibility and usability, that are easily remedied, should be removed in existing public buildings and places.

The Social Services Act is complemented by the **Act concerning Support and Service for Persons with Certain Functional Impairments** (LSS) and the **Act on Assistance Allowance** (LASS). The LSS aims is to give people with extensive disabilities greater opportunities for leading an independent life and to assure them of equal living conditions and full participation in society. Support may take the form of personal assistance, counselling, housing with special services, or relief provision for the parents of children with disabilities. As its name suggests, the law applies only to certain groups of disabled people. People not covered by the law can seek assistance from their municipal authority under the Social Services Act. This law is currently under review and a report is due in 2008. The LASS regulates the right to assistance for people with a severe and permanent disability, who needs help to manage their everyday life. The allowance is given to pay for the wage of a personal assistant.

The rights and interests of people with disabilities are monitored by the **Disability Ombudsman** (Handikappombudsmannen - HO). The Disability Ombudsman is appointed by the Government and is a government authority. The foundation for the operations of the Disability Ombudsman is the UN Standard

[2] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.
[3] FN konventionen för personer med funktionsnedsättning, (2007), the Swedish Government
[4] Jamstalld socialtjanst? Konsperspektiv pa socialtjansten, (2004), the National Board of Health and Welfare
[5] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

Rules on the Equalization of Opportunities for Persons with Disabilities as well as the National Action Plan for Disability Policy. It is the task of the Ombudsman to make sure that the discrimination legislation is complied with and to bring court actions where necessary. The Disability Ombudsman is governed by the Disability Ombudsman Act (1994: 749).

UN Convention implementation and monitoring

Sweden is currently in a process of ratifying the UN convention and the optional protocol. It is expected that the Swedish Parliament will make a decision about ratification before the start of 2009. Handisam, the **Swedish Agency for Disability Policy Coordination**, is responsible for the promotion and protection of the UN Convention, whilst it is expected that the Discrimination Ombudsman will be responsible for the monitoring of the UN Convention (Article 33). Notably, from January 1st 2009 the Equality Ombudsman (JämO), Disability Ombudsman (HO), Discrimination Ombudsman (DO), the Ombudsman against Ethnic Discrimination, and the Ombudsman against Discrimination on grounds of Sexual Orientation (HomO) will be amalgamated into a single Discrimination Ombudsman. In conjunction with the amalgamation of the various ombudsmen, it has also been decided that a new Discrimination Act will replace the current discrimination and equality legislation.

A review of how the Swedish legislation and other conditions apply to the UN Convention's 50 articles was recently published. The author of the review, Mr Lars Grönwall, cooperated extensively with a working group consisting of Ingemar Färm, Roland Håkansson, Anneli Joneken och Annika Åkerberg, all from the Swedish Disability Federation (Handikappförbundens Samarbetsorgan), as well as Leif Jeppsson from the Swedish Association of the Visually Impaired (Synskadades Riksförbund). Importantly, the gender perspective and the issue of multiple discrimination has been discussed with the working group[3]. It is anticipated that if the UN Convention is ratified it will replace Sweden's Action Plan for Disability Policy in 2010.

Notably, in a recent report by the National Board of Health and Welfare it was revealed that there is very little knowledge about whether men and women with disabilities are discriminated on the grounds of their sex[4]. This is largely a result of people with disabilities being treated as 'genderless' in most research, i.e. many studies do not have a gender perspective.

Forum Women and Disability in Sweden[5]

Forum Women and Disability in Sweden is a women's organization with a number of Swedish disability organisations as well as individual women with disabilities as members. Established in 1997 as a continuation and development of a project with the same name, which existed between 1988/89-1997.

According to the statutes, the Forum Women and Disability in Sweden is a democratic and feministic organisation of women, which is independent as regards party politics and religion. The aim of the association is:

- To actively strengthen the inner powers of women and girls with disabilities and within all fields of society act for improvements in the situation of girls and women with disabilities;

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

- To contribute to better possibilities for influence and power in society for girls and women with disabilities;
- To work against all forms of discrimination and violence against girls and women with disabilities;
- To work for increased influence for girls and women with disabilities in their own organisations.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Definitions

In the legislation, disability is defined as a permanent physical, mental or intellectual limitation of a person's functional capacity that as a consequence of injury or illness was present at birth, has arisen since or may be expected to arise (The Prohibition of Discrimination Act; Prohibition of Discrimination in Working Life of People with Disability Act; Equal Treatment of Students at Universities Act; and Act on the prohibition of discrimination and other degrading treatment of children and pupils).

Notably, the above definition offers little by way of practical operational guidance in relation to data collection and hence alternative definitions are often used for this purpose. For example, in the survey results presented below a disabled person is defined as someone who has a vision or hearing impairment, speech or voice impediment, limited mobility, allergy or some form of limited physical mobility. It also includes people with diabetes, heart and lung problems, stomach and bowel problems, psoriasis, epilepsy, dyslexia or similar.

Quantitative data

For all data, please indicate the definition of disability used and the source of the data (research definitions may differ from legal definitions).

	Women with Disabilities	Non disabled women	Men with disabilities
Size of population	n/a	n/a	n/a
% of total population	n/a	n/a	n/a
% of female population	n/a	n/a	n/a
Disaggregate by age if possible as follows:	n/a	n/a	n/a

< 15 year olds	n/a	n/a	n/a
16-64 year olds	484,000 (16.8%) Without reduced capacity to work: 313,000 (10.9%) With reduced capacity to work: 165,000 (5.7%)[6]	2,393,000 (83.2%)	435,000 (14.7%) Without reduced capacity to work: 243,000 (8.2%) With reduced capacity to work: 188,000 (6.3%)[7]
> 65 year olds	n/a	n/a	n/a
Disaggregate by ethnicity	n/a	n/a	n/a
Disaggregate by type/severity of disability	See table below.		
Is there information on the size of the household where they live?	n/a	n/a	n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability)[8]	**16-24 years** Considerably restricted: 1.8% [arms/legs/back = 47.2% see/hear/speech/skin = 12.1% chest/heart/stomach/diabetes = 19.7% epilepsy/mental = 12.6% other = 8.4%] To some extent restricted: 4% [arms/legs/back = 56.2% see/hear/speech/skin = 6.4% chest/heart/stomach/diabetes = 15.3% epilepsy/mental = 11.7% other =10.3%] Not restricted:94.2%	n/a	**16-24 years** Considerably restricted: 0.9% [arms/legs/back =25.7% see/hear/speech/skin = 18.2% chest/heart/stomach/diabetes = 8.8% epilepsy/mental = 15.9% other = 31.4%] To some extent restricted: 3% [arms/legs/back = 42.3% see/hear/speech/skin = 9.9% chest/heart/stomach/diabetes = 27.8% epilepsy/mental = 0% other = 20%]

[6] 6,000 (0.3%) people did not respond.
[7] 4,000 (0.2%) people did not respond.
[8] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

	25-54 years Considerably restricted: 6% [arms/legs/back = 50.4% see/hear/speech/skin = 3.9% chest/heart/stomach/diabetes = 6.3% epilepsy/mental = 16.4% other = 23%] To some extent restricted: 6.2% [arms/legs/back = 51.9% see/hear/speech/skin = 10.6% chest/heart/stomach/diabetes = 12.8% epilepsy/mental = 8.8% other = 15.9%] Not restricted: 87.8% **55-64 years** Considerably restricted: 8.9% [arms/legs/back = 56.7% see/hear/speech/skin = 4.9% chest/heart/stomach/diabetes = 13.3% epilepsy/mental = 7.3% other = 17.8%] To some extent restricted: 6.3% [arms/legs/back = 58.3% see/hear/speech/skin = 7.8%		Not restricted: 96.1% **25-54 years** Considerably restricted : 3.8% [arms/legs/back = 59.5% see/hear/speech/skin = 2% chest/heart/stomach/diabetes = 9.5% epilepsy/mental =16% other = 13%] To some extent restricted: 4.1% [arms/legs/back = 49.5% see/hear/speech/skin = 10.8% chest/heart/stomach/diabetes = 19.1% epilepsy/mental = 10.6% other = 10%] Not restricted: 92% **55-64 years** Considerably restricted: 7.4% [arms/legs/back = 53% see/hear/speech/skin = 4.7% chest/heart/stomach/diabetes = 21.6% epilepsy/mental = 5.9% other = 14.8%] To some extent

	chest/heart/stomach/diabetes = 15.1% epilepsy/mental = 3.5% other = 15.2%] Not restricted: 84.9%		restricted: 6% [arms/legs/back = 48.7% see/hear/speech/ skin = 8.3% chest/heart/stomach/diabetes = 30.8% epilepsy/mental = 1.4% other = 10.8%] Not restricted: 86.5%
Source: Labour Market Situation for People with Disabilities – 4th quarter 2006 (2007) Statistics Sweden (SCB) (Funktionshindrades situation på arbetsmarknaden 2006).	n/a	n/a	n/a

Type of disability	Women	Men	All	
Asthma/ allergy or other hypersensitivity	21.8%	18.5%	20.2%	*
DAMP/ ADHD/ Asperger syndrome	n/a	n/a	0.2%	
Diabetes	6.1%	10.1%	8.0%	*
Dyslexia	4.5%	6.8%	5.6%	*
Deafness	1.3%	2.3%	1.8%	
Epilepsy	1.2%	1.5%	1.3%	
Heart/ Circular Disease	3.8%	6.9%	5.2%	*
Hearing impediment	6.7%	10.7%	8.6%	*
Stomach and bowel problems	7.0%	4.4%	5.8%	*
Lung disease	1.6%	1.6%	1.6%	
Psoriasis	6.1%	5.1%	5.6%	
Psychological disability	10.6%	7.9%	9.3%	*
Learning difficulties	n/a	n/a	0.7%	
Limited physical mobility	34.1%	29.5%	31.9%	*
Speech or voice impediment	0.6%	0.9%	0.7%	
Visual impairment/ blindness	5.7%	6.7%	6.2%	
Other	10.1%	5.0%	7.7%	*

Source: Labour Market Situation for People with Disabilities – 4th quarter 2006 (2007) Statistics Sweden (SCB)

**) Significant difference between the sexes*

The proportion of people with disabilities and the severity of the disability increase with age. Between 2000 and 2020, the proportion of people over the age of 65 is expected to rise from around 17 per cent to close on 22 per cent[9].

In summary, the data above shows that:

- there are approaching half a million women with disabilities in Sweden, representing 16.8% of all women aged 16-64;
- more than a third of women with disabilities have a reduced capacity to work;
- a relatively greater proportion of women have asthma, allergies and hypersensitivities; stomach and bowel problems; psychological disabilities; and limited physical mobility compared with men.

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

The national statistics office, Statistics Sweden, claims that there are a little more that one million persons (18,8%) between the ages of 16 – 64 having some kind of impairment (Statistics Sweden, 2007). In this group six of ten persons, approximately 600,000 persons, and judge that their working capacity is reduced. This means that within the whole population between the ages of 16 – 64 about one out of ten individuals have a reduced working capacity. In spite of a general decrease in employment rate in Sweden over the last decade (in the year 2007: 3.7% for the general population) the unemployment rate is not reduced for people with impairment (in the year 2007: 6.3% for people with impairment –total for WWD and MWD)[10].

	Women with disabilities	Non disabled women	Men with disabilities
Employment rates	60.3% (49.9% - without reduced capacity to work/ 79.5% - with reduced capacity to work)	74.6%	65.8% (54.0%/ 80.8%)
Unemployment rates	5.8% (2.3%/ 8.7%)	4.0%	6.6% (4.8%/ 8.7%)

[9] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.
[10] Boman, T.; Danermark, B.; Bolling, J. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).

Long-term unemployment rates			
Inactivity rates	35.9% (22.1%/ 45.3%)	22.4%	29.6% (27.1%/ 40.9%)
Part-time work rates	46.7% (- / 60.0%)		21.4% (- / 33.9%)
Self-employment rates	4.8% (- / 6.2%)		13.1 (- / 14.4%)
Poverty rates[11] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

In summary, the data shows that:

- the employment rate for women with disabilities is significantly lower than that of non-disabled women and that of men with disabilities;
- nearly half of women with disabilities work part-time compared to just over 20% of men with disabilities; and
- the self employment rate for women with disabilities was just under 5%, which can be compared to 13% for men with disabilities.

Type and quality of jobs[12]

The possibility for persons' with impairment to find work correlates with type of impairment and education level, work capacity, gender, ethnicity, age and area of residence (e.g. the possibility is greater with a post secondary education, no reduction in work capacity due to the impairment, among men and among people with Swedish origin) The group that has the most difficulty in keeping employment is the group with mental problems where only 53% have any kind of employment compared to about 90% among the general population. The number of people that have wage subsidy increased over the period 2000 to 2007 with 20% to 58,700 people with disability but at the same time the number of people with sheltered employment decreased over the same period with 20% to 21,200.

Legislation and policy

The **Prohibition of Discrimination in Working Life of People with Disability Act** (1999), as its name suggests, prohibits discrimination in working life on the grounds of disability. The Act applies, for example, to recruitment, wage setting and the provision of notice of dismissal. An employer is not allowed to treat someone seeking work or an employee worse because of a disability. An employer is also obliged to adopt supportive and adaptation measures in certain situations. The Act was tightened up on July 1st 2003 and was extended to encompass professional practice as well. Moreover, from solely protecting people with disabilities, people with links to someone with a disability are now also protected.

Since the **Working Life Discrimination Act** was passed, a number of settlements have been achieved

[11] Please provide the definition of 'poverty' used in your country

[12] Boman, T.; Danermark, B.; Bolling, J. (2007) *Report on the employment of disabled people in European countries – Iceland*, Academic Network of European Disability experts (ANED).

between the Disability Ombudsman and employers and between trade unions and employers. The Act was tested for the first time in court in 2003 when the Swedish Labour Court found that a man with diabetes had been discriminated against when he applied for a job at an oil refinery. The number of notifications is growing steadily. In 2004, the Swedish Disability Ombudsman received 81 notifications of discrimination in working life compared with 50 in 2003[13].

The **Discrimination Prohibition Act** also covers some aspects of the labour market, including:

- Labour market policy activities
  - Discrimination against employees or persons seeking employment that is associated with ethnic origin, religion or other belief, sexual orientation or disability is prohibited in job placement services offered by public employment offices or other organisations or parties offering employment services; and in connection with other measures included in labour market policy activities.

  - The prohibition of discrimination does not, however, constitute an obstacle to the application of provisions that are integral to endeavours to promote equal opportunities regardless of ethnic origin.

- Starting or running a business
  - Discrimination that is associated with ethnic origin, religion or other belief, sexual orientation or disability is prohibited in connection with financial support, permits, registration or similar arrangements that are needed or may be of importance in enabling an individual to start or run a business.

Active Labour Market Policies

In Sweden a number of active labour market initiatives, including:

- **Public sheltered employment (OSA – Skyddat arbete hos offentlig arbetsgivare)** - The aim of

[13] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.
[14] Skyddat arbete hos offentlig arbetsgivare (OSA), (2008), Swedish Public Employment Service; and Study of compilation of disability statistical data from the administrative registers of the Member States, (2007), APPLICA, CESEP and EUROPEAN CENTRE
[15] samhall.se [accessed 21.08.08]
[16] Lönebidrag, (2008), Swedish Public Employment Service; and Study of compilation of disability statistical data from the administrative registers of the Member States, (2007), APPLICA, CESEP and EUROPEAN CENTRE
[17] notisum.se/rnp/SLS/fakta/a9870409.htm [accessed 21.08.08]
[18] Lägesrapport om handikappomsorgen 2005, (2006), the National Board of Health and Welfare
[19] Handikapprörelsens alternativrapport om FN:s internationella konvention om ekonomiska, sociala och kulturella rättigheter, (2006), The Swedish Disability Federation
[20] Lägesrapport om handikappomsorgen 2005, (2006), the National Board of Health and Welfare
[21] Lönebidragsutredningen, (2003), as cited in Handikapprörelsens alternativrapport om FN:s internationella konvention om ekonomiska, sociala och kulturella rättigheter, (2006), The Swedish Disability Federation, p. 20
[22] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

public sheltered employment is to give certain groups of people with disabilities that reduces their capacity to work the opportunity to gain employment with rehabilitation elements. In the long-run it is anticipated that the public sheltered employment will lead to employment in the open labour market. Public sheltered employment applies to unemployed people with socio-medical problems; unemployed people that are entitled to support according to the Act concerning Support and Service for Persons with Certain Functional Impairments; and unemployed people who as a result of prolonged and severe psychological illness have not been involved in the labour market or have been outside the labour market for a long time. The state subsidy is determined by two factors, the wage cost and the person's capacity to work, but can include gross wages, including social insurance costs for employers. The wage is based on normal collective wage agreements. There is no time limit but the Public Employment Services regularly check if the employee can change to other employment[14].

- **Samhall** - Samhall is a Swedish company providing development opportunities for people with disabilities through employment. Samhall is wholly owned by the Swedish government. The assignment of Samhall is given by the government and is expressed in the articles of association in the following way: “The assignment is to produce goods and services that are in demand in order to provide meaningful and developing employment for persons with disabilities, where there is a need.” Samhall must each year:
  - have a certain number of employees with disabilities;
  - contribute to a certain number of employees making a transition to employment in the open labour market outside Samhall. The annual target for transitions has the last few years been 5 percent of the employees;
  - recruit employees from specially prioritised groups of people with disabilities - at least 40 percent of the people with disabilities that Samhall employ during a year must be from the groups of people with intellectual disabilities, mental illness or multiple disabilities; and
  - achieve a balanced financial position[15].

