

# Disability and Social Exclusion in the European Union

*Time for change, tools for change*

## Final study report



HSO

**Vammaisfoorumi ry**  
(Finnish Disability Forum)



MHE-SME



Inclusion Europe

EUROPEAN BLIND UNION

EUROPEAN DEAF UNION

Under the auspices of the: European Disability Forum



With the support of the  European Commission  
Preparatory actions to combat and prevent social exclusion

The information contained in this report does not necessarily reflect the opinion of the European Commission

This study, funded by the European Commission DG Employment and Social Affairs (Project Number VP/2000/008-query), was achieved through the partnership of 7 disability organizations under the coordination of the **Greek National Confederation of Disabled People**, and under the auspices of the **European Disability Forum**.

The title of the project is:

*“Disability and Social Exclusion in the EU – time for change, tools for change”*

The project aims at the collection of **quantitative** and **qualitative** information on poverty and social exclusion faced by people with disabilities. A questionnaire was designed and circulated between May-July 2001 in several European Countries. This study report is the result of an analysis of the information gathered and of the comments of over 100 participants from disability organisations, decision makers, and other stakeholders attending a conference in March 2002 in Athens, where a draft report was presented.

The co-ordination of the study was undertaken by the Greek National Confederation of Disabled People. The partner organizations involved in the project were the National Councils of disabled people<sup>1</sup> in Greece, Spain, France, Finland, Sweden, and the following European Non Governmental Organisations: the European Blind Union, Inclusion Europe<sup>2</sup>, and Mental Health Europe (See Appendix I). They all played an active role in designing the study, translating the questionnaire, disseminating it including through seminars, collecting the data, and contributing to the content of the report. The European Disability Forum (EDF), an umbrella organization gathering 17 National Councils in the European Union and European Economic Area, and over 70 European NGOs (including all the partners of this project) was also involved.

Professor Yannis Yfantopoulos of the University of Athens provided his invaluable expertise on statistical and methodological tools for the design of the questionnaire and study, and for the analysis of data collected.

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<sup>1</sup> Platform organisations with membership of major national organisations representing all the main impairment groups.

<sup>2</sup> Representing people with intellectual disabilities.

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## **I. FOREWORD**

People with disabilities are undoubtedly among the most vulnerable at risk of social exclusion, as this valuable study clearly shows. Poverty and social exclusion are inextricably linked, and a major cause of poverty is the lack of employment. For people with disabilities, the situation with regard to employment is far from ideal. On average, the participation rate of severely disabled people in the workforce is less than half that of able-bodied workers. Efforts have been made in most EU Member States to improve the participation rate but the obstacles to gaining - and retaining -employment, such as lack of access to education and to vocational training, limited availability of housing, assistive technology and accessible transport are still significant. The study findings illustrate very well where more work is needed.

The study also highlights the link between social exclusion and discrimination. The major European level legally binding policy instrument is the Anti-Discrimination Directive, passed in 2000 by Council, which enters into force next year. The Directive will help to protect people with disabilities against discrimination in the workplace. It will also require employers to provide, where reasonably possible, facilities to permit people with disabilities to participate in the workforce. Directorate-General for Employment and Social Affairs has created a network of legal advisors who are monitoring the implementation of the Directive at national level. A complimentary instrument is the National Action Plan to combat poverty and social exclusion, which each Member State produces. The NAPs, like the study's findings, reveal that significant improvements are still to be made in particular with regard to access to education and housing systems to make them more responsive to the needs of workers with disabilities. Future NAPs will build on this information and report progress.

Promoting the rights, and raising the level of awareness of people with disabilities is also the main objective of the European Year of People with Disabilities 2003. We hope the Year will encourage reflection, discussion and action about measures required to promote equal opportunities, and that it will challenge the barriers, also identified in this study, that prevent people with disabilities from participating in many aspects of everyday life.

The challenge now is to deliver for people with disabilities not just life, but quality of life and to identify and provide opportunities for full social inclusion. I commend EDF and its partnership disability organizations for this powerful contribution towards meeting that challenge.