- **Wage subsidies** - Wage subsidies are paid to employers hiring jobseekers with reduced capacity to work. Wage subsidies are in certain circumstances also paid to already employed staff with reduced capacity to work. The aim of the wage subsidy is to give people with reduced capacity to work the opportunity to gain and retain employment. The maximum duration of wage subsidies is generally four years. The wage is set in accordance with collective agreements. The subsidies compensate for the reduction in work capacity caused by a disability and can reach up to 80% of a monthly gross wage ceiling with a corresponding coverage of social insurance costs. The subsidy can in certain circumstances cover up to 100% of the wage cost for severely disabled persons. The subsidisation rate is settled through an agreement between the employer, employee, trade union representative and the Public Employment Services[16].

- **Work place adjustment grants** - Grants are provided to people with disabilities in relation to working tools and aids; assistants; expenditure on machinery and tools; and other start-up costs for entrepreneurs; travelling costs; and companions[17].

Economic and employment situation for women

In addition to the data presented above various studies have shown that:

- Men with disabilities are involved in active labour market initiatives to a greater extent than women with disabilities. As a result, women often remain passive through social benefits[18];
- Considerably more men than women have public sheltered employment and employment with wage subsidies[19].
- Women with disabilities more often have sickness and activity benefits than men with disabilities. Indeed, a recent report by the National Board of Health and Welfare reveal that men more often benefit from active labour market measures, whilst women more often receive measures/ benefits that replace employment/ economic activity[20].
- Fewer women with disabilities than men receive the support they need to establish sound and secure working conditions[21].

The CERMI report for the *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society*, which includes a specific chapter for Sweden, also has interesting findings regarding WWD and employment in Sweden[22]:

- Women with disabilities are working part-time to a considerably greater extent than men.
- Persons with disabilities are employed within the municipal sector to a greater extent than the population.
- Women mention to a greater extent that they need adapted working time and personal adapted technical aids at work.
- Regarding adjustment of the workplace and working tasks it appears that men to a greater extent than women have their needs met.

As a consequence of these facts, women with disabilities have a considerably lower income compared to men with disabilities.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

The basic principle guiding all Swedish education from child care to the transition period is 'a school for all' - access to equivalent education for all. This means that pupils in need of special support should not be treated or defined as a group that is any different from other pupils and their rights are not stated separately. The obligation for schools to attend to all pupils needs is, however, emphasised[23].

[23] European Agency for Development of Special Educational Needs website: http://www.european-agency.org/nat_ovs/sweden/1.html

For all pupils in need of special support, an action plan of provision has to be drawn up by their teachers in consultation with the pupil themselves, their parents and specialist support teachers. This plan, which identifies needs and provision to meet them, is continuously evaluated and progress and changes of solutions are possible. Pupils in need of special support have the right to specialist provision. All education corresponds as far as possible to the National curricula, but with the emphasis upon meeting individual learning needs. In a few circumstances, this provision is offered in special settings. Three national and five regional state-run special schools are available for pupils with visual impairment combined with additional disabilities (MDVI), deafness or hearing impairment combined with learning disabilities or severe speech and language disorders[24].

According to the European Agency for Development of Special Educational Needs, the following data is available:

	Data available[25]				
Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	921,366	74,091	995,457	2005	Source: Data base of the Swedish National Agency for Education.
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	14,510	487	*14,997	2005	Source: Swedish National Agency for Education. * Breakdown: 14,394 - pupils with cognitive disabilities who are enrolled in the special programmes. These programmes are offered in every municipality and students are more or less included in the mainstream school. 603 - these pupils attend a state school for the deaf. NB: In Sweden, there is an unknown proportion of pupils with SEN who are fully included in mainstream classes.
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	*603	-	603	2005	Source: Swedish National Agency for Education. * These students attend a state school for the deaf.
Pupils with SENs in inclusive settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source

[24] Ibid
[25] Ibid

	13,907	487	*14,394	2005	Source: Swedish National Agency for Education. * These figures cover pupils with cognitive disabilities who are enrolled in the special programmes. These programmes are offered in every municipality and students are more or less included in the mainstream school. NB: In Sweden, there is an unknown proportion of pupils with SEN who are fully included in mainstream classes.
Compulsory age phase	The compulsory age phase is 7-16 years.				
Clarification of Public - Private sector education	Private schools in Sweden are called Independent schools. They are free of charge for students and open to everyone. The municipality where the student lives pays the school a per student, per year grant.				
Legal Definition of SEN	The basic principle guiding all Swedish education is 'a school for all' – access to equivalent education for all. This means that pupils in need of special support should not be treated or defined as a group that is any different from other pupils and their rights are not stated separately. The obligation for schools to attend to all pupils' needs is, however, emphasised. Pupils in need of special support have the right to specialist provision. All education corresponds as far as possible to the National curricular, but with the emphasis upon meeting individual learning needs. In a few circumstances, this provision is offered in special settings. Special schools with sign language communication are available for pupils with severe hearing impairments. All pupils have the right to choose their school – either municipal or independent – as long as it can demonstrate that that school meets the pupils' educational needs. Reference: All information is taken from Swedish school law and National curriculum documents.				

The **Swedish National Agency for Education** only regularly presents statistics on the number of pupils at special schools and as a result no statistics are available in relation to disabled people attending regular compulsory school. Notably, the National Agency for Education has also decided not to participate in the OECD project SENDDD.

According to a recent briefing paper by the National Agency for Education the disadvantages of a national categorisation of pupils with disabilities are that:

- it may collide with the ideal of a school for everyone and that it may lead to pupils being put into categories;
- it could lead to a statistical group thinking about pupils that may have different individual needs;
- it may lead to excuses for reduced ambitions and lacking results;
- pupil's individual characteristics become more interesting than the ability of organisations to adapt to pupil's differences; and
- pupil's weaknesses are highlighted as opposed to their strengths.

The National Agency for Education provides statistics on the number of schools and pupils by type of school.

		Number of pupils	
	Number of schools	Girls/ Women	Boys/ Men
Pre-schools	3,907	45,281	48,112
Compulsory schools	4,826	456,412	479,457
Compulsory special schools	722	5,515	8,369
Special schools*	8	239	275
Upper secondary schools	889	189,295	200,763
Upper secondary special schools	265	3,604	5,089
Adult education for disabled people	n/a	2,430	2,559

Based on data from Statistics Sweden (SCB) attainment levels for the population aged 16-64 are presented below[26].

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Women and girls with disabilities	Non-disabled women and girls	Men and boys with disabilities
Participation rates in general education: (data is only available disaggregated by age)[27]	16-19 years – 86.9% 20-24 years – 49% 25-49 years – 26.5% 50-64 years – 14.4%		16-19 years – 85% 20-24 years – 45.3% 25-49 years – 19.2% 50-64 years 9.7%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels	Year 1-9 (age 6/7-16) – 22.5% (25.3% - with reduced capacity to work) Upper Secondary School (age 16-19) – 50.5% (51.9%) Further/ Higher Education – 25.9% (21.9%) Unknown – 1.2% (1.0%)		Year 1-9 (age 6/7-16) – 28.1% (32.1% with reduced capacity to work) Upper Secondary School (age 16-19) – 48.4% (49.3%) Further/ Higher Education – 21.2% (16.1%) Unknown – 2.3% (2.5%)

[26] Funktionshindrades situation på arbetsmarknaden – fjärde kvartalet 2006, (2007) Statistics Sweden (SCB)
[27] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC

Number and type of specialist schools (i.e. level, for which target groups)	See above

In summary, the data above shows that a greater proportion of women with disabilities have attained a further/ higher education degree – 26% compared to 21% of men with disabilities. In spite of this women with disabilities are still less represented on the labour market than men with disabilities.

Legislation and policy

The Act on Equal Treatment of Students at Universities was the first Act to ban discrimination for reasons of gender, ethnic background, religion, sexual orientation and disability in a single law. The objective of the Act is to promote equal rights for students and applicants and to combat discrimination. Colleges/ Universities must plan and document what measures are needed to promote equal treatment and prevent harassment.

The number of notifications of discrimination at colleges/ universities received by the Disability Ombudsman has fluctuated in recent years. In 2002, 9 notifications were received, while in 2003 25 notifications were received. In 2004, the number of cases fell to 12, while in 2005 11 notifications were received. The area that predominates is accessibility. Indeed, accessibility cases account for 47 per cent of the number of notifications[28].

The Act on the prohibition of discrimination and other degrading treatment of children and pupils came into force on April 1st 2006. The Act prohibits discrimination for reasons of gender, ethnic background, religion, sexual orientation and disability. The Act covers all activities described in the School Act, including preschool activity, schoolchildren care, compulsory schools, upper secondary schools and local authority adult education. The Act also protects children and pupils against other mistreatment, such as bullying. The Act stipulates that every school activity must have an equal treatment plan. The plan must describe what measures are planned to eliminate direct and indirect discrimination and other mistreatment. The plan must form an active tool that is used in day-to-day activities. If the obligation to draw up an equal treatment plan is not discharged, the principal becomes liable for damages. If a pupil asserts that he or she has been the object of bullying and other mistreatment, the principal must investigate and prevent continued harassment. This applies also to offensive behaviour between the pupils. The Swedish National Agency for Education and the various ombudsmen must, based on their areas of responsibility, ensure compliance with the Act.

In Sweden, there is provision of special schools for children and young people with deafness or hearing impairment who cannot attend compulsory school. However, support to pupils with disabilities should in the first instance be provided within the regular compulsory school. In 2004/05 more than one in five (21%) attended regular compulsory school[29]. Special schools are available for nine years, from the age of 7 to the age 16, with the option for a tenth year to supplement the education.

[28] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

[29] Study of compilation of disability statistical data from the administrative registers of the Member States, (2007), APPLICA, CESEP and EUROPEAN CENTRE

On completion of compulsory school, children and young people with learning difficulties are offered a 4-year upper secondary education. Notably, only 3.5% of pupils with learning difficulties are integrated in regular upper secondary school classes[30].

Särvux offers education for adults with learning difficulties.

Financing[31]: Local authorities are bound by law to provide a number of basic services among which the provision of compulsory education, upper secondary education, pre-primary and child care take a major part. Municipalities are free to use collected taxes and state funding for whatever services and systems are judged to be best for their respective areas. Many municipalities delegate budgets directly to individual schools. An amount of money is granted and follows each pupil to whatever school they choose, either municipal or independent. The State, through the National Agency for Special Needs Education and Schools, offers pedagogical support for local authorities for the development of pedagogical resources in Special Needs Education. The National Agency for Special Needs Education and Schools also offers adaptations of teaching materials for pupils in need of special support.

Teacher training programmes[32]: All teachers educated in the new teaching training programme (introduced in 2001) will be educated in Special Needs Education to make them better prepared to meet the needs of all pupils within general education. There are possibilities to specialise in Special Needs Education within the basic teacher training programme.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Legislation and policy

The Discrimination Prohibition Act prohibits discrimination of people with disabilities in connection with the professional provision of goods, services or housing. Assistance in relation to adequate housing is governed by the LSS and the Social Services Act.

Independent living

Whilst there is relatively limited data available in relation to independent living, various studies have shown that:

[30] Study of compilation of disability statistical data from the administrative registers of the Member States, (2007), APPLICA, CESEP and EUROPEAN CENTRE

[31] European Agency for Development of Special Educational Needs website: http://www.european-agency.org/nat_ovs/sweden/1.html

[32] European Agency for Development of Special Educational Needs website: http://www.european-agency.org/nat_ovs/sweden/1.html

- women with disabilities feel that they to a lesser extent than men with disabilities have had their home adequately adapted for their disability[33];

- out of those people that need help to move within and/ or outside their home, or those that cannot do their own shopping, laundry and cleaning, 65% are women (the total number of people that needed assistance was 165,000, representing 2% of population between 16-84)[34].

- more men than women obtain measures in relation to the LSS, the split is approximately 60-40[35];

- more women than men obtain measures in relation to the Social Service Act, particularly home-help service, however, more men obtain measures in relation to special accommodation and daytime activities[36];

- as a greater proportion of women with disabilities are outside the labour market they generally have a lower income than men with disabilities, which impacts on their ability find suitable living accommodation. It also impacts on women's opportunities to buy measures outside the social service. As a result, women are more reliant on public social services than men[37].

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Disability reduces quality of life. A large proportion of aggregate ill-health in society is among people with disabilities. Poor health is more than ten times more common among people with disabilities[38].

Notably, the **Discrimination Prohibition Act** does not protect people with disabilities in connection with social and health care services. Whilst there are not any national statistics collated on a regular basis, various studies have shown that:

- nearly one in three women with disabilities feels that they are discriminated by the social and health service[39];

[33] Rörelsehinderförbundens hjälpmedelsprojekt – en utredning om ansvar, bemötande och pengar, (2003)
[34] SCBs levnadsnivåundersökning ULF, 2003
[35] Socialstyrelsens lägesbeskrivning av handikappomsorgen, 2004, the National Board of Health and Welfare
[36] Ibid.
[37] Jämställd socialtjänst? – könsperspektiv på socialtjänsten, (2004), the National Board of Health and Welfare
[38] National Report on Strategies for Social Protection and Social inclusion (2008-2010) – Sweden
[39] Handikapprörelsens alternativrapport om FN:s internationella konvention om ekonomiska, sociala och kulturella rättigheter, (2006), The Swedish Disability Federation

- women with disabilities often feel that their health is worse than that of men with disabilities[40];
- women and men with disabilities are treated differently within the health and social service. One of the reasons for this may be that the medical research and development often only consider men and their physical and social conditions. Women and men should not always have the same health and social care. Equal health and social care can be different care, but it should be based on the knowledge of women's and men's different health conditions and needs.
- women with disabilities often have a lower income than men and therefore have a more vulnerable economical situation. Indeed, almost twice as many women with disabilities have a gross income of 13,333 SEK or less per month compared to men with disabilities[41]. Consequently, many women with disabilities have difficulties paying for monthly outgoings and the costs of necessary care and rehabilitation measures;
- men with disabilities gain a greater share of rehabilitation measures, more assistant allowance and better access to disability allowance than women with disabilities; women are using more drugs than men, but the drugs prescribed to them are cheaper than the drugs men with disabilities receive[42];
- women more often receive passive rehabilitation, which means sickness benefit with the lowest reimbursement rates, while men receive more active rehabilitation, which is linked to the workplace in the form of wage subsidies and education allowance[43];
- a greater proportion of men with disabilities receive car benefits, whilst a greater proportion of women with disabilities receive transportations services[44];
- women with disabilities generally use more means of assistance and pay for them more often than men with disabilities[45];
- more men than women with disabilities obtain individually tailored means of assistance[46].

[40] Kvinnor, män och funktionshindrad, (1998), SOU
[41] Levnadsnivåundersökning, (2005), Utredningsinstitutet HANDU
[42] Handikapprörelsens alternativrapport om FN:s internationella konvention om ekonomiska, sociala och kulturella rättigheter, (2006), The Swedish Disability Federation
[43] Kön och makt i socialt arbete, (1999), Gunnarsson and Schlytter (eds.)
[44] Handikapprörelsens alternativrapport om FN:s internationella konvention om ekonomiska, sociala och kulturella rättigheter, (2006), The Swedish Disability Federation
[45] ibid
[46] ibid

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

In Sweden there are a number of measures in place in relation to the standard of living and social protection of people with disabilities.

Sickness/ Activity Compensation

Sickness compensation may be granted to people who for medical reasons have a working capacity reduced by at least 25% for a period of at least one year. There are four levels of compensation: 100%, 75%, 50% or 25% of the full rate. Activity compensation is granted to persons aged 19–29 for a limited time. At the age of 30, it is replaced by the sickness compensation. Sickness compensation is generally granted to persons aged 30–64. The compensation may be limited in time for cases of long-term but non-permanent reduction in working capacity. If a person receives sickness or activity compensation, he/she has the possibility to work without losing entitlement to compensation. This is called dormant sickness/ activity compensation. When sickness/ activity compensation is paid for at least a year and the person wants to try to see whether he/she can cope with working, the person can apply for a trial period in which he/ she receives compensation and pay at the same time. If the trial is successful, the person can apply to have his/ her compensation made dormant. The trial period and the period of dormant compensation may together last for up to 24 months or for the remaining period for which the person has been granted compensation.

Disability Allowance

Persons who suffer from reduced functional ability over a significant period of time and thus need help in order to cope with activities of everyday life are entitled to disability allowance. It is also possible for persons to receive a disability allowance if they have significant additional costs due to their functional disability (these include costs for medicine, wear and tear on clothing, and/ or transport). The disability allowance may be granted from the age of 19 onwards and the disability must have arisen before the person reached the age of 65. There are three compensation levels: 36%, 53% and 69% of the base amount per year, depending on the assistance required and the size of the additional costs[47]. Disability allowance can be granted to a person irrespective of whether she/ he has capacity to work. It is the degree of assistance needed in everyday life or the amount of the additional cost that is taken into consideration. Blind and deaf people always receive allowances if their disability arose before the age of 65.

Childcare Allowance

The childcare allowance is granted to parents who take care of a seriously ill or disabled child. There is a two-fold objective – partly to compensate for the care and attendance of the parent and partly to compensate additional costs resulting from the child's illness or disability. The childcare allowance may also provide compensation for part of any loss of income as a result of the child's need of care and attention. The childcare allowance may be granted at four different levels: 1/4, 1/2, 1/3 or full childcare allowance. Additional expenses are expenditure for additional needs due to the child's disability or illness such as wear and tear of clothes, extra laundry costs, or a special diet. Childcare allowances can be paid (to parents) from the birth of the child up to the month of June in the year the child attains the age of 19. The child can then apply for disability allowance. The full childcare allowance is currently 2.5 base

[47] In 2008 the base amount is 41,000 SEK.

amounts.

Notably, parents that are disabled but have a non-disabled child do not obtain extra benefits to care for their child.

In recent report by the National Board of Health and Welfare it was noted that parts of the social security system that is based on income is more beneficial to men with disabilities than women with disabilities. Indeed, it was established that the social security rules for allowances/ benefits in relation to illnesses/ disabilities have different effects on men and women and that the work injury compensation better cover injuries suffered by men[48].

Quantitative Data			
	Women with disabilities	**Non disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	n/a	n/a	n/a

[48] Handikapprörelsens alternativrapport om FN:s internationella konvention om ekonomiska, sociala och kulturella rättigheter, (2006), The Swedish Disability Federation

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Legislation and policy

The **Discrimination Prohibition Act** prohibits discrimination of people with disabilities in connection with the professional provision of goods, services or housing.

Recent regulation (2001:526) also establishes that government authorities should ensure that all their premises, activities and information are accessible for people with disabilities. For example, government authorities should prepare inventories and action plans. It is also emphasized that government authorities should consult with the **Swedish Agency for Disability Policy Coordination** (Handisam) when appropriate.

Despite these provisions in the national legislation, nearly 40 percent of women feel discriminated when buying goods and services. Moreover, one in four women with disabilities feel discriminated using public transport[49].

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

In Sweden, violence against women in the home is a reality for many, but it is still a crime which is largely hidden. The violence occurs in all social classes, but welfare factors and disabilities affect the risk of being abused[50].

Municipalities have responsibility for supporting women with disabilities that have been abused according to the **Social Services Act**. In spite of this responsibility, it has not influenced the social service's work, routines or training. Notably, most municipalities rely on voluntary organisations to support women with disabilities[51].

The legal process puts considerable demands on disabled persons and in many cases it can be difficult for an abused woman to describe the abuse and understand the consequences of the abuse. As a consequence, it is very rare that women with disabilities report the abuse, particularly when it occurs within

[49] Handikapprörelsens alternativrapport om FN:s internationella konvention om ekonomiska, sociala och kulturella rättigheter, (2006), The Swedish Disability Federation

[50] Handikapprörelsens alternativrapport om FN:s internationella konvention om ekonomiska, sociala och kulturella rättigheter, (2006), The Swedish Disability Federation

[51] ibid

the home. Indeed, a recent study found that less than 10% of known cases of abuse of a disabled person were reported[52].

Quantitative data:

According to recent study by the Swedish Disability Federation, 43% of women compared to 32% of men with disabilities have been abused. Among women the abuser is often someone that the women know. Notably, almost half the abused women mentioned that the abuse took place in the home[53].

In line with the above study, a more recent study showed that 33% of women with disabilities had experienced abuse by a male person. In nearly half of these cases (14% of all women with disabilities), the women had sustained physical injuries. Moreover, 20% of women indicated that they live, or had lived, with the man that abused them. Notably, one in ten women in the survey indicated that they had been abused by their father before the age of 15[54].

Women with psychological disabilities is a particularly vulnerable group. Indeed, a report by the National Board of Health and Welfare revealed that 63% of women with a psychological disability were abused after the age of 16 and 31% in the last 12 months[55].

Other data suggest that 7% of persons with disabilities with reduced working ability mention that they have been harassed, bullied and violated due to their disability. Especially women experience that they have being harassed at work[56].

[52] Vem bryr sig, Brottsoffer med funktionshinder, (2002), Lewin, B.

[53] Synliggör det osynliga! Ett projekt om våld – funktionshinder – könsperspektiv, (2005), the Swedish Disability Federation

[54] Mäns våld mot kvinnor med funktionsnedsättning, (2007), Utredningsinstitutet HANDU

[55] Våld mot kvinnor med psykiska funktionshinder – Förekomst, bemötande, och tillgång till stöd, (2005) the National Board of Health and Welfare

[56] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

In Sweden the Inheritance Fund has been particularly important to increase participation in number activities, including cultural life, recreation, sport and leisure. The Swedish Inheritance Fund supports not-for-profit organisations and other voluntary associations wishing to test new ideas for developing activities for children, young people and people with disabilities. It was established in 1928 when the Swedish Parliament decided to abolish the right of inheritance for cousins and more distant relatives. Thus, if a deceased person has no spouse or close relatives and has not left a will, his/ her property will go to the Swedish Inheritance Fund. Recently, the fund has supported a range of projects organised by the Forum – Women and Disability in Sweden.

Women with disabilities feel more highly discriminated against then men. Nearly 40 per cent of women feel discriminated against when purchasing goods or services. In healthcare and medical treatment, nearly one third feel discriminated against, while just over one quarter feel discriminated against in relation to public transport.[57]

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

[57] CERMI (2008) *European Conference Recognising the Rights of Girls and Women with Disabilities: An Added Value for Tomorrow's Society, Madrid: November 2007,* Madrid: CERMI.

Country fiche: Turkey

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

Article 61 of the current **1982 Constitution**[1] provides that 'the State shall take all measures to protect disabled people and to ensure their adaptation to social life'.

Disabled People Act,[2] which took effect in 7 July 2005, has the stated objective of preventing disability; enabling people with disabilities to fully participate in the society by taking measures which will provide the solution to their problems regarding health, education, rehabilitation, employment, care and social security and the removal of the obstacles they face; and making the necessary arrangements for the coordination of these services.

Act on Municipalities,[3] **Act on Metropolitan Municipalities**[4] and **Act on Special Provincial Administrations**[5] define specific duties for local governments in relation to persons with disabilities. Municipalities Act states in its Article 14: 'In service provision, methods suitable for the conditions of disabled, elderly, needy and low-income groups shall be implemented'. The duties and authority of the mayor, metropolitan mayor and governor include using the budgetary allocation for the poor and the needy, executing services targeting persons with disablitiesand establishing disability centres. Social services and assistance to be provided to the low-income, poor, needy, homeless and disabled individuals constitute an item for municipal, metropolitan municipal and governorate expenditures. Metropolitan municipalities in Turkey are responsible for providing social and cultural services for the elderly, disabled, women, youth and children; to organise vocational training and skills courses. (Act on Metropolitan Municipalities, Article 7).

– **How is the legislation enforced?**

A series of Ministries, local governments and State offices are responsible for the enforcement of different provisions of the Disabled People Act relating to the employment, education, rehabilitation, care, and social security of persons with disabilities as well as to the services to be provided for this group. The Administration for Disabled People, several units of the Ministry of Health, Ministry of Labour and Social Affairs, Ministry of National Education, Ministry of Culture and Tourism, Ministry of Finance, Social Services and Child Protection Agency, provincial municipalities and local administrations are in charge of the enforcement of the legislation in their own remit.

– **Is there a specific ministerial responsibility for women with disabilities, and if so, who holds it?**

There is a State Minister responsible for Women and Family, Nimet Cubukcu. The Presidency of the Administration for the Disabled People, General Directorate on the Social Services and Child Protection Agency, General Directorate on Family and Social Research and General Directorate on the Status of

[1] *The Constitution of the Republic of Turkey*, Law No. 2709, Official Gazzette, 9 November 1982, No. 17863

[2] *Act on Disabled People and on making amendments in some laws and decree laws*, Act No. 5378, Official Gazzette, 7 July 2005, No: 25868

[3] Act No. 5393, *Official Gazzette*, 13 July 2005, No: 25874

[4] Act No. 5216, *Official Gazzette*, 23 July 2004, No. 25531

[5] Act No. 5302, Official Gazzette, 4 March 2005, No. 25745

Women are attached to this Ministerial post.

– **Is there a specific government body or agency responsible for women with disabilities?**

The specific government body responsible for persons with disabilities in general is the **Administration for Disabled People (ADP)** attached to the Prime Ministry, which aims to ensure regular, efficient and productive provision of services for persons with disabilities; to provide coordination and collaboration among national and international institutions and establishments; to assist in the formulation of national policies towards persons with disabilities; to identify the specific problems that persons with disabilities face and to look for solutions to these problems. The ADP has four Main Services Units: Rehabilitation and Education Unit, Disability Research and Statistics Unit, European Union and External Relations Unit, Project and Coordination Unit. (The principles and duties of the ADP can be found in Annex I)

The High Board on People with Disabilities meets regularly every three months and brings together the Chair of ADP, Director of Social Services and Child Protection Agency, general director level representatives of the State Planning Organisation Ministry of Tourism, Ministry of National Education, Ministry of Health, General Director of the Employment Organisation, chairs of employer and workers confederations with highest membership levels, Chair of the Turkish Confederation of People with Disabilities and four members representing different types of disabilities, three members selected by the Prime Minister working on disability matters (at least one being academic). The High Board is responsible for determining the priority of the projects prepared by the ADP, deciding on projects to be implemented, identifying high level policies in matters within the scope of ADP and issuing opinions and suggestions on those.

The Council of People with Disabilities is the highest advisory board of ADP. It is responsible for making decisions on disability related matters. The Council meets every two years.

The General Directorate on the Status of Women attached to the Prime Ministry was established in 2004 with the aim to conduct studies on the protection and development of women's human rights, to strengthen the status of women in social, economic, cultural and political life, and to ensure that women benefit equally from rights, opportunities and facilities. The duties of the Directorate include:

- to support all kinds of efforts to prevent discrimination against women, develop women's human rights, activate women in social and cultural spheres and increase women's educational levels; to develop strategies in this field, formulate plans and programmes and contribute to the formulation of essential policies
- to conduct studies in order to promote women's equal rights and opportunities by monitoring legislation and administrative regulations
- to promote efforts to prevent all kinds of violence, harassment and exploitation against women; to support the solution of women's family and social life related problems
- to raise public awareness in order to promote full and equal enjoyment of rights given to women by law and the perception of equality between women and men as a social development problem
- to promote the progress of women in all spheres of social life, particularly health, education, culture, work and social security, and their participation in decision-making mechanisms

– **Is there a dedicated focal point / coordination mechanism within the government for matters relating to the implementation of the UN Convention?**

The ADP is responsible for the coordination of matters relating to the implementation of the UN Convention. The European Union and External Relations Unit of the ADP is responsible for following up international developments on persons with disabilities, monitoring and evaluating the national implementation of international conventions and agreements. Under the ADP's general coordination,

[1] Interview with Sermet Basaran, Administration for the Disabled People, Head of the European Union and External Relations Unit

[2] Ibid.

[3] Ibid.

specific ministries and offices are responsible for the rights under their own remit.

- **Has a framework been established for the promotion, protection and monitoring of the Convention?**

The Convention has not yet been ratified by the Turkish Parliament, although it was signed by the government in March 2007. However, it has been debated and accepted in the Parliament and it is expected to be ratified by the end of 2008. A framework for the promotion, protection and monitoring of the Convention will be established after the ratification. A large-scale congress on the UN Convention is being planned for December 2008 with the participation of the UN representative for Turkey and all relevant stakeholders for this purpose.[1]

- **Are women with disabilities consulted / involved in the processes of promoting, protecting and monitoring the Convention, and if so, how?**

A mechanism to involve persons with disabilities in the different processes of the Convention or legislation on persons with disabilities does not currently exist in practice, although Article 4 on the General principles of the Disabled People Act states that 'the participation of the disabled people, their families and volunteer organizations shall be ensured for the decisions to be taken in relation to disabled people'. However, the ADP states that similar activities to increase the awareness of citizens at large and to involve persons with disabilities in decision-making are already taking place (see Section 10). [2]

- **What statistical and research data is collected in relation to the Convention?**

Currently, no statistical/research data is being collected in relation to the Convention. The first and only existing major survey on persons with disabilities was conducted in 2002.[3]

Does your Government publish information on public expenditure at national level on women with disabilities? This is not available.

Anti-discrimination laws, disability legislation, etc.

There is no separate anti-discrimination legislation in the Turkish legal system. Article 10 of the current **1982 Constitution** provides the basis for equal treatment before the law: 'All individuals shall be equal before the law without any distinction based on language,race, colour, sex, political opinion, philosophical belief, religion, membership of a religious sect or other similar grounds'.
(Although the expression 'similar grounds' indicates that the list is not exhaustive, equality based on "disability" is not expressly stated in the article)[1]

Additional provision (7/5/2004-5170/1md.): Women and men have equal rights. The State shall ensure the realisation of this equality. No privileges shall be granted to any individual, family, group or class. State bodies and administrative authorities shall act in compliance with the principle of equality before the law in all their proceedings.

Disabled People Act (2005) requires, in its Article 4 on the General Principles, that 'the State shall develop social policies against all kinds of abuse of disabled people and disability on the basis of the immunity of the human honour and dignity. The State shall not discriminate against the disabled people; fighting against discrimination shall be the basic principle of the policies towards the disabled people'.

Turkish Penal Code[2] defines discrimination on the basis of language, race, colour, sex, disability, political opinion, philosophical belief, religion, membership of a religious sect and similar grounds as a criminal offence. This discrimination clause did not exist before 2004, and 'disability' as a ground on which discrimination may occur was added by the Disabled People Act which took effect in 2005 (Article 122).

[1] Korkut, L. (2003) *Report on Measures to Combat Discrimination in the 13 Candidate Countries: Country Report Turkey*. Utrecht: MEDE European Consultancy.
[2] Act No. 5237, *Official Gazzette*, 12 October 2004, No. 25611

The Labour Code[1] contained no separate or general provision on equality and discrimination until recently. The new Labour Code, which came into force in June 2003, contains a general principle of equal treatment, but does not specify 'disability' as a ground on which discrimination may occur. Article 5 reads as follows:
No discrimination shall occur in labour relations on the grounds of language, race, sex, political opinion, philosophical belief, religion, membership of a religious sect or other similar grounds.
An employer, unless there are important reasons, shall not treat part-time employees differently than full- time employees, or employees employed for a definite period of time differently than employees employed for an indefinite period of time.
An employer, unless for biological reasons and nature of the work require otherwise, shall not treat differently, directly or indirectly, an employee in the formation, implementation and termination of a contract, or determination of conditions, on the grounds of sex or pregnancy.
Lower wages shall not be paid for the same work or work of equal value. The application of special provisions protecting the employee on the grounds of sex shall not justify lower wages.

– **Legislation specifically addressing disabled women**

Legislation addresses persons with disabilities in general. There is also separate legislation on women, but not specifically on women with disabilities.

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)? **What is the population of women and girls with disabilities in the country?**
Article 3 of the Disabled People Act adopts the following definitions:; **a) Disabled** is the person who has difficulties in adapting to the social life and in meeting daily needs due to the loss of physical, mental, psychological, sensory and social capabilities at various levels by birth or by any reason thereafter and who therefore need protection, care, rehabilitation, consultancy and support services. **b) Disability criterion** is the criterion which is prepared on the basis of the international basic criterion and which is revised when deemed necessary. **c) Person with mild disability** is the person who is defined as slightly disabled according to the disability criterion. **d) Person with severe disability** is the person who is defined as substantially disabled according to the disability criterion. **e) Care dependant disabled person** is the person, among those documented by an official health council report as substantially disabled according to the disability classification, who is so impaired that he/she cannot maintain his/her life without the assistance and care of others because he/she is not able to substantially perform the habitual and repetitive requirements of the daily life. **f) Sheltered workshops** are the workplaces with technical and financial support from the State and the working conditions of which is specially arranged by the State in order to create vocational rehabilitation and employment for the disabled people who are difficult to be integrated to the normal labour market. **g) Sheltered workshop status** is the condition of having a number of disabled employees at a ratio determined by the regulation or of possessing the requirements in order to be granted with the technical and financial assistance provided to the sheltered workshop. **h) Rehabilitation** is the totality of preventive, medical, vocational, educational, recreational and psycho-social services which are rendered in order to eliminate a disability by birth or occurred thereafter by any reason or to reduce the effects of disability to a minimum level, in order for the disabled to be sufficient to himself/herself and to society in his/her work and social life and to integrate with the society by enabling

[1] Act No. 4857, *Official Gazzette*, 10 June 2003, No. 25134

him/her to acquire the highest level of abilities he/she can achieve again in the fields of physical, mental, psychological, social, vocational and economical usefulness and in order to take all measures against discrimination.
i) Classification is the work to develop a common standard and framework for the definition of the function and incapability of the human body as an important health indicator.

Quantitative data
Definitions:

Survey on Disabled People[1]:
Disabled person: Person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical capabilities.
Orthopedically Disabled Person: Person having a functional limitation as a result of a deficiency in his/her muscular and skeleton system. This orthopedical group includes lack of shortness and excess of hands, arms, feet, legs, fingers, backbones and also with restricted movement, disfigurement, weakness of muscle, bone disease, paralysis, cerebral palsy, spastic and/or spina bifida.
Seeing Disabled Person: Person who have partial or no vision in one or both eyes. This group includes the persons using eye prosthesis who have color blindness and/or night blindness.
Hearing Disabled Person: Person who is completely deaf or has partial hearing in one or both ears. The using hearing apparatus is also included in this hearing group.
Speaking Disabled Person: Persons who can not speak or have a deficiency in speech flow. Person not speaking but hearing, who lack of throat, who use apparatus, who stammer, and who have deficiency in tongue-lip-palate-chin are all included in this group.
Mentally Disabled Person: Persons who have a mental impairment at different levels. Persons having mental retardation and down syndrome are also included in this group.
Chronic Illness: illness which obstructs a person's capacity to work and functions and which makes necessary for the person's continuous care and treatment (Blood diseases, heart-vein diseases, respiratory system diseases, digestive system diseases, urethra and productory organ disease, skin diseases, cancers, metabolic diseases, the deficiency of psychological behaviour, nerves system diseases and HIV).

Ref:
Columns 1,3: TurkStat (Turkish Statistical Institute), Social Security and Health Statistics, Disability Rates, 2002. Column 2: Calculations based on TurkStat, 2000 General Population Census Results

	Women with Disabilities	**Women**	**Men with disabilities**
Size of population: 12.29% of total population 8.5 million people [2]	503 734[3]	33 457 192	730 405[4]
% of total population	13,45	49,9	11,10
% of female population	n/a	n/a	n/a

[1] State Institute of Statistics (SIS), Turkey Disability Survey 2002, available at www.ozida.gov.tr
[2] ADP (Prime Ministry Administration for Disabled People) (2006), *Law on Disabled People and Related Legislation*. Publication No. 43, Ankara. These figures include persons with chronic illnesses, whereas the next columns on numbers do not.
[3] TurkStat, Population Statistics and Projections, Disabled Population by type of disability and sex, 2000 General Population Census.
[4] Ibid.