**Anna Diamantopoulou,**  
**European Commissioner on Employment and Social Affairs**

## II. PREFACE

The National Confederation of Disabled People in Greece decided in early 2000, together with National Councils from Spain, France, Finland, Sweden, and Spain, and with 3 European Non Governmental Organisations, representing major impairment groups: Mental Health Europe, Inclusion Europe, and the European Blind Union, to launch a common project, under the auspices of the European Disability Forum, within the framework of the European Community preparatory actions on social exclusion.

The Lisbon strategy had just been launched, putting for the first time social exclusion high on the European Union agenda. The European Council had set ambitious objectives aiming at reducing considerably poverty and social exclusion by the end of the decade.

Disabled people are a group at high risk of social exclusion because of the physical, legal, financial, and attitudinal barriers from society that they face in their everyday life. The high vulnerability of disabled women and men was recognised by the Nice European Council in December 2000, in the common EU objectives on social inclusion.

Despite this, quantitative information on the situation of disabled people in Europe, and to their level of participation in society is scarce, and therefore there is little understanding of the causes of their social exclusion both at National and European level.

By implementing this project, we were convinced that in order to achieve progress in the fight against disabled people, it was crucial to investigate the link between social exclusion and disability, from the perspective of disabled people and families of disabled people unable to represent themselves. At the same time we wanted our project to contribute to the development of policy indicators and actions for the fight against social exclusion.

This study, which is the result of the commitment of all the project partners, of the contributions of over 150 associations of disabled people across Europe, and of discussions held at our final conference in Athens last March, is a step forward in this sense.

The report provides information on the causes of poverty and exclusion of disabled people and their families in the areas identified by the Council's objectives. The study shows that poverty is a reality for many households with a disabled person. A great financial strain is put on them because of the extra costs related to disability and the failure of the social protection systems to adequately address this.

Disabled people are also confronted with social exclusion from their youngest age because of discrimination and of barriers existing in society. The education systems fail in many cases to integrate children with disabilities in the mainstream school environment.

Furthermore only less than a third of disabled people in working age are in employment, often in low paid jobs. The lack of adaptation of the working place together with the prejudice of employers is the main obstacle to employment.

Moreover social services are often lacking or inadequate, not contributing to an autonomous and participatory life.

Overall social participation of disabled people is seriously restricted as physical and attitudinal barriers prevent them from participating in the life of the community, or even in exerting their citizenship rights.

The outcomes of this project show that the involvement of people suffering from social exclusion is essential in identifying the causes, in developing actions to counter this phenomenon, and in assessing policies.

We believe that its findings could greatly contribute to the strengthening of current EU indicators, and to the next round of the National action plans on social inclusion, that will be adopted next year.

In 2003 the European Union will also celebrate the European Year of People with Disabilities. We are convinced that a reinforcement of social inclusion policies for disabled people will be a major contribution to the Year, as well as to achieve a more inclusive Europe.

Finally I would like to thank all the project partners, and all those that have contributed directly or indirectly to the project, and in particular, the European Commission without which this project and its achievements would not have been possible.

Yannis Vardakastanis

President of NCDP  
Project Leader

### III. INTRODUCTION

Social exclusion is a multidimensional phenomenon, which is linked not only to income and expenditure but also to activity status, educational attainment, housing, health, subjective assessment in making ends meet, and citizens' satisfaction with health and welfare services.

Overall in the EU, there are certain groups of people who are at risk of poverty and social exclusion. These include people who are unemployed, the elderly, and disabled people. There is a growing need to collect comparable data and develop multidisciplinary and vertical indicators, which could capture the dynamic aspects of a changing EU Society. Co-operation must be developed between the European Commission, the Member States, in consultation with representative disability organisations, in order to develop harmonized research strategies and implement effective social policies.

The fight against poverty and social exclusion constitutes one of the major objectives of the European Social Model. According to Article 137 of the Amsterdam Treaty, Member States are encouraged to develop initiatives aimed at improving knowledge, to exchange information, to promote new approaches, and evaluate good practices and to design new policies. Furthermore, Article 13 enables the Council to take appropriate actions to combat discrimination based on disability and invites the Community Institutions to take account "of the needs of persons with a disability when adopting measures" and implementing legislation.