Disaggregate by age:					
0-9	3,56		19,3		4,69
10-19	4,28		20,4		4,98
20-29	7,04		18,5		7,59
30-39	12,42		14,5		10,43
40-49	21,08		10,9		15,15
50-59	32,67		7,2		22,56
60-69	42,02		5,4		31,60
> 70 year olds	47,77		3,8		39,77
Unknown	14,17				6,30
Disaggregate by ethnicity (N/A) Place of Residence: Urban Rural	 13,99 12,63				 11,38 10,69
Disaggregate by type/severity of disability[1] Orthopedically, seeing, hearing, speaking and mentally disabled population Population having chronic illnesses Type: Orthopedically Seeing Hearing Speaking Mental	F 2,12 11,33 1,02 0,50 0,33 0,28 0,38		M 3,05 8,05 1,48 0,60 0,37 0,38 0,48		T 2,58 9,70 1,25 0,70 0,41 0,48 0,58
Is there information on the size of the household where they live?	n/a		n/a		n/a
Multiple disaggregations (if available e.g. by age and ethnicity, by age and type/severity of disability) Age and type of disability 0-9 10-19 20-29 30-39 40-49 50-59 60-69	 Orth. 0,64 0,77 1,21 1,26 1,39 1,79 2,80	 Seeing 0,33 0,36 0,45 0,46 0,62 0,91 1,56	 Hearing 0,20 0,29 0,32 0,35 0,35 0,41 0,77	 Speak . 0,46 0,43 0,42 0,31 0,26 0,30	 Mental 0,42 0,58 0,65 0,54 0,39 0,26 0,27

[1] TurkStat, Social Security and Health Statistics, Proportion of disabled population by type of disability, 2002

>70	3,94	2,98	1,70	0,41 0,39	0,31

3. Economic situation and employment

What is the economic / employment situation of women with disabilities? **What legislation and policies are in place to recognise the right of women with disabilities to work?** **Please provide the source of the data**			
Quantitative data Ref: Columns 1, 3: TurkStat, Social Security and Health Statistics, Proportion of disabled population by labour force status, 2002. Column 2: TurkStat, Results of Household Labour Force Survey, 2008			
	Women with disabilities	**Women**	**Men with disabilities**
Labour force participation rates (age 15>) Orthopedically, seeing, hearing, speaking and mentally disabled population Population having chronic illnesses	 6,71 7,21	 26,6	 32,22 46,58
Unemployment rates (age 15>) Orthopedically, seeing, hearing, speaking and mentally disabled population Population having chronic illnesses	 21,54 12,84	 9,1	 14,57 10,28
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates (population not in labour force) (age 15>) Orthopedically, seeing, hearing, speaking and mentally disabled population Population having chronic illnesses	 93,29 92,79	 53	 67,78 53,42
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[1] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	Not available. While the Disability Survey 2002 contained questions on income levels of people with disabilities, the results have not been published.[2] Still, there are		

[1] Please provide the definition of 'poverty' used in your country

[2] TUBITAK (The Scientific and Technical Research Council of Turkey) (2006), *Turkey Disability Survey 2002: Secondary Analyses.* Ankara: TUBITAK (www.ozida.gov.tr)

	important indicators as to the poverty levels of people with disabilities in Turkey: 57.3% of people with disabilities state that they cannot benefit from services related to their disability due to economic conditions (see below the section on services).

Qualitative data

- **Legislation and policies to address discrimination with regard to employment – do any target women with disabilities specifically? Do any target women specifically or disabled persons specifically?**

The Equal Treatment clause of the Labour Code (see section 1)

Constitutional provisions on the right to work
Article 48: Everyone has the freedom to work and conclude contracts in the field of his choice. The establishment of private enterprises is free.
Article 49: Everyone has the right and duty to work. The State shall take the necessary measures to raise the standard of living of workers, to protect workers and the unemployed in order to improve the working life, to promote employment, to create suitable economic conditions for preventing unemployment and to secure labour peace.
Article 50: No one shall be required to perform work unsuited to his age, sex and capacity. Minors, women and persons with physical or mental disabilities shall enjoy special protection with regard to working conditions.

Article 14 of the Disabled People Act relates to employment issues:
During employment, no discriminative practices can be performed against the disabled people in any of the stages from the job selection, to application forms, selection process, technical evaluation, suggested working periods and conditions. Working disabled people cannot be subjected to any different treatment than the other people with respect to their disability such that it could cause a result which is unfavourable for the disabled people. It is obligatory that measures are taken in the employment processes in order to reduce or eliminate the obstacles and difficulties that may be faced by the disabled people who work or who apply for a job and the physical arrangements are done by the establishments and organizations with the relevant duty, authority and responsibility and by the work places. The employment of the disabled people, who are difficult to be integrated to the labour market because of their conditions of disability, is provided by means of the sheltered workshops first.

The **Labour Code** establishes an obligation to employ people with disabilities. Accordingly, employers who employ 50 or more employees in their private undertakings are obliged to ensure that 3% of their workforce are persons with disabilities who shall be employed in positions suitable for their occupational skills, physical and mental conditions. This rate is 4% for public undertakings. The same law establishes that persons with disabilities cannot be employed for underground and submarine work.
Employers who employ more persons with disabilities than the determined quotas require, or who are not obliged to employ persons with disabilities, shall pay half of the insurance premiums due as the employer's contribution and the other half shall be paid by the Treasury.
Fines to be taken from undertakings which do not obey the quota rules are to be used for projects promoting the vocational training and vocational rehabilitation of persons with disabilities, enabling them to start up of their own enterprises, and supportive technologies to enable persons with disabilities to find suitable employment (Amended Article 30, 15/5/2008-5763/2md).[1]

[1] Special vocational rehabilitation centres have been planned for disabled individuals with this Article. The Employment Organisation is responsible for the functioning of these centres. After 1991, with the financial support of the UNDP, one of these centres was established in Ankara. The total number of labour force training courses (for disabled persons only) was 128 in the period 1998-2002, and 262 individuals participated these courses.66 Administrative fines taken from companies which do not obey quota rules have been spent on training for disabled individuals. But the number of participants on the courses is quite low in comparison with the total disabled population in the country (Korkut 2003).

Civil Servants Act[1], in its Article 53, which was amended by the Disabled People Act, requires that persons with disabilities shall be assigned for vacant posts suitable for their occupations, and tools and equipment to assist in the execution of their occupation shall be provided by their institutions. The same Article establishes an obligation for public institutions to allocate a quota of 3% to persons with disabilities

– **Activation programmes (as parts of Active Labour Market Policies), provision of financial support for workplace adjustments**

2005 was declared as the 'Employment Year for Disabled People' by the Prime Minister, Tayyip Erdogan,[2] with a view to promoting the participation of people with disabilities in the social life and to increase their productivity. The measures adopted within this framework included:

- Investigation of ways to effectively use national and international funds in the fields of vocational training, occupational rehabilitation and employment for the development of occupational skills of persons with disabilities;
- Fulfilling the quotas for disabled personnel; allocation of positions to disabled personnel, if necessary, by changing the titles of positions;
- Formation of committees to prepare and evaluate the exams taken by disabled people for civil servant positions;
- Revision of exam announcements to promote the employment of primary school graduate individuals with disabilities as civil servants;
- Removal of application fees and documents (other than application forms and health reports) taken from candidates for civil servant exams who have disabilities;
- Readjustment of public work places to facilitate the employment of persons with disabilities and provision of assistive tools and equipment supporting their work;
- Promotion of the employment of persons with disabilities who hold a specific occupation to work in positions related to their occupation, adoption of measures to promote their health and prohibition of their employment in positions increasing their disability;
- Promotion of efforts to overcome the difficulties in the collection of administrative fines taken by private and public institutions and establishments, which do not fulfil their obligation to employ persons with disabilities;
- Provision of incentives for persons with disabilities to work independently, to establish SMEs and to increase their competitive strenght;
- Promotion of efforts by public institutions and establishments, in collaboration with civil society organisations, to raise awareness on persons with disabilities as persons participating in all areas of social life, holding a right and responsibility to work, and living independently.

On this basis, an Action Plan for the years 2005-2010 was launched by the government in order to formulate an employment policy towards persons with disabilities, which particularly pronounced women with disabilities as a special group whose employment shall be promoted. The Action Plan emphasised the key role to be played by local governments in the promotion of the employment of persons with disabilities; efficient utilisation of national and international funds to increase the employment of this group; a more efficient application of the quotas and fine system so as to enable persons with disabilities considered to have less opportunities in finding jobs, including **women** with disabilities; promotion of flexible forms of employment and alternative employment methods for persons with disabilities; and increasing the productivity of the disabled labour force through the provision of basic educational and vocational training services (details of the Action Plan can be found in Annex II).

– **Key bodies responsible for enforcement / delivery (including state, private and third sector)**

The Rehabilitation and Education Unit of the ADP is responsible for following up efforts to remove the obstacles for the employment of persons with disabilities, to increase their employment prospects and to

[1] Act No. 657, *Official Gazzette*, 23 July 1965, No. 12056

[2] Circular on the Employment Year for Disabled People, *Official Gazzette*, 3 December 2004, No. 25659

enable them to start up their own businesses, and to develop proposals relating to these. Different Ministries, local governments and public offices have duties in relation to the enforcement of legislation in areas under their remit.

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Please provide disaggregated data where available (e.g by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)
Ref: Columns 1, 3: TurkStat, Social Security and Health Statistics, Proportion of disabled population by the status of literacy, 2002. Column 2: TurkStat, Population and Development Indicators for the year 2002

	Women and girls with disabilities		**Women and girls**		**Men and boys with disabilities**	
Literacy rates Orthopedically, seeing, hearing, speaking and mentally disabled population	51,99		79,9		71,86	
Population having chronic illnesses	64,96				90,22	
Participation rates in general education	n/a			n/a	n/a	
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels[1]						
The proportion of disabled population by completed educational level (age 25>) A: Orthopedically, seeing, hearing, speaking and mentally disabled population B: Population having chronic illnesses	A	B			A	B
Illiterate	51,26	37,33			25,75	10,16
Literate	48,74	62,67	79,9		74,22	89,84
Literate but no school completed	7,32	8,54			7,95	7,42
Primary school	32,22	42,35	87,34		47,21	54,41
	3,78	4,25	87,34		6,98	9,50

[1] Columns 1,3:State Institute of Statistics (SIS), Turkey Disability Survey 2002, Table 1.4, p.11; Column 2: TurkStat, Education Statistics, Schooling ratio by educational year and level of education 2002-3

Junior high school and equivalent	3,97	5,14	45,16	8,98	11,43
High school and equivalent	1,45	2,39	13,53	3,10	7,07
Higher education					
Number and type of specialist schools (i.e. level, for which target groups)	N/A				

Qualitative data:

Description of legislation and policies to recognise right of disabled persons to education

Constitutional provisions on education
Article 42: No one shall be deprived of the right of learning and education.

Article 15 of the **Disabled People Act** regulates the education and training field:
The right of education of the disabled people cannot be prevented by any reason. The disabled children, youngsters and adults are provided with equal education with the non-disabled people and in inclusive environments by taking the special conditions and differences into consideration.

Counselling and Coordination Centre for Disabled People is established in order to carry out works within the Higher Education Council on the procurement of tools and equipment, preparation of special class material, enabling the preparation of education, research and accommodation environments suitable for the disabled people in order to facilitate the educational life of disabled university students,

Turkish sign language is created by the Turkish Language Institution in order to provide the education and communication of hearing impaired people. The required procedures in order to provide the production of relief, audio and electronic books, subtitled film and similar material to meet all kinds of educational and cultural needs of the disabled people are carried out jointly by the Ministry of National Education and the Ministry of Culture and Tourism.

Article 16 of the same Act refers to educational evaluation:
The educational evaluation and diagnosis of the disabled people are carried out by the special educational evaluation board in the guidance research centres of the provincial directorates of national education which consists of the experts and family of the disabled person; and education planning is developed accordingly. This planning is evaluated every year and reviewed in accordance with the developments.
The board decides the vocational branch of the training for the disabled people willing to take apprenticeship training in line with their interest, desire, ability and skills and by taking the health board report into account.

Primary Education Act[1] establishes that primary education is the essential education and training for all Turkish citizens and that special education and training shall be provided for children who have physical, mental or social disabilities (Articles 1, 12)

Vocational Training Act[2] entrusts the Ministry of National Education for the organisation of special vocational courses suitable for the interests, needs and skills of persons in need of special education (Article 39)

Act on the Social Services and Child Protection Agency[3] states that the education of children with disabilities and children in need of protection shall be provided in public and private specialist education

[1] Act No. 222, *Official Gazzette*, 12 January 1961, No. 10705
[2] Act No. 3308, *Official Gazzette*, 19 June 1986, No. 19139
[3] Act No. 2828, *Official Gazzette*, 27 May 1983, No. 18059

institutions attached to the Ministry of National Education, and that the education of these children shall be planned in coordination with the Ministry (Article 25)

--Description of key national initiatives targeted specifically at disabled women and girls, aiming to increase their participation or attainment rates in education, e.g.:

- **Personalised measures at school (individual classes, extra support, mentors, peer group support, etc.)**
- **Integrative measures**
- **Providing or promoting the use of assistive technologies**
- **Financial subsidies, loans etc**

Statutory Decree on Special Education[1] regulates the conditions of education and training to be provided at all educational levels for persons in need of special education due to their individual characteristics and educational proficiency. Special education is defined as education provided with specially trained personnel, through improved educational programmes and methods, and under conditions suitable for the disability and characteristics of persons in need of such education. The decree requires the establishment of day or boarding special education schools adjusted to the needs of persons in need of special education. The Ministry of National Education provides the living costs of individuals who attend the adult education programmes and immediate family members who attend the family education programmes of special education schools. Special education institutions, on the other hand, aim to provide educational support for persons in need of special education, to prepare them for employment, and to develop the basic living skills of persons who are not able to benefit from national education. It is the duty of the Ministry of National Education to establish special education schools and institutions, and to provide all kinds of tools and equipment needed by individuals attending these institutions.

Pre-school education is obligatory for children in need of special education and is provided through special education institutions and other pre-school education institutions. Preparatory classes can be established for children in need of special education when they reach the age of compulsory primary education in order to develop their capacity to follow the national education curriculum. The decree establishes that necessary special measures shall be taken to enable persons in need of special education to benefit from higher education facilities in line with their interests, skills and proficiency. It also stipulates the organisation of adult education programmes of different subjects and duration for persons in need of special education with the aim to develop their essential living skills, meet their need for learning, prepare them for employment and occupation. The decree requires the establishment of special education guidance and psychological counselling units in every city.

The Rehabilitation and Education Unit of the ADP is responsible for following up efforts to provide education at all levels for children, youth and adults with disabilities; preparing and implementing proposals and projects in matters related to the prevention and early diagnosis of disability, as well as the rehabilitation, education and social security of persons with disabilities

[1] Statutory Decree No. 573, *Official Gazzette*, 6 June 1997, No. 23011

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community? **What are the rates of independent living among women with disabilities?**
Qualitative data: - What is the country's definition of the term independent living? Is this the same as the definition given in the UN Convention? There is no definition of 'independent living' as such in the Disabled People Act or other legislation. Disabled People Act has the stated objective of ensuring persons with disabilities to fully participate in the society by taking measures which will provide the solution of their problems regarding health, education, rehabilitation, employment, care and social security and the removal of the obstacles they face. - What measures, e.g. community support services, are in place to support independent living, among women with disabilities specifically? Are they supported with financial resources? See Section 6
Quantitative data: Fulfilment of daily activities: Orthopedic disability: Independent 61.2%; semi-dependent 20.5%; fully-dependent 18.1% Seeing disability: Independent 70,3%; semi-dependent 18,4%; fully-dependent 11,2% Hearing disability: Independent 75,7%; semi-dependent 16.5%; fully-dependent 7,7% Speaking disability: Independent 54,5%; semi-dependent 19,2%; fully-dependent 25,8% Mental disability: Independent 33,1%; semi-dependent 30,3%; fully-dependent 36,2%

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities?

Is access to social and health services the same for women with disabilities as for non-disabled women?

Qualitative data:

Is there recognition in policies / legislation of the rights of girls and women with disabilities to appropriate (gender and disability sensitive) health services?

Article 6 of the **Disabled People Act** provides that it is essential that disabled people maintain their lives in health, peace and safety particularly in the environment they are in, that their care and rehabilitation are provided so that they will get by in society and become productive, that the ones in need are taken for temporary and permanent care or provided with home care service.

Article 7 states that the care services for disabled people shall be provided by the natural and legal persons and public institutions and organisations, which obtained licence from General Directorate of Social Services and Protection of Children Agency.

Article 8 provides that while rendering services the biological, physical and social needs of the person shall be taken into consideration. For the standardisation, development and prevalence of the care services, works are carried out under the coordination of General Directorate of Social Services and Protection of Children Agency.

Article 9 establishes that care services shall be presented in home care or institution care models: 'First of all it is essential that the service is provided without separating the person from his/her social and physical environment'.

The **Social Services and Child Protection Agency**[1] provides social services for families, children, persons with disabilities, elderly and other persons in need of protection, care or assistance. The duties of the Agency include the identification of children, people with disabilities and elderly in need of protection, care and assistance; the provision of services necessary for the protection, care and rehabilitation of those individuals; the establishment and management of social service institutions for the provision of these services; the establishment and management of day care or residential institutions so as to ensure the care and protection of working mothers and fathers; development and implementation of services and programmes to provide monetary and in kind assistance for people living in poverty; the implementation of other duties determined by law in the light of the changing needs of society in the fields of disability and other social services and to establish and manage institutions for this purpose.

The law on the establishment of the Agency provides that people with disabilities in need of care who receive less than 2/3 of net minimum wage shall be provided with care services in public or private care centres or in their home (Additional Article 7)

Social Assistance and Solidarity Act,[2] which aims to help poor and needy citizens, provides assistance for the treatment expenses and special equipment and tools of persons with disabilities (Article 2). 5% of the revenue of the Social Assistance and Solidarity fund shall be allocated to projects targeting persons with disabilities by the Administration for Disabled People for use in the activities of the Administration in this field (Article 4).

The Rehabilitation and Education Unit of the ADP is responsible for conducting studies aiming to establish all kinds of standards for the rehabilitation of persons with disabilities; preparing and implementing

[1] Law on the Social Services and Child Protection Agency, Law No. 2828, *Official Gazzette*, 27 May 1983, No. 18059
[2] Law No. 3294, *Official Gazzette*, 14 June 1986, No. 19134

proposals and projects in matters related to the prevention and early diagnosis of disability, as well as the rehabilitation, education and social security of persons with disabilities

Section II of the Law on Disabled People outlines the following services:

Care services (Articles 6,7,8, 9)
Rehabilitation services
Article 10**-** Rehabilitation services are provided in order to meet the individual and social needs of the disabled people on the basis of participation in the social life and equality. The active and effective participation of the disabled person and his/her family is essential in all stages of the rehabilitation including the decision making, planning, executing and terminating.

Training programmes are developed in order to the train the personnel needed in all areas of the rehabilitation and necessary measures are taken for the employment of these personnel.

Early diagnosis and preventive services Article 11**-** The works regarding all periods of new born, toddler and children to monitor the physical, auditory, sensory, social, psychological and mental developments, to provide early diagnosis of hereditary diseases and diseases that may cause disability, to prevent disability, to bring the severity of the existing disability to the lowest level and to stop the deterioration of disability are planned and executed by the Ministry of Health.

Job and Profession Analysis
Article 12**-** Job and profession analyses taking the disability types into account are made by the Ministry of National Education and the Ministry of Labour and Social Security under the coordination of the Administration on Disabled People. Within the light of these analyses, the vocational rehabilitation and training programmes which appropriate for the conditions of the disabled people are developed by the foregoing organisations.

Vocational Rehabilitation
Article 13**-** The rights of the disabled people to choose their profession in accordance with their skills and to obtain training on this matter cannot be restricted. It is essential that disabled people are enabled to take advantage of the vocational rehabilitation services in order to ensure that they are trained in a profession they can carry out, they are enabled to acquire a profession, their economic and that their social welfare is secured by making them efficient.

Measures to develop the job and skills of the individuals according to their individual developments and abilities in the private vocational rehabilitation centres to be opened by natural or legal persons, skill improvement centres and various types of sheltered workshops are taken. The concerned services can be obtained through the purchase of a service by making a job and profession analysis according to needs.

Social and vocational rehabilitation services are also provided by the municipalities. Municipalities, when they deem necessary during the provision of these services, cooperate with the people's training and apprenticeship training centres. In the event that the rehabilitation request of the disabled person cannot be met, he/she takes the service from the nearest centre and the concerned municipality pays the amount determined in the budget instruction each year to the centre where the service is purchased.

Quantitative data:

People with disabilities benefiting from rehabilitation services (public rehabilitation centres)

Orthopedic	seeing	hearing	speaking	mental
4.0%	2.2%	3.5%	6.0%	4.4%

Those benefiting from private or home-based care or rehabilitation : 0%

Available services for persons with disabilities[1]

	Benefited	Not benefited
Health services	55,7	44,3
Educational services	12,27	87,73
Care and rehabilitation services	5,9	94,1
Vocational and skills training	1,0	99,0
Family guidance services	1,0	99,0
Social and cultural services	0,9	99,1

It is indicated that people with disabilities receive services mainly from health institutions. Apart from this, the major institutions providing services to people with disabilities include various associations, charitable trusts, confederations, municipalities, Ministry of National Education, Social Services and the Child Protection Agency and Turkish Employment Institution. Nevertheless, due to the weight of health services provided to populations with disabilities, the benefit rates from other institutions and establishment remain very low. Since disability is heavily seen in Turkey as a 'health problem', services provided by institutions and establishments outside of the health sector are nearly non-existent.[2]

The main reasons stated for not receiving services related to disability are stated as follows:

Economic hardship 57.3%
Inexistence of such institutions in the neighbourhood 11.9%
Lack of information on such institutions 6.6%
Solutions found within the family 6.4%
Young age 6.3%
Lack of belief in these institution's capacity to provide sufficient services 3.3%
Rejection of applications by such institutions 2.3%
Other 6.1%

Fulfilment of daily activities and service providing institutions
Does not receive any service: Independent: 96.1%; semi-dependent: 93.2%; fully-dependent: 93.3%
Care and rehabilitation centre (public): Independent: 2,7%; semi-dependent: 4,7%; fully-dependent: 5,2%
Care and rehabilitation centre (private): Independent: 0%; semi-dependent: 0%; fully-dependent: 0%

[1] Ref: TUBITAK (The Scientific and Technical Research Council of Turkey) (2006), *Turkey Disability Survey 2002: Secondary Analyses.* Ankara: TUBITAK (www.ozida.gov.tr)
[2] Ibid.

Home-based rehabilitation: Independent: 0%; semi-dependent: 0%; fully-dependent: 0%
Home-based care: Independent: 0%; semi-dependent: 0%; fully-dependent: 0% [1]

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

Social security and health care are provided by three different State organisations for civil servants, employees and self-employed people. All individuals may benefit from social protection.

Constitutional provisions on the right to social security

Article 60: Everyone has the right to social security. The state shall take the necessary measures and establish the organisation for the provision of this security.

Article 61: The State shall take the necessary measures to protect the disabled and to provide their adjustment to social life.

Act on Granting Pension to Dependent, Helpless and Homeless Turkish Citizens over the age of 65 [2]
Article 1: A life-time pension shall be granted to Turkish citizens over the age of 65, not having any legally assigned carer, not benefiting from any income or salary from any social security institutions under any conditions, not receiving any maintenance allowance, not having any regular income assigned by court decision or law, and proving their dependence through documents received by City or Province Administrative Committees, of the amount to be calculated by multiplying the indicator number 300 with the coefficient to be determined annually by Budget Law.

Article 25 of the Disabled People Act added to Article 1:
Additional Article 1 (1/7/2005 – 5378/25): Despite being younger that 65 years old;
a) among those who prove by a health board report to be obtained from a fully equipped hospital that they are disabled such that they cannot maintain their lives without the assistance of others, who are older than 18 years and who are not legally liable to look after others, the ones with an income, according to the monthly average of all kinds of their incomes under any names, less than the amount to be achieved by multiplying the indicator figure mentioned in the 1st Article of this Law with the civil servant salary coefficient, will be put on a monthly salary at 300 % of the monthly amount to be determined according to the 1st Article of this Law.
b) Among the disabled people who are older than 18 years old and who are not legally liable to look after others, the ones with an income, according to the monthly average of all kinds of their incomes under any names, less than the amount to be achieved by multiplying the indicator figure mentioned in the 1st Article of this Law with the civil servant salary coefficient, will be put on a monthly salary at 200 % of the monthly amount to be determined according to the 1st Article of this Law.

c) Although having an income, according to the monthly average of all kinds of their incomes under any names, less than the amount to be achieved by multiplying the indicator figure mentioned in the 1st Article of this Law with the civil servant salary coefficient, those who have a disabled relative younger than 18 years old after whom they are legally liable to look after will be put on a monthly salary at 200 % of the monthly amount to be determined according to the 1st Article of this Law provided that the care relation

[1] TUBITAK (The Scientific and Technical Research Council of Turkey) (2006), *Turkey Disability Survey 2002: Secondary Analyses.* Ankara: TUBITAK (www.ozida.gov.tr)
[2] Act No. 2022, Official Gazzette, 10 July 1976, No. 15642.

actually takes place.
Quantitative Data Please provide comparative data (for non-disabled women and men with disabilities) if available

	Women with disabilities	**Non-disabled women**	**Disabled men**
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits[1] Orthopedically, seeing, hearing, speaking and mentally disabled population Population having chronic illnesses .	 51,41 (82.96% of which as dependent) 64,56 (84,11% of which as dependent)	n/a	 44,84 (32,04% of which as dependent) 62,40 (13,58% of which as dependent)

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?
Qualitative data: **Highways and Traffic Act**[2] prohibits parking vehicles on parking places reserved for persons with disabilities and establishes double fines for breach of this law than the regular fines for parking in other prohibited spaces (Article 61, amended 1/7/2005) **Act on Value Added Tax**[3] reduces value added tax for all equipment and special computer programmes produced to facilitate the education, occupation and daily lives of persons with disabilities (Article 17, amended 1/7/2005) **Act on Motor Vehicle Taxes**[4] exempts motor vehicles belonging to severely disabled persons (more than 90%) and specially equipped vehicles adapted for the use of persons with disabilities from motor vehicle taxes (Article 4, amended 26/11/1980). **Property Tax Act**[1] stipulates that the taxes on the property owned by persons with disabilities shall be

[1] Columns 1, 3: TurkStat (Turkish Statistical Institute), Social Security and Health Statistics, Proportion of disabled population by having social security and the registration status of social security, 2002
[2] Act No. 2918, *Official Gazzette*, 18 October 1983, No. 18195
[3] Act No. 3065, *Official Gazzette*, 2 November 1984, No. 18563
[4] Act No. 197, *Official Gazzette*, 23 February 1963, No. 11342

reduced or removed (Article 9, Amended clause 2).

Act on the Social Services and Child Protection Agency stipulates that personnel who know special sign language shall be employed in cities to assist persons with hearing and speaking disabilities. Necessary courses shall be organised to teach sign language to the personnel (Additional Article 8).

A Prime Ministry Circular of 2006[2] identifies a seven-year period, starting from 7 July 2005, for the adjustment of all existing highways, routes, pavements, pedestrian crossings, open space areas, sports fields and similar social and cultural infrastructural facilities and all public buildings and transport facilities, in order to increase their accessibility to persons with disabilities. The Circular entrusts local governments with the main responsibility for these arrangements, and envisages the preparation of short- (2005-2007), medium- (2008-2010) and long-term (2011-2012) action plans for the realisation of these adjustments to be monitored by the Ministry of Interior and ADP

The Rehabilitation and Education Unit of the ADP has the duty to prepare proposals for the removal of physical and architectural obstacles that persons with disabilities face in their daily lives and for the identification of standards in this field; to examine, evaluate and prepare proposals on measures to promote persons with disabilities' use of public social, cultural, sports facilities, mass communication and transport facilities.

Rates of people with disabilities who have access to transport facilities in their surroundings:
Orthopedical disability 4.9%
Seeing disability 4.3%
Hearing disability 4.9%
Speaking disability 5.3%
Mental disability 3.3%

The provision of transport services for people with disabilities, which also indicates access to the public sphere, is obviously not sufficient as those indicating that they have access to such services is around 4%. However, an important factor here is lack of information about the existence of such services. Generally, 20% of people with disabilities are unaware of the existence of transport facilities.[3]

Rates of people with disabilities who find specific arrangements relating to their disability in buildings and streets:
Orthopedical disability 3.0%
Seeing disability 2.6%
Hearing disability 2.3%
Speaking disability 3.1%
Mental disability 1.8%

Whatever the type of disability, in general there are no specific arrangements in the surroundings of 68% of people with disabilities. Along with this, 20% of pople with disabilities stated that they have no information on the

[1] Law No. 1319, *Official Gazzette*, 11 August 1970, No. 13576
[2] Prime Ministry Circular No. 2006/18 on the adjustment of public buildings, public spaces and public transport vehicles to the use of people with disabilities, Official Gazzette, 12 July 2006, No. 26226
[3] TUBITAK (The Scientific and Technical Research Council of Turkey) (2006), *Turkey Disability Survey 2002: Secondary Analyses.* Ankara: TUBITAK (www.ozida.gov.tr)
[4] Ibid.
[5] Act on the Provision of Universal Services and on the Amendment of Some Laws, Law No. 5369, *Official Gazzette*, 25 June 2005, No. 25856

issue, which shows the level of isolation of people with disabilities from the public sphere.[4]

– **Are there any legal acts requiring public and private bodies to provide access to goods and services?**

Act on Universal Services[5] provides that public and private bodies shall take the necessary measures to implement suitable pricing and technology alternatives to enable low-income, disabled individuals and groups in need of social support to benefit from universal services (which include landline services, public telephone services, printed or electronic phone books, emergency call services, basic internet services) (Article 3).

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

Article 4 of the **Disabled People Act** provides for the following general principle to be followed in performing the services under this Law: 'The State shall develop social policies against all kinds of abuse of disabled people and disability on the basis of the immunity of the human honour and dignity. The State shall not discriminate against the disabled people; fighting against discrimination is the basic principle of the policies towards the disabled people'.

Persons with disabilities are generally not aware of their rights and their access to justice for the protection of their rights is considerably low. Additional Article 1 of the **Act on Metropolitan Municipalities** provides that: Disabled people service units are established in the Metropolitan Municipalities in order to provide information, awareness, steering, consultancy, social and vocational rehabilitation services to the disabled people. These units maintain their activities in cooperation with the foundation, association established to serve the disabled people and their subordinate organisations.

A country-wide project was launched in June 2007 under the coordination of the ADP in order to raise awareness on disability and of persons with disabilities (www.ozida.gov.tr). The objective of the project are to promote, inform and raise awareness among local governments and public administrators, who are the service providers to persons with disabilities, on the Disabled People Act and the rights and facilities legally recognised for persons with disabilities. For this purpose, the project envisages the organisation of information briefings and conferences across the whole 81 provinces of Turkey targeting provincial public, local government administrators, implementing actors in relevant offices, civil society organisations, persons with disabilities and their relatives with the aim of informing them of the Disabled People Act and other relevant legislation. In these meetings, the focus is on the education, care, vocational training and rehabilitation, employment, accessibility, social security and social assistance of persons with disabilities, and on the difficulties faced in the process of implementation. In addition, the project aims to use the national and local media to inform persons with disabilities and the society at large who are not able to attend these meetings. The project is based on a partnership between the ADP, the Ministry of Interior, Ministry of Health, Ministry of National Education, Ministry of Labour and Social Security, Social Services and Child Protection Agency, General Directorate of Social Solidarity and Assistance and local governments. So far, such conferences have been organised across 51 cities in Turkey with the participation of various stakeholders.

There are also Internet-based information and consultation services, advertising campaings and films provided by the ADP and the Social Services and Child Protection Agency. The ADP issues and circulates

a periodical journal on the rights of persons with disabilities (OZ-VERI).

Crime rates against persons with disabilities reach important levels and they are subject to higher fines and punishments enforced by relevant laws and regulations. There are numerous associations, municipalities, special education institutions, which are trying to reach persons with disabilities and provide services to them, including awareness-raising on their rights, due to considerable state aid allocated to these activities[1]

Quantitative data: not available.

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

– **Existence of political, sporting and cultural associations or interest groups for disabled women**

There are around 400 registered associations for disabled people across Turkey, a list of which can be found at http://www.ozida.gov.tr/hizmetverenler/07-01-016.htm. Most of these are solidarity organisations and focus on different types of disabilities, groups of disabled persons (particularly children with disabilities) and types of services such as education and rehabilitation. Those which specifically focus on sports and cultural activities are much smaller in numbers: less than 10 associations have specific cultural or sports focus in their names. There are about 40 charitable foundations which target disabled people, one of which focuses specifically on sports and cultural activities. Additionally, there are about 50 sports clubs targeting the orthopedically disabled, 90 clubs targeting the hearing disabled, 50 clubs targeting seeing disabled people, and a country-wide Sports Federation for Mentally Disabled People, having branches across 81 cities of Turkey. None of these associations, foundations or clubs specifically target women with disabilities.

One of the most active associations for seeing disabled people, Altinokta, promotes cultural activities in various ways, including a Braille and audio library, audio magazines and books read by volunteers, audio computer courses and similar activities (www.altinokta.org.tr)

Article 77 of the **Municipalities Act**: In the provision of services relating to health, education, sports, environment, social services and assistance, park, traffic and culture and of services targeting elderly, women, children, disabled, poor and needy, the Municipality shall implement programmes for the participation of voluntary individuals in order to ensure solidarity and participation in the municipality and to promote efficiency, productivity and conservation of the services.

Membership of people with disabilities to disability-related voluntary associations and establishments is around 2%. When the family members of people with disabilities are taken into account, this rate reaches a mere 3%. This shows, in line with the general profile of the Turkish society, that people with disabilities do not have a major tendency to act together in search for solutions to their specific problems. [2]

[1] Interview with Sermet Basaran, Administration for the Disabled People, Head of the European Union and External Relations Unit

[2] TUBITAK (The Scientific and Technical Research Council of Turkey) (2006), *Turkey Disability Survey 2002: Secondary Analyses.* Ankara: TUBITAK (www.ozida.gov.tr)

– **Provision of special facilities or support services for disabled people in these fields**
Act on the Organisation and Duties of the General Directorate for Youth and Sports[1] establishes that, with a view to enabling persons with disabilities to engage in sports activities, it is the duty of the General Directorate to ensure the suitability of sports facilities for the use of persons with disabilities, to develop sports training programmes and supportive technologies, to provide necessary equipment, to promote information, awareness and publications on the issue, to raise sports persons, to collaborate with other institutions to facilitate sports activities of persons with disabilities (Article 2).

– **Awareness raising of disabled women's role and achievements in these fields**
There is no systematic awareness raising campaigns on persons with disabilities' role and achievements in sports and cultural fields but the successes of persons with disabilities, women or men, have extensive media coverage in general.