The Commission in its Communication "Building an Inclusive Europe"<sup>3</sup>, invites the Member States to strengthen their commitment and to promote greater solidarity for more inclusive economies and societies: "*The challenge is not only to provide a better assistance to those excluded (or at risk of exclusion), but also to actively address the structural barriers to social inclusion thus reducing the incidences of social exclusion.*" The European Commission recognises that people with disabilities, confront multiple barriers in accessing the labour market, social services, education and face high risks of becoming poor and socially excluded.

The Portuguese presidency has highlighted the magnitude of the problem and provided detailed information on developing coherent policies. The Nice European Council has endorsed the need to develop common actions and policies addressed to specific groups like the unemployed, the elderly and disabled people.

The multi-dimensional nature of the problem requires the development of a common strategy aiming at the assessment of the needs of disabled people. Despite the increasing literature on comparative research, in the area of disability, there is a considerable lack of comparative statistics on the living conditions of disabled people, the systematic discrimination, and the barriers with which they are confronted in their social and economic environment. Furthermore, the policies developed in each Member State are of a sporadic nature and vary significantly from one Country to another.

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<sup>3</sup> COM (1996) 406 of 30 July 1996.

The aim of this project was to produce a report to be used as a reference tool on the link between disability, and social exclusion for policy makers, and practitioners involved either directly or indirectly in the social inclusion strategy at European and National level. The study should serve to:

- to develop a methodology for assessing the causal factors of social exclusion among disabled people
- to collect comparable **quantitative** and **qualitative** information with existing European data, in order to provide disability specific indicators to measure this phenomenon, and to evaluate impact of policy measures devised to combat social exclusion of disabled people.
- To identify areas where policy action is needed, and propose the establishment of policies and measures to facilitate social inclusion of people with disabilities

A fully harmonised questionnaire targeted at organisations of disabled people was used to obtain relevant policy information for the disability movement in the EU countries. The questionnaire covered areas most relevant to disabled people in the framework of social exclusion, and poverty: minimum income and disability benefits, education, employment, access to goods and services, availability of services infrastructures, and evaluation of National policies.

The analysis of findings and conclusions of the study were further complemented by discussions taking part at a European Conference held in Athens in March 2002, gathering over 100 people from disability organisations, decisions makers, and other stakeholders in the social field. The participants discussed the content of the report, and provided contributions in the framework of three workshops targeting the main areas of the study: income and social protection, access to education, access to employment, access to goods and services.

Prof Yannis Yfantopoulos,  
University of Athens  
Greece

# 1. THE EUROPEAN POLITICAL CONTEXT

## 1.1 TOWARDS SOCIAL INCLUSION

The European Union has recognised from its onset the need to achieve social cohesion, next to the development of an internal market. Tremendous social progress has been achieved since the Treaty of Rome in improving living conditions, well-being, life expectancy, education, and quality of life.

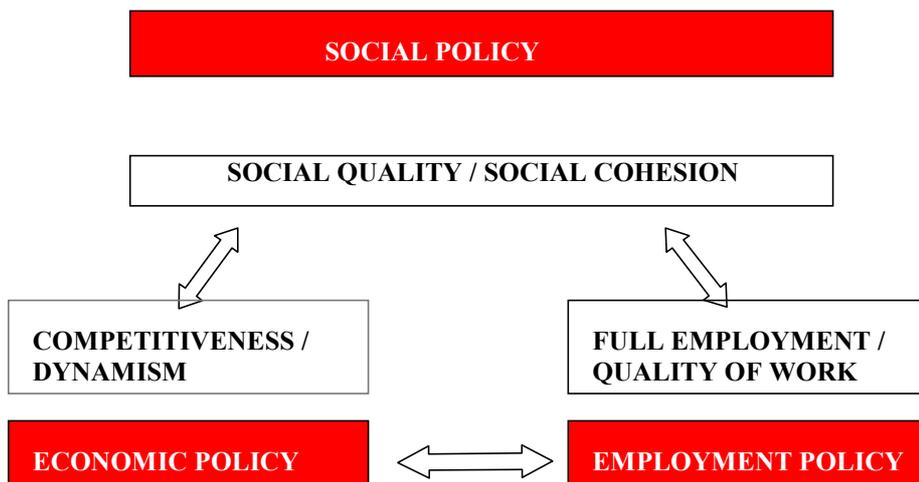
However, at the start of the 21<sup>st</sup> century, more than 65 million people, around 18% of the European population, still live on the verge of poverty, earning only 60% of the national median income. The most vulnerable groups at risk of poverty are unemployed, elderly and disabled people

Policy makers have therefore realised the need to respond at European Union, as well as National level to these new challenges.