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Since a registration system for people with disabilities does not exist in Turkey, there are major information gaps on the quantitative and qualitative characteristics of the disabled population. The first and only existing survey on disabled people in Turkey was implemented by the Turkish Statistical Institute (TurkStat) in collaboration with the Presidency of Administration for Disabled People (ADP) and the State Planning Organisation in 2002. The survey gathered information on the disabled population's age, sex, educational status, marital status, labour force status, social security status and expectations from public institutions. The survey collected data on the type, time of appearance, cause, severity of disability, as well as the use of medical equipments and receipt of treatment by people with disabilities. The survey also identified population with chronic illnesses for the first time in Turkey and collected data on the basic characteristics of this population. The results of the survey are presented on the basis of seven regions and rural-urban areas (ADP 2006).

ANNEX I

The Principles and Duties of the ADP[2]

The principles on which the ADP is founded include

- awareness-raising on the rights and duties of persons with disabilities; provision of medical care and rehabilitation; capacity-building for persons with disabilities to live independent lives
- promoting the accessibility of information, services and physical environment conditions for persons with disabilities
- provision of equal opportunities in education for all persons with disabilities starting from birth and including pre-school, school and adult ages

[1] Law No. 3289, *Official Gazzette*, 28 May 1986, No. 19120
[2] Statutory Decree No. 571 on the Organisation and Duties of the Administration for Disabled People, *Official Gazzette*, 30 May 1997, No. 23004

- promotion of employment through vocational training and rehabilitation; adjustment of employment to the needs of persons with disabilities; and adoption of measures facilitating persons with disabilities' acquisition of tools and equipment in line with new technology
- protection of the social security and income of persons with disabilities; promotion of their full participation in culture, leisure, sports and religion with their family and personal integrity
- promotion of the participation of persons with disabilities in all plans and programmes towards this group and in decisions affecting their economic and social status

The duties of the ADP include:

- to promote coordination and collaboration among relevant institutions and establishments in the prevention of disability and support of education, employment, rehabilitation, adjustment to social life and related issues
- to follow developments in institutions and establishments acting in the field of disability, to search for solutions to problems, to prepare proposals in this field
- to conduct research and investigation in fields related to persons with disabilities, to promote the collection of statistical data and establishment of databases, to prepare projects in this field, to examine, evaluate and implement these projects
- to follow international developments related to persons with disabilities, to follow up and evaluate the national implementation of international conventions and agreements
- to examine laws, statutes and acts on persons with disabilities, to express opinion and to prepare proposals
- to collaborate with voluntary establishments and local governments, to prepare joint projects and to support proposed projects
- to engage in visual and printed publication and visibility activities
- to prepare identity cards for persons with disabilities to be used in order to benefit from rights and services specific to persons with disabilities.

ANNEX II

Action Plan 2005-2010 for the Employment of Persons with Disabilities

1. **All planning shall be based on human rights**: protection and development of the human rights of persons with disabilities, prevention of discrimination in recruitment, remuneration and employment conditions

2. **Suitability of Employment Policy towards Persons with Disabilities to National Employment Policy and its formulation in collaboration**: Employment policy towards persons with disabilities cannot be considered in isolation from one of the major problems that Turkey faces today, namely, unemployment. In the process of the formulation of a national policy, social partners, persons with disabilities and relevant public institutions shall work together

3. **Planning should be based on public re-structuring efforts and regional needs**: The division of labour between central and provincial/local administrations shall be revised and regulations on local government structures (see Section 1) shall be followed with a view to determining the duties and authority of institutions and establishments in the employment of persons with disabilities. The counselling and assistance services needed by persons with disabilities facing diverse problems in employment and by employers shall be provided by local governments, and governments which do not have the capacity to meet these needs shall be supported. Labour force training and adaptation services, vocational training, skills training and similar activities shall be implemented in coordination and on the basis of regional needs. The efficiency of Provincial Employment Boards in the employment of persons with disabilities shall be increased. To encourage the participation of persons with disabilities in the labour market, the Boards shall make decisions suitable for the conditions of the province and monitor those decisions

4. **Efficient use of national and international resources shall be ensured**: National and international funds, which reach considerable amounts, constitute important tools that can be used for the employment of persons with disabilities, but that have not been used productively so far. It is difficult to obtain information on the users of these funds, their contributions to the employment of persons with disabilities and their exact amounts. A system should be established by relevant stakeholders for the use and control of these funds in order to ensure the productive utilisation of national and international resources

5. **Awareness-raising activities shall be conducted towards increasing the employment of persons with disabilities**: Efforts to create social awareness and sensitivity on the importance of the improvement of disabled labour force in terms of social policies, directed towards all citizens and particularly employers, shall immediately start. Methods to emphasise the existing capacities of persons with disabilities, rather than their disability, shall be adopted. Awareness raising shall not be limited to one-way activities targeting the restructuring of the social perception towards disability, but should also aim to activate persons with disabilities to increase their contribution to social life

6. **Model applications suitable for Turkey shall be developed**: An important problem in the employment of persons with disabilities concerns the lack of national models to diffuse the process to the country. Vocational rehabilitation centres, protective work places and other applications, which are limited in Turkey, shall be supported. In fields where no models exist, model applications shall be developed

7. **Quota and fine systems shall be revised to increase support for employers**: In order to increase the employment of persons with disabilities, the quota system shall be regulated so as to provide incentives for employers along with sanctions. The incentive system shall be based on employment like its counterparts in EU countries. Taking into account international experience on the issue, incentives such as wage subsidies, state financing of insurance premium shares, reduction of energy costs, compensation of costs arising from readjustments to the work place due to employment of persons with disabilities should be provided and the usage of these advantages shall be monitored. Support to be provided to the employer shall not remain limited to the financial aspect, but also include guidance services to increase the adaptability of persons with disabilities to work. Since the fulfilment of responsibilities by the State will increase the sensitivity of private sector employers on the issue, public undertakings shall primarily fulfil their legal duty in terms of civil servant quotas. The quota system shall be organised so as to promote the opportunities and permanence of the

employment of those persons with disabilities who have less chance of finding jobs compared to other persons with disabilities (i.e. mental, emotional, low-educated, severe and **female** disabled persons)

8. **Production structure and developments in the labour force processes shall be monitored and necessary regulations shall be conducted**: the developments in production techniques and technologies, increasing international competition and ongoing economic crises lead to significant changes in working life. These changes which are called 'flexibility' should be organised so as to incorporate the characteristic of the disabled labour force. Flexible forms of employment shall be promoted and diffused taking into account the advantages they are to provide for persons with disabilities.

9. **Alternative employment methods shall be promoted, disabled people shall be encouraged to start up their own businesses**: The employment methods of countries which have obtained successful results in the employment of persons with disabilities shall be adapted to Turkey. Methods of employment such as protective employment, supported employment, employment coach applications shall be adapted to the conditions of Turkey. Widespread use of information technologies by persons with disabilities shall be encouraged in order to increase employment possibilities, diversify employment forms and increase occupational capacities. State support shall be ensured to meet additional financial burden to be faced by the employer in the use of information technologies. Necessary measures to assist persons with disabilities in starting up and managing their own businesses shall be taken.

10. **Productivity levels of the disabled labour force shall be increased**: Basic education, vocational education, vocational rehabilitation services shall be organised so as to increase the demand for disabled labour force. Efforts to enable persons with disabilities to benefit equally from basic education and vocational training services provided by the Ministry of National Education shall be started. Courses implemented by local governments on skills and occupational training shall be diffused so as to include persons with disabilities. Efforts to increase the productivity levels of persons with disabilities shall continue after job placement. Services such as vocational guidance, counselling, job coach provision shall be supported by the State so as to reduce the problems of adaptation faced by persons with disabilities and to help them obtaining job continuity and continuous careers

Country fiche: United Kingdom

1. National level legislation, UN Convention implementation and monitoring

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

The **Disability Discrimination Act** (DDA) (1995) is the major UK anti-discrimination Act concerning disability. This Act was extended in 2005. It now gives disabled people rights in the areas of: employment; education; access to goods, facilities and services; buying or renting land or property and making disability-related adjustments to property. The Act requires public bodies to promote equality of opportunity for disabled people. It also allows the government to set minimum standards so that disabled people can use public services, such as transport, easily[1].

The DDA 2005 inserted the Disability Equality Duty into the Act, which came into force in 2006[2]. This legal duty requires all public bodies to actively look at ways of ensuring that disabled people are treated equally. All of those covered by the specific duties must also have produced a Disability Equality Scheme, which they must implement

The **Human Rights Act** (1998) became part of UK legislation in 2000. As a consequence all public authorities have a responsibility to ensure that their activities are compliant with the European Convention on Human Rights. Many features of the Act have been used to guide legal cases of people with disabilities[3].

The **Gender Equality Duty** (2007).The gender equality duty was introduced by the Equality Act 2006, which in turn amended the Sex Discrimination Act 1975. The gender equality duty requires public authorities to promote equality between men and women and eliminate unlawful sex discrimination.

The now defunct **Disability Rights Commission** (DRC) published guidance for individuals wishing to make a DDA case in the area of employment. There was also a DRC Helpline offering advice and information about the DDA and making claims. Now the Equality and Human Rights Commission has taken over this function, and provides the service across all the grounds of discrimination. Local law centres and Citizens Advice Bureaux provide dedicated legal advice on DDA cases.

- The **UK Advisory Network for Disability Equality** was launched in December 2006, to advise Government on the issues affecting disabled people, and to help in the design of policies and services for disabled people. We have introduced legislation that placed a duty on public authorities to promote equality of opportunity for disabled people and key public bodies are required to publish disability equality schemes setting out the actions they will take to meet the duty. Disabled people must be involved in the development of schemes[4].

- The **Office of Disability Issues** is currently working towards the ratification of the Convention, due by

[1] Disability Discrimination Act (1995, 2005), HMSO
[2] DDA chronology (http://83.137.212.42/SiteArchive/drc_gb/the_law/legislation__codes__regulation/dda_chronology.aspx.html). Accessed 04/06/09
[3] Human Rights Act (1998), HMSO
[4] National Strategy Report for Social Protection and Social Inclusion (2008-2010) - UK

What legislation or other obligations exist in the country to protect disabled people's rights? Is there legislation that specifically protects the rights of women with disabilities?

What steps have been taken towards the recognition of the rights of persons with disabilities and the implementation of the UN Convention and in particular article 6?

the end of 2008. This involves checking UK legislation, policies, practices and procedures against the convention's obligations.

- The required framework for promotion, protection and monitoring of the convention is being developed in consultation with the new Commission for Equality and Human Rights and similar bodies in the rest of the UK. This process involves consultation with disabled people, male and female.
- These monitoring aspects are still being finalised by the Office of Disability Issues. (all data [5])

2. Population / prevalence of women with disabilities

What are the national definitions of disability (used in the legislation)?

What is the population of women and girls with disabilities in the country?

Quantitative data

Definitions of disability in UK legislation

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities[6].

Work-Limiting Disability: A long-term health problem or disability that affects the amount or type of work a person can do.

Long Term Disabled: This is the definition of disability used for the Department of Work and Pension's (DWP) Public Service Agreement on employment. It includes everyone with a Work Limiting Disability and/ or a disability covered by the DDA.

Limiting Long-Standing Illness: An illness, disability or infirmity that is longstanding (has troubled someone over a period of time or is likely to) and limits their activities in any way.

International Classification of Illnesses, Disabilities and Handicaps: A restriction or lack of ability to perform normal activities, which has resulted from the impairment of a structure or function of the body or mind. This definition has now been replaced by the International Classification of Functioning, Disability and Health which includes a set of environmental/societal factors. (Work limiting disability to International Classification of Illnesses', Disabilities and Handicaps[7]).

[5] The Office of Disability Issues, (http://www.officefordisability.gov.uk/working/unfaqsdetails.asp). Accessed 02/04/08.

[6] Disability Discrimination Act (1995, 2005), HMSO

[7] Tibble, M. (2004) Users Guide to Disability Estimates and Definitions, Department of Work and Pensions. London: HMSO

What are the national definitions of disability (used in the legislation)? What is the population of women and girls with disabilities in the country?			
The Labour Force Survey, from which the data in the table below was drawn, measures disability through DDA and Work-Limiting			
	Women with Disabilities	**Non-disabled women**	**Men with disabilities**
Size of population[8]	3.4 million	14.1 million	3.7 million
% of female/male population	19.3%	80.7%	19.3%
Disaggregate by age if possible as follows:			
< 15 year olds	n/a	n/a	n/a
16-64 year olds (as % of total population)[9]	3.4 million 27.8% of the total population	n/a	27% of total population
> 65 year olds	n/a	n/a	n/a
Disaggregate by ethnicity	17% of white women have disabilities 18% of non-white women have disabilities 18% of white men have disabilities 17% of non-white men have disabilities Detailed breakdown of ethnic groups reveals that Pakistani and Bangladeshi men and women are the ethnic group most likely to report a disability (Number of		

[8] Smith, A. and Twomey, B. (2002) 'Labour market experience of people with disabilities, Analysis from the Labour Force Survey on the characteristics and labour market participation of people with long-term disabilities and health problems, Labour market experience of people with disabilities', *Labour Market Trends,* vol 110, no 8

[9] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC.

What are the national definitions of disability (used in the legislation)? What is the population of women and girls with disabilities in the country?			
	disabled women to ethnicity data[10])		
Disaggregate by type/severity of disability	-Musculo-skeletal problems (1.2 million), -back or neck (638, 000), -legs or feet (336, 000), -arms or hands (208, 000), -difficulty seeing (53, 000), -difficulty hearing (54, 000), -skin conditions or allergies (59, 000), -chest or breathing problems (465,000), -heart, blood pressure or circulation (272, 000), -stomach, liver, kidney or digestion (174, 000), -diabetes (127, 000), -epilepsy (80, 000), -mental illness (334, 000), -depression or nervous disorders (240, 000), -phobia or panics (94, 000), -learning difficulties (49, 000).		Musculo-skeletal problems (1.3 million), -back or neck (639, 000), -legs or feet (455, 000), -arms or hands (196, 000), -difficulty seeing (84, 000), -difficulty hearing (65, 000), -skin conditions or allergies (73, 000), -chest or breathing problems (459, 000), -heart, blood pressure or circulation (526, 000), -stomach, liver, kidney or digestion (165, 000), -diabetes (205, 000), -epilepsy (79,

[10] Dench, S. Aston, J Evans, C. Meager, N. Williamson, R (2002) Key Indicators of Women's Position in Britain. Women and Equality unit, Dept. of Trade and Industry. London: HMSO

What are the national definitions of disability (used in the legislation)? What is the population of women and girls with disabilities in the country?			
			000), -mental illness (302, 000), -depression or nervous disorders (193, 000), -phobia or panics (110, 000), -learning difficulties (100, 000).
Is there information on the size of the household where they live?	-	-	-
Multiple disaggregation (if available e.g. by age and ethnicity, by age and type/severity of disability)[11]	**16-24 years** Considerably restricted: 3.4% [arms/legs/back = 19.4% see/hear/speech/skin = 7.1% chest/heart/stomach/ diabetes = 16.4% epilepsy/mental = 41.8% other = 15.3%] To some extent restricted: 3.4% [arms/legs/back = 20.8% see/hear/speech/skin = 17.1% chest/heart/stomach/ diabetes = 43.2% epilepsy/mental = 9.4% other = 9.5%]	-	**16-24 years** Considerably restricted: 4.5% [arms/legs/back = 21.4% see/hear/speech/skin = 7% chest/heart/stomach/diabetes = 18.4% epilepsy/mental = 40.8% other = 12.5%] To some extent restricted: 3% [arms/legs/back = 16.8% see/hear/speech/skin = 16.9% chest/heart/sto

[11] Applica and CESEP and Alphametrics (2007) Men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC

What are the national definitions of disability (used in the legislation)? What is the population of women and girls with disabilities in the country?			
	Not restricted: 93.2% **25-54 years** Considerably restricted: 9.6% [arms/legs/back = 41.6% see/hear/speech/skin = 3.3% chest/heart/stomach/diabetes = 18.7% epilepsy/mental = 21.7% other = 14.6%] To some extent restricted: 4.6% [arms/legs/back = 35% see/hear/speech/skin = 6.9% chest/heart/stomach/diabetes = 34.6% epilepsy/mental = 9% other = 14.5%] Not restricted: 85.9% **55-64 years** Considerably restricted: 17.2% [arms/legs/back = 49.9% see/hear/speech/skin = 3.5% chest/heart/stomach/diabetes = 24.6% epilepsy/mental = 9.8% other = 12.2%] To some extent restricted: 5.2% [arms/legs/back =		mach/diabetes = 53% epilepsy/mental = 0% other = 13.3%] Not restricted: 92.5% **25-54 years** Considerably restricted: 8.9% [arms/legs/back = 42.1% see/hear/speech/skin = 5% chest/heart/stomach/diabetes = 20.4% epilepsy/mental = 21.6% other = 10.8%] To some extent restricted: 4.2% [arms/legs/back = 41.2% see/hear/speech/skin = 8.1% chest/heart/stomach/diabetes = 36% epilepsy/mental = 7.9% other = 6.7%] Not restricted: 86.9% **55-64 years** Considerably restricted:

What are the national definitions of disability (used in the legislation)? What is the population of women and girls with disabilities in the country?			
	46.4% see/hear/speech/skin = 5.2% chest/heart/stomach/diabetes = 33.8% epilepsy/mental = 2.8% other = 11.8%] Not restricted: 77.6%		25.2% [arms/legs/back = 43.1% see/hear/speech/skin = 3.6% chest/heart/stomach/diabetes = 37% epilepsy/mental = 7.6% other = 8.9%] To some extent restricted: 6.7% [arms/legs/back = 39.2% see/hear/speech/skin = 6.3% chest/heart/stomach/diabetes = 43.2% epilepsy/mental = 3.7% other = 7.6%] Not restricted: 68.1%

3. Economic situation and employment

What is the economic / employment situation of women with disabilities?

What legislation and policies are in place to recognise the right of women with disabilities to work?

Please provide the source of the data

Quantitative data

2007 Employment statistics and trends (key points)[12]

Although the UK reports one of the highest employment rates in the G7 (and exceeds the Lisbon targets) employment for disabled people remains much lower – reported at 26.9% in the National Reform Programme – although this is higher than rates for other marginalised groups (such as those with the lowest qualifications). However, low 'unemployment' rates are matched by high rates of 'inactivity' for disabled people. The rate of improvement in unemployment is below the EU15 average.

The Disability Rights Commission (DRC) produced regular statistical briefings on disabled people's employment until it was abolished in 2007 (and replaced by the Equality and Human Rights Commission). According to the 2006 Labour Force Survey data analysis for Great Britain[13], the DRC (2007) identified 6.9 million disabled people of working age (one in five of the population) – 51% men and 48% women (although, according to SILC data, the proportion of women and men receiving disability benefits in the UK are close to equal). There was an 8% growth in the working age disabled population from 1999 to 2006 (four times the increase in the non-disabled population). The employment rate rose from 47% to 50%.

The unemployment rate in 2006 was 9%, compared with 5% for non-disabled people and 2.4 million disabled people were out of work and receiving state welfare benefits. Disabled people with 'mental health problems' had the lowest employment rates (21%). Although half of disabled people were economically inactive, a third (1.3 million) would like to work.

	Women with disabilities	**Non-disabled women**	**Men with disabilities**
Employment rates	45.2%	75.3%	50.3%
Unemployment rates	6.6%	4.5%	9.7%
Long-term unemployment rates	n/a	n/a	n/a
Inactivity rates	51.6%	21.2%	44.3%
Part-time work rates	n/a	n/a	n/a
Self-employment rates	n/a	n/a	n/a
Poverty rates[14] (please disaggregate by the following age groups where possible: 0-15, 16-64, 65+)	n/a	n/a	n/a

[12] Roulstone, A.; Prideaux, S. and Priestley, M. (2007) *Report on the employment of disabled people in European countries – United Kingdom*, Academic Network of European Disability experts (ANED).
[13] This covers only men aged 16-64 and women aged 16-59 (there are also three different definitions of disability used)
[14] Please provide the definition of 'poverty' used in your country

Source: Smith, A. and Twoney, B. (2002) 'Labour market experience of people with disabilities, Analysis from the Labour Force Survey on the characteristics and labour market participation of people with long-term disabilities and health problems, Labour market experience of people with disabilities', Labour Market Trends, vol 110, no 8.

Type and quality of jobs[15]

According to the DRC (2007), disabled people are more likely to work in manual and lower occupations, and less likely to work in managerial, professional and high-skilled occupations. Overall, the average pay for disabled people was 10% lower than for non-disabled people.

Public sector employment has been an important driver in increased equality (particularly employment in local government and the health service). After implementation of the Disability Discrimination Act in 1995, employment of disabled people in the public sector increased rapidly and faster amongst women than men. Differences in educational qualifications for disabled employees also appear less marked than in the labour market generally; although disabled people remain less likely to be in senior positions. Since December 2006, there have been stronger requirements on employers in the public sector with the introduction of a new Disability Equality Duty. This provides a useful example of good practice in implementing employment equality law.

Legislation and policies

- **Disability Discrimination Act**, part 2
- **Disability Equality Duty**
- Between 1995-2000 5,662 employment tribunal cases were recorded under the DDA. In cases where the applicant's sex was recorded 60.6% were brought by men and 39.4% were brought by women.[16]
- **'Pathways to Work' programme**: an activation scheme for people with a health condition or disability. Disability Employment Advisers are part of the programme, including Special Incapacity Benefit Personal Advisers.
- **New Deal for Disabled People** (NDDP), advice and practical support that helps people move from

[15] Roulstone, A.; Prideaux, S. and Priestley, M. (2007) *Report on the employment of disabled people in European countries – United Kingdom*, Academic Network of European Disability experts (ANED).
[16] Incomes Data Services Ltd (2000) 'Monitoring the Disability Discrimination Act 1995, phase 2, First Interim Report to the Department for Education and Employment', HMSO
[17] Roulstone, A.; Prideaux, S. and Priestley, M. (2007) *Report on the employment of disabled people in European countries – United Kingdom*, Academic Network of European Disability experts (ANED).
[18] National Report on Strategies for Social Protection and Social Inclusion (2008-2010) - UK
[19] Direct.gov website (http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport). Accessed 01/04/2008.
[20] DEAC, (http://www.dwp.gov.uk/ndpb/deac/. Accessed 04/06/09)
[21] Mencap, (http://www.mencap.org.uk/). Accessed 01/04/08
[22] Capability Scotland, (http://www.capability-scotland.org.uk). Accessed 01/04/08
[23] Queen Elizabeth's Foundation (http://www.qefd.org/). Accessed 01/04/08
[24] Royal National Institute for the Blind (http://www.rnib.org.uk). Accessed 01/04/08
[25] Scope (http:// www.scope.org.uk/). Accessed 01/04/08
[26] Aspire, (www.aspire.org.uk/). Accessed 01/04/08
[27] The Back-up Trust (www.backuptrust.org.uk/). Accessed 01/04/08

disability and health-related benefits into paid employment.

- Work preparation programme (jobcentreplus), sessions tailored to jobseekers returning from a long period of sickness or unemployment.

- Permitted work- working, within agreed limits, whilst receiving incapacity benefit.

- Residential training for disabled adults. Residential training for disabled adults is a programme that helps long-term unemployed disabled people secure and maintain jobs or self-employment.

Financial support

- The **Access to Work**[17] scheme provides practical assistance for people who are employed, self-employed, or about to start a new job. This scheme provides funding towards the additional disability-related costs of special equipment, adaptations to the workplace, personal assistance, travel to work, etc. Eligibility is assessed via Disability Employment Advisors and the Jobcentre Plus scheme. The employer normally pays for the additional support required and receives a grant towards these costs (up to 100% of the costs for those entering a new job or self-employed). The budget for Access to Work will be doubled during the 2008-2010 period[18].

- **Job Introduction scheme**- pays a weekly grant to your employer for the first six weeks that you are employed to help towards your wages or other employment costs such as extra training.

- **WORKSTEP** – provides support and advice to disabled employees and their employers. (all data [19])

NGO programmes and initiatives

- The **Disability Employment Advisory Committee (DEAC)**[20] is an Advisory Committee that gives independent, informed advice to Ministers and government policy makers about helping disabled people find and keep work. It is a Non Departmental Public Body (NDPB) sponsored by the Department for Work and Pensions (DWP). DEAC is not a government department and its Members are not employed by government. They work on a voluntary basis, solely to advise Ministers and government policy makers.

- Several national and UK wide charities and organisations run various work development schemes and offer work related advice and information to disabled people and their families. NGOs that are extremely active in this area include Mencap[21], Capability Scotland[22] and Queen Elizabeth's foundation[23].

- Several NGOs offer advice and opportunities tailored to specific impairments. For example, the Royal National Institutes for the Deaf and Blind[24], Scope[25] (Cerebral Palsy), Aspire[26] and the Back-up Trust[27] (spinal chord injuries).

4. Education, training and life long learning

What are the participation rates in different forms of education?

What are the key legislation / policies in relation to the education of women and girls with disabilities?

Quantitative data:

Please provide disaggregated data where available (e.g. by level of education: primary, secondary, further, higher; and by type of education: vocational, technical etc)

	Data available[28]				
Number of compulsory school aged pupils (including those with SENs)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	7,625,390	611,670	8,237,060	2005	NB: All data refers to England only. Source: DfES. SFR 24/2005 – Special Educational Needs in England, January 2005 (Table 1a).
Number of compulsory school aged pupils who have SENs (in all educational settings)	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	(*) With statements: 229,500 Without statements: 1,174,280 Total: 1,403,780	With statements: 12,670 Without statements: 52,410 Total: 65,080	With statements: 242,170 Without statements: 1,226,690 Total: 1,468,860	2005	Source: DfES. SFR 24/2005 – Special Educational Needs in England, January 2005 (Tables 1a and 1b). (*) Please see Legal Definition of SEN section below for an explanation of the term 'statement'.
Pupils with SENs in segregated settings	Public Sector	Private Sector	Total	Year of reference	Notes and Source
	With statements: 85,540 Without statements: 8,290 Total: 93,830	With statements: 4,740 Without statements: 40 Total: 4,780	With statements: 90,280 Without statements: 8,330 Total: 98,610	2005	Source: DfES. SFR 24/2005 – Special Educational Needs in England, January 2005 (Tables 1a and 1b).
Pupils with SENs	Public Sector	Private Sector	Total	Year of reference	Notes and Source

[28] European Agency for Development in Special Needs Education website

in inclusive settings	With statements: 143,960 Without statements: 1,165,980 Total: 1,309,940	With statements: 7,930 Without statements: 52,370 Total: 60,300	With statements: 151,890 Without statements: 1,218,350 Total: 1,370,240	2005	Source: DfES. SFR 24/2005 – Special Educational Needs in England, January 2005 (Tables 1a and 1b). * Note that these figures are calculated on a very crude indicator (i.e. enrolment at a mainstream or non-mainstream school). Some pupils on roll in mainstream schools may be in segregated classes while some pupils on the roll of special schools may spend the majority of the week in a mainstream classroom. More accurate data on actual practice is not available at the national level.
Compulsory age phase	The compulsory school age range is 5-16 years. However, published data on pupils with statements does not allow for the removal of either pupils with statements in nursery classes (under the age of 5) within primary phase schools (either mainstream or special), or pupils with statements over the age of 16 in secondary phase schools (either mainstream or special). Data presented above includes these populations.				
Clarification of Public - Private sector education	'Private education' is that which is provided in institutions, which are largely privately funded, receiving most of their income from tuition fees. There is private provision at all levels of education. Private schools are known as independent schools and they do not receive direct government funding, although some independent schools have charitable status and benefit from tax relief and they may also apply for some public support through, for example, the National Lottery funding scheme. All independent/private schools must meet regulatory requirements (Sections 463-478 of the Education Act 1996), which include reaching satisfactory standards of premises, accommodation, instruction and staffing. They must be registered with the Department for Education and Skills (or national equivalent) and are subject to regular inspection from Her Majesty's Inspectors to ensure their fitness to be registered. While they are not required to follow the national curriculum, independent/private schools must offer a curriculum of sufficient range and depth to be appropriate for the age, aptitude, ability and special educational needs of the pupils placed there. Non-maintained special schools (NMSS) are schools in England approved by the Secretary of State for Education as special schools that are not maintained by the state, but charge fees on a non-profit-making basis. Most non-maintained special schools are run by major charities or charitable trusts. It should be noted that most places in NMSS are purchased by local authorities for pupils for whom there is no available appropriate provision in a maintained school: parents rarely pay fees directly in these schools. For the purposes of this analysis independent schools, city technology colleges, academies and non-maintained special schools are included in the 'private sector'. Maintained primary schools, secondary schools, special schools (maintained only) and pupil referral units are included in the 'public sector'. Segregated settings include special schools (maintained and non-maintained) and pupil referral units. Inclusive settings include primary and secondary schools, city technology colleges, academies and independent schools (including independent special schools as they are not separately identified from other independent schools in source data).				
Legal Definition of SEN	The Education Act 1996 (as amended by the Special Educational Needs and Disability Act – SENDA, 2001) for England and Wales, and the Education (Northern Ireland) Order 1996 for Northern Ireland, states that a child has special educational needs 'if s/he has a learning difficulty which calls for special educational provision to be made for her/him'. Such provision is required when a child: - has significantly greater difficulty in learning than the majority of children of his/her age; or - has a disability which either prevents of hinders him/her from making use of educational facilities of a kind generally provided in schools, within the area of the local authority concerned,				

	for children of his/her age; or - is under the age of five years and is, or would be if special educational provision were not made for him/her, likely to fall within either of the above paragraphs when over that age. The Education Act 1996 (as amended by SENDA 2001) defines special educational provision as provision which, in the case of children over the age of two, adds to or differs from provision made generally for pupils of the same age in maintained schools. Children cannot be defined as having special educational needs solely because their mother tongue is not English or because they are gifted. The revised Code of Practice (DfES, 2001) recommends a four-stage process of identification and assessment of special educational needs. At the first, the school is responsible for targets and action with regard to the pupil's needs; at the second, external support services advise the school on appropriate targets and action for the pupil; at the third, a request is made for a statutory multi-professional assessment of the pupil's needs; at the fourth, a statutory assessment of the pupil's needs is made – this may result in the local education authority issuing a 'statement of special educational needs' (*) in relation to the pupil's needs and becoming responsible for ensuring that the provision identified in the statement is available to the pupil.

	Women and girls with disabilities	**Non-disabled women and girls**	**Men and boys with disabilities**
Participation rates in general education: (data only available disaggregated by age)[29]	16.19 years – 75.9% 20-24 years – 43.5% 25-49 years – 28.5% 50-64 years – 20.8%	n/a	16-19 years - 74.9% 20-24 years – 41.3% 25-49 years – 21.7% 50-64 years – 12.1%
Attainment levels: distribution per age, gender, disability type and ISCED 0-6 levels	[30]Data is not disaggregated by gender. However data is available on the level of attainment in education of disabled and not disabled people. This is disaggregated by the specific definition of people with disabilities. Non-disabled people: No qualifications- 8.6% Below level 2- 17.4% Level 2- 20.2% Level 3- 20.5% Level 4-6- 25.3% Disabled people: No Qualifications- 23.2% Below level 2- 19.8% Level 2- 19.6% Level 3- 16.6% Level 4-6- 16.9%		

[29] Applica and CESEP and Alphametrics (2007) men and women with disabilities in the EU: statistical analysis of the LFS ad hoc module and the EU-SILC

[30] Department for Innovation, Universities and Skills (2008) 'The level of highest qualifications held by adults'

	Disaggregated by definition of disability: a) DDA disabled (this refers to a long term disability which substantially limits day to day activities) b) Work-limiting disability only (this refers to a long term disability which affects the kind or amount of work that is able to be done) No qualifications- a)11.2% b)15.9% Below level 2- a)18.3% b)19.6% Level 2- a)20.8% b)21.1% Level 3- a)20.1% b)16.9% Level 4-6- a)23.1% b)21.3%
Number and type of specialist schools (i.e. level, for which target groups)	There are 104, 991 children in specialist schools in England and Wales[31].

Legislation

Under Part IV of the DDA (SENDA), a body responsible for a school[32] (the "Responsible Body") has certain duties to students in relation to the provision of education. The main duty of relevance to suppliers to schools is the duty to "take such steps as it is reasonable for it to have to take to ensure that in relation to education and associated services provided for, or offered to, pupils at the school by it, disabled students are not placed at a substantial disadvantage in comparison with pupils who are not disabled".[33] These steps are limited, however, and exclude auxiliary aids/services required, and alteration of physical barriers, as it is assumed that the Special Educational Needs (SEN) system will deal with these issues[34].

- Education Act 1996 and the Education (Scotland) Act 1980/Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002. In addition to the obligations under Part IV of the DDA, separate obligations apply in relation to special educational needs (SEN). Under the SEN legislation, Responsible Bodies have a duty to identify and meet the special needs of pupils.[35]

- Disability Equality Duty. Under the DED, Responsible Bodies (including schools/LEAs) must produce and publish a Disability Equality Scheme (DES) setting out how they will comply with their obligations. Disability Equality Schemes include proactive policies in relation to procurement and the use of assistive devices.

- The Special Educational Needs Code of Practice (www.teachernet.gov.uk/teachinginengland/detail.cfm?id=378 ; gives detailed guidance on effective

[31] Chief Medical Officer, Ministry of Education, Department of Education and Science Annual Reports and DEEE 15/2001, SEN Statistics.

[32] In England and Wales, the responsible body will be the local education authority or governing body for maintained schools and nursery schools, and the proprietor (as defined in the Education Act 1996) for independent schools not maintained by a local education authority. In Scotland, the responsible body will be the local authority for a school managed by an education authority, the proprietor (as defined in the Education (Scotland) Act 1980) for an independent school, and the board of management for a self-governing school.

[33] Section 28C(1)(b). Disability Discrimination Act.

[34] DRC Guide for schools in England and Wales to Part 4 of the Disability Discrimination act 1995 as amended by the Special Educational Needs and Disability Act 2001 (http://83.137.212.42/SiteArchive/drc_gb/employers_and_service_provider/education/schools/schools_in_england_and_wales.aspx.html). Accessed 04/06/09

[35] Education Act (1996) HMSO

processes for the identification and assessment of pupils with special educational needs. It has separate sections on provision in the different phases of education, working in partnership with parents and other agencies, and on pupil participation.

Policy and Initiatives

Policy is strongly focused on providing all aspects of special provision within mainstream schools, with the ultimate aim of inclusion of disabled people in their wider peer group and community. Inclusive education is supported in UK by networks and consortiums of organisations and charities working towards the goals of inclusive education.

'Inclusion UK' is a consortium of four organisations supporting inclusion in education: The Alliance for Inclusive Education; Centre for Studies on Inclusive Education; Disability Equality in Education; Parents for Inclusion. These organisations provide services such as: training disability and inclusion issues (both in the UK and worldwide); consultancy services; public information services and helplines; lobbying and campaigning; facilitation of stakeholder forums e.g. young disabled people; and research. Supported by central government and the Disability Rights Commission, the Inclusion UK consortium is involved in various projects implementing the DDA in schools e.g. 'The reasonable Adjustments Project'.

5. Independent living

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community?

What are the rates of independent living among women with disabilities?

Qualitative data:

The UN Convention defines living independently as 'to live in the community with equal choices to others'. The convention makes specific reference to: choice of residence; access to in-home personal assistance; and equal access to general community services[36]. The UK Office for Disability issues has a similar definition of independent living: 'Having choice and control over the assistance and/or equipment needed to go about your daily life. Having equal access to housing, transport and mobility, health, employment and education and training opportunities'.[37]

The **Department of Health** has also an **independent living agenda**[38]: The Department of Health is working on a number of initiatives, some in conjunction with other government departments, to progress the independent living agenda. These initiatives include:

- *User-led organisations:* User-led organisations are local organisations, run and controlled by disabled people with the aim of promoting independent living through their activities.
- *Individual budgets:* The aim of the individual budgets pilot project is to provide greater choice and control for people needing support, and to place them at the centre of the process.
- *Direct payments:* The White Paper, 'Our health, our care, our say', identified direct payments as one of the main ways to foster independence and enable people to take control of their lives.
- *Community equipment and wheelchair services project:* Community equipment services play a vital role in enabling disabled people of all ages to maintain their health and independence, and to prevent inappropriate hospital admissions.

[36] The UN Convention on the Rights of Persons with Disabilities (2006)

[37] Office for Disability Issues (2008 'Independent Living Executive Summary: a cross-government strategy about independent living for disabled people'

[38] Department of Health (http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Independentliving/index.htm)

What legislation / policies are in place to recognise the equal right of people (women) with disabilities to live independently in the community? **What are the rates of independent living among women with disabilities?**
The **Independent Living Strategy** (2008) - The strategy aims to ensure the eventual elimination of barriers to independent living by 2025. The strategy addresses multiple issues of health, social care, transport, housing and employment in relation to independent living. Its general commitment is to build awareness of the importance of independent living among the wider public and social care professionals. It also incorporates detailed proposals around user-led support and advocacy, and separate initiatives for the diverse needs of older and younger disabled people. There will be a new national strategy to help disabled people find and stay in work, improved provision of housing advice and information, increased funding for the Disabled Facilities Grants for housing, increased work with local authorities to ensure accessibility is reflected in local transport plans.[39] Direct payments are available for all people with disabilities to arrange their own care and services, instead of relying on social services to provide care services. This measure affords disabled people greater autonomy and control over their lives. **The Independent Living Fund** awards payments to severely disabled people to enable them to live in the community rather than in residential institutions. The **National Centre for Independent Living** (NCIL) is a not-for-profit organisation run and controlled by disabled people. They work with the Department of health and other policy makers to ensure that people with disabilities can live independently. Their activities include: research, consultancy, training, lobbying and campaigning and providing various information and services. Particularly giving support and information around Direct payments and Individual Budgets, ensuring that disabled people can get accessible information in these subjects and providing newsletters, books, leaflets and videos/DVD's. NCIL also have an Employers Kit which helps employers and prospective employers with issues around employing staff on a direct payment or individual budget. Its website is: http://www.ncil.org.uk/ .
Data on rates of institutional living are limited. Of 129,548 residential places in the UK, a gender breakdown is only available for 1,561 places: 1,134 male and 427 female[40].

[39] Independent Living; a cross-government strategy about independent living for disabled people

[40] Mansell J, Knapp M, Beadle-Brown J and Beecham J, (2007) Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Canterbury: Tizard Centre, University of Kent.

6. Access to social and health services

Is there access to appropriate social and health services for women with disabilities? **Is access to social and health services the same for women with disabilities as for non-disabled women?**
Qualitative data: The DDA gives disabled people important rights of access to health services and social services e.g. GP surgeries, dental surgeries, hospitals and mobile screening units. Under this anti-discrimination legislation GPs cannot refuse to register, or continue treating you, because of your disability. The DDA allows disabled people the right to information about healthcare and social services in a format that is accessible to you where it is reasonable for the service provider to provide it in that format[41]. Access to reproductive health and services addressing domestic violence are seen as particularly relevant to disabled women. The cross governmental action plan on sexual violence and abuse (2007) highlights a range of reasons that women and children with physical and learning disabilities are at particular risk of domestic violence and sexual abuse. It highlights the innovative nature of interventions needed to protect this group. For example, prevention programmes should be aimed at these groups and special attention given to sex education for those with learning disabilities in order for them to be able to identify sexual abuse[42]. Rehabilitation services and paths out of abusive situations are specifically tailored to disabled women in the form of 24 hour help lines, handbooks and other web resources with dedicated advice. Organisations offering certain elements of these services include: Women's Aid, Refuge, DialUK, UK Women's Disability Forum, Disability Alliance and RNIB and RNID helplines[43]. The UK government provides a fund to help with health equipment, prescriptions and hospital travel. This allows disabled people greater access to NHS prescriptions, dental care, hospitals and assistive devices[44]. In 2006 the Department of Health published guidance on good practice to ensure that disabled women have the same rights to access as all other women to the National Health Service (NHS) Breast Screening Programme and the NHS Cervical Screening Programme. The guidance is aims to inform primary healthcare staff, disabled women and their families and carers[45].
Quantitative data: This data is not available in the UK

[41] Directgov website: http://www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/YourRightsInHealth/ accessed 05/08

[42] Cross Governmental Action Plan on Sexual Violence and Abuse, 2007.

[43] Womens' Aid website: http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp/ accessed 05/08

[44] Directgov website: http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/Introductiontofinancialsupport/DG_10020535 accessed 05/08

[45] ' EQUAL ACCESS TO BREAST AND CERVICAL SCREENING FOR DISABLED WOMEN', Cancer Screening Series No 2, March 2006

7. Standard of living and social protection

What legislation / policies are in place in relation to the standard of living and social protection of women with disabilities?

Qualitative data:

Legislation, policies and benefits in the UK do not distinguish between the gender of people with disabilities. The main disability and sickness benefits are:

- **Disability Living Allowance (**DLA) – This is a benefit available to people with disabilities and chronic illnesses before the age of 65. Its purpose is to aid mobility, self-care and increase standard of living.
- **Attendance Allowance** (AA) – This is a tax-free benefit for those over 65 with disabilities and chronic illnesses.
- **Incapacity Benefit** (IB) – This is a benefit designed to compensate those who cannot work due to illness or disability[46]. From October 2008, the Welfare Reform Act 2007 will replace Incapacity Benefit with a new Employment and Support Allowance (and most people will be expected to engage in some work-related activity)[47].

Quantitative Data

Data is not collated on life expectancy of disabled/non-disabled people in the UK. Instead chronic illness and disability are seen as part of the life course in life expectancy data. Data is collected as follows: (data is from 2001 census)[48]

	Women	Men
Life expectancy	80.4	75.7
General Healthy Life Expectancy (HLE)	68.8	67.0
% life in 'good' or 'fairly good' health	85.6%	67.0%

Significant general trends in life expectancy in the UK are as follows[49]:

Disability data suggest there has been an increase in the proportion of 65+ year olds able to carry out most daily activities such as stair climbing and personal care activities. The general consensus in the academic community is that these trends reflect increased years of mild disability, and a decline in severe disability. Two notable findings that emerge from the substantial range of analyses that has now been carried out on HLE are:

- gender differences – women live longer, but experience proportionally more chronic ill health and disability than men at all ages (see Table 1);

[46] Directgov website: http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/Introductiontofinancialsupport/DG_10020535 accessed 05/08

[47] Roulstone, A.; Prideaux, S. and Priestley, M. (2007) *Report on the employment of disabled people in European countries – United Kingdom*, Academic Network of European Disability experts (ANED).

[48] Parliament Office of Science and Technology, February 2006, 'Postnote – Healthy life expectancy'

49 Parliament Office of Science and Technology, February 2006, 'Postnote – Healthy life expectancy'

- socio-economic differences – those in the richest 10% of electoral wards have 16.9 more years of HLE than those in the poorest 10%.

Data collected on disability benefits is as follows:

Disability Living Allowance (DLA) was introduced on 1 April 1992 and is a benefit for people who have become disabled before the age of 65 and who need assistance with personal care or mobility

At February 2008, 2.95 million people were receiving **Disability Living Allowance** (not including suspended cases), a rise of 85 thousand on a year earlier. 50% of claimants were male. Both the male and female caseloads are rising, males by 40 thousand and females by 44 thousand in the year to Feb 2008. At February 2008, 10% of recipients were children, 57% were working age and 32% were pension age (a small number are an unknown age)[50].

Attendance Allowance (AA) was introduced on 6 December 1971 and is a benefit for people over the age of 65 who are so severely disabled, physically or mentally, that they need a great deal of help with personal care or supervision. Those requiring constant help receive the higher rate of benefit.

At February 2008 there were 1.54 million people receiving **Attendance Allowance** (excluding suspended cases), a rise of 38 thousand on a year earlier. Of these, 32% were male and 68% female. Both the male and female caseloads are rising, males by 18 thousand and females by 20 thousand in the year to February 2008. At February 2008, 66% were aged 80 or over[51].

Carer's Allowance (CA) was introduced on 5 July 1976; it is paid to carers who look after a severely disabled person for at least 35 hours a week. The severely disabled person must be getting either higher or middle rate DLA care component or AA or maximum rate Constant Attendance Allowance with their War Pension or Industrial Injuries Disablement Benefit.

At February 2008, there were 478 thousand people receiving **Carer's Allowance** (not including underlying entitlement cases). 26% of claimants were male, and 74% female.

At February 2008, there were a further 394 thousand people entitled to **Carer's Allowance** but not receiving any payment due to overlapping benefit provisions (i.e. underlying entitlement cases)[52].

	Women with disabilities	Non disabled women	Disabled men
Life expectancy (breakdown by age group if possible)	n/a	n/a	n/a
Percentage receiving any state benefits (disability benefits, unemployment insurance, wage top ups, income support, housing benefits), pensions etc.	DLA: 1.48 million (2008) AA: 1.04 million (2008)	n/a	DLA: 1.48 million (2008) AA: 0.5 million (2008)

50 Department of Work and Pensions, August 2008, 'DWP Quarterly Statistical Summary: social and welfare theme'
51 Department of Work and Pensions, August 2008, 'DWP Quarterly Statistical Summary: social and welfare theme'

52 Department of Work and Pensions, August 2008, 'DWP Quarterly Statistical Summary: social and welfare theme'

8. Access to goods and services (e.g. financial services, transport and information and communications)

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Qualitative data:

The **DDA** (1995) prohibits discrimination by anyone who provided goods, facilities or services to members of the public, male and female, whether paid for or free. It is illegal to discriminate against people with disabilities by: refusing to serve them; providing a worse standard or service; providing a service to a disabled person on worse terms.

However, it is not against the law to treat a disabled person less favourably or differently because of their disability if: the health and safety of the disabled person or other people would be endangered; the disabled person cannot give informed consent or agree to the terms of the service because of their disability; providing the service to the disabled customer would mean that the service provider could not serve other members of the public at all; any extra charge for a service reflects the greater cost of providing that service because of the person's disability. But, the service provider cannot charge a disabled customer more to cover the cost of complying with their legal duty to make their service accessible.

Service providers are expected to make reasonable adjustments to the way in which their services are provided if disabled customers find it unreasonably difficult or impossible to use their services. They must consider: providing equipment or other aids which make it easier for disabled people to use their service, if it is reasonable to do so; changing any policies or practices which make it impossible or unreasonably difficult to use the service, providing other ways of letting disabled people use their services, if it is reasonable to do so; altering, removing, or finding means of avoiding physical features of their premises where this is needed to provide reasonable access to disabled people[53].

As with the policy and legislation in this area, measures facilitating access to goods and services are not specific to the gender of people with disabilities.

The Disabled Person's Railcard gives people with disabilities and a travelling companion a third off of the standard rail fare[54].

Assistance in boarding and alighting trains is available from railway staff throughout the UK with 24 hours prior notice. However, lifting and moving services are not offered so this service excludes some severely disabled persons. All intercity trains are wheelchair accessible. As well as accommodating wheelchair use, newer trains can support those with sensory disabilities by providing information both visually and audibly[55].

[53] Disability Discrimination Act (1995)

[54] Directgov website: http://www.direct.gov.uk/en/DisabledPeople/MotoringAndTransport/PublicAndCommunityTransport/DG_4002764 accessed 05/08

[55] Directgov website: http://www.direct.gov.uk/en/DisabledPeople/MotoringAndTransport/PublicAndCommunityTransport/DG_4002764 accessed 05/08

What legislation / policy / measures are in place to facilitate access to goods and services for women with disabilities?

Since 1 April 2008, everyone who is eligible for concessionary bus travel in England (including disabled people) is entitled to free off-peak travel on all local buses anywhere in England. In Wales and Scotland bus services are available to disabled free of charge at all times.[56]

Local councils throughout the UK run community transport and shopmobility schemes. These schemes typically provide a door-to-door service transporting wheelchair users to shopping centres. These services tend to be better developed and more frequent in urban areas[57].

Accessible information (Provision of information / services in accessible formats (e.g. Braille, audio) is a key feature within public services e.g. local councils, hospitals etc. However it is less practiced by private providers of goods and services. Anyone who provides a service to the public or to the section of the public is a service provider and therefore has duties to people with 'special needs' under the Disability Discrimination Act (DDA). The DDA gives the disabled person the right of action should they feel they are being discriminated against. Changes have to be made to a service if it is difficult for a disabled person to use it. These duties have been introduced in three stages: Since December 1996 it has been unlawful to treat disabled people less favourably for a reason related to their disability; Since October 1999 'reasonable adjustments' have to be made for disabled people; From October 2004 other 'reasonable adjustments' to 'access to physical features' have to be made'. These 'reasonable adjustments' are not explicitly defined, leading to the variation of accessible information services offered by UK public/private organizations[58].

[56] Directgov website: http://www.direct.gov.uk/en/DisabledPeople/MotoringAndTransport/PublicAndCommunityTransport/DG_4019388 accessed 05/08

[57] Directgov website: http://www.direct.gov.uk/en/DisabledPeople/MotoringAndTransport/PublicAndCommunityTransport/DG_073262 accessed 05/08

[58] Disability Discrimination Act 1995, and 1996, 1999, 2004 revisions

9. Access to justice and protection from exploitation, violence and abuse

How is access to justice assured for women with disabilities?

What legislation, measures or initiatives are in place to protect persons with disabilities from all forms of exploitation, violence and abuse?

What is the extent of abuse faced by the women with disabilities?

State funded initiatives

Council housing departments have a responsibility to investigate situations of abuse where women can't stay in their homes because of the situation. The council is required to give advice about finding somewhere to live and women may be entitled to emergency accommodation.

Some groups of people are entitled to Social Services assistance. This is relevant to people are mentally or physically disabled or ill. Social services can assist by finding accommodation, paying for a deposit or providing financial support[59].

According to disability organisations, it is very difficult to access justice for a breach of the services provisions of the DDA, for example, because courts are expensive and difficult to access.[60]

Government provided support

Women's Aid: helpline and shelters

Police: In cases of domestic violence the police have an explicit responsibility to: protect the victim of abuse and their children; remove the risk of further violence; arranging first aid or other medical assistance; find out what has happened, taking into account the known risk factors associated with domestic violence; offer support and reassurance; Help to access other agencies; arrange transport to a safe place[61].

Quantitative data:

More than 50% of disabled women have experienced domestic abuse during their lives.[62]

Disabled women are assaulted or raped at a rate at least twice that for non-disabled women.[63]

People with limiting illness or disability are at greater risk of violence regardless of gender.[64]

[59] Womens' Aid website: http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220037&sectionTitle=Domestic+violence+services accessed 05/08

[60] Report of the House of Commons Work and Pension Committee "The Equality Bill; how disability equality fits within a single Equality Act" HC158-I & HC 158-II, 20 April 2009; www.publications.parliament.uk/pa/cm200809/cmselect/cmworpen/158/15802.htm

[61] Womens' Aid website: http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220040&sectionTitle=Police accessed 05/08

[62] Magowan, P. (2003) 'Domestic Violence and Disabled Women', *Safe*, Woman's Aid, Spring edition.

[63] 'British Crime survey' (2007) HMSO, (England and Wales only)

[64] 'British Crime survey' (2007) HMSO, (England and Wales only)

10. Participation in political, public and cultural life, recreation, leisure and sport

What measures are in place to promote and support women with disabilities' access to and participation in political, public and cultural life, recreation, leisure and sport?

What are the levels of participation?

47% of women in England aged 16 to 59 with a limiting longstanding illness or disability take part in sports every month, compared to 56% of disabled men and 56% of non-disabled women[65].

There are national bodies responsible for developing sport for disabled people in England, Wales, Scotland and Northern Ireland. These disability sports federations work closely with the following five British Disability Sports Organisations (NDSOs) to develop sporting opportunities for the disabled people in the UK: British Amputees and Les Autres Sports Association; British Blind Sport; WheelPower - British Wheelchair Sport; Mencap Sport; UK Deaf Sport[66].

Disabled women organise on many issues including: domestic violence and sexual abuse of disabled women (both in institutional and family settings), access to information on health, sexual harassment of disabled women and spaces for disabled women to talk about issues that affect them. Very successful and well-attended disabled women's conferences have been held, but resourcing ongoing events, programmes or activities has been found to be more difficult. For example, the health information and empowerment for disabled women resource 'Frida Project'[67], has been closed down after successfully providing information for disabled women for a number of years. There are very few voluntary or community organisations in the UK run by and for disabled women, despite a need and demand for them. It is thought that the number of groups at around 20 and those that do exist are usually insecurely funded and at constant risk of closure[68].

11. Other

Are there any other issues of significant importance in relation to women and girls with disabilities in your country, which have not been covered above?

Although government evidence showed at least 12% of the British population have a disability, in TV films and dramas they represented less than 1.5% of all characters portrayed. Those that are shown, frequently fall into stereotypical categories, characterising disabled people as pitiable and dependent[69].

[65] Women's participation in sport: fact sheet, Sport England (2002)
[66] Disability Sports homepage: http://www.sportfocus.com/comdir/majorcat.cfm?cid=77&maj=Disability%20Sport accessed 05/08
[67] Frida Project website: www.womenshealthlondon.org.uk/projects.html
[68] Women's Resource Centre, Disabled Women's Groups factsheet (2004)
[69] Barton, L. (2008), From hero to hate figure: how perceptions of disability can change in The Guardian, March 20th