A specific article on the fight against social exclusion was adopted in the Amsterdam Treaty in 1997, setting the foundations for a European Social Inclusion Policy.

In February 2000, the European Commission announced a new set of objectives for «shaping social Europe» and developing a framework for social and economic policies. A five-year action plan covering the period 2000-2005 was adopted promoting the interrelationship between economic dynamism, full employment, and greater social justice among Member States. The interplay between economic growth, employment and social cohesion is depicted in diagram 1:

**Diagram 1: THE EUROPEAN SOCIAL MODEL**



Source: Social Situation Report 2001

The Lisbon Summit gave then a new impetus to the European Social Model by stating “*Europe should become the most competitive and dynamic knowledge-based society in the world capable of sustainable economic growth with better jobs and greater social cohesion*”.

The Lisbon Summit examined the existing policies against poverty and social exclusion and called Member States to:

- Promote more and better employment opportunities as a safeguard against poverty and social exclusion
- Ensure access to knowledge based society by addressing issues such as information technology, education and training, cultural integration,
- Strengthen social inclusion policies based on the close co-operation among the Member States.
- Reform social transfers towards active investment in human capital.

The Nice Summit provided the political basis for the consolidation of a Social Agenda in Europe by reinforcing “the modernisation of the European Social Model” and emphasising the “indissoluble link between economic performance and social progress”. The synergy of the triad: democracy, economy and society constitute the new philosophy of the European Social Model. It was agreed that a new, “*Open Method of Co-ordination*” should be established among the Member States promoting:

- The launching of *National Action Plans* to combat Poverty and Social Exclusion for the period 2001-2003;
- The establishment of a *Community Action Programme* for the period 2001 to 2005 to encourage cooperation, developing exchange of information and best practices, between Member States in order to achieve a better understanding of the phenomenon of social exclusion and develop and actions with a budget of 70 million Euros.

## **1.2 DISABLED PEOPLE IN THE EUROPEAN UNION**

Several International Organizations like the OECD, ILO, WHO and the European Commission (Eurostat, the European Union Statistical Office) have launched studies to measure the number of persons with disabilities. Although there are methodological differences concerning the definition of disability and the collection of data, there is a common agreement on the proportion of disabled people compared to the total European Population.

Eurostat has published two main studies on disabled people in 1995 and 2001. In the 1995 study<sup>4</sup>, Eurostat indicates that the proportion of disabled people compared to the total population is around 12%, with differences among member states from 9.3% in Greece to 15.2% in Spain. The 2001 publication<sup>5</sup> by Eurostat is based on the findings of the European Community Household Panel (ECHP) which is a longitudinal survey covering 130.000 European Citizens aged from 16 to 64 years old. In this survey participants were asked whether they had *a chronic, physical or mental health problem, illness or*

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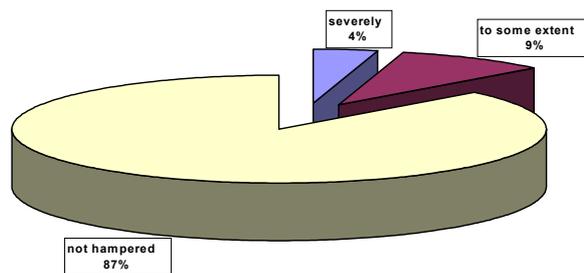
<sup>4</sup> Eurostat 1995 Statistics in Focus 1995/10 Disabled Persons: Statistical Data

<sup>5</sup> Eurostat 2001 E. Cambois, Disability and Social Participation in Europe, based on the ECHP data, Wave III, 1996

disability, and whether they were hampered (severely or to some extent) in their daily activities by this problem. Using the data of 1996, Eurostat reaches the conclusion that around 13% of the EU 14 population<sup>6</sup> is being severely hampered (4%), or hampered to some extent (9%) (See diagram 2). There are no significant differences, according to Eurostat on disability rates between genders. 14% of men reported to have a disability compared to 15 % of women.

### Diagram 2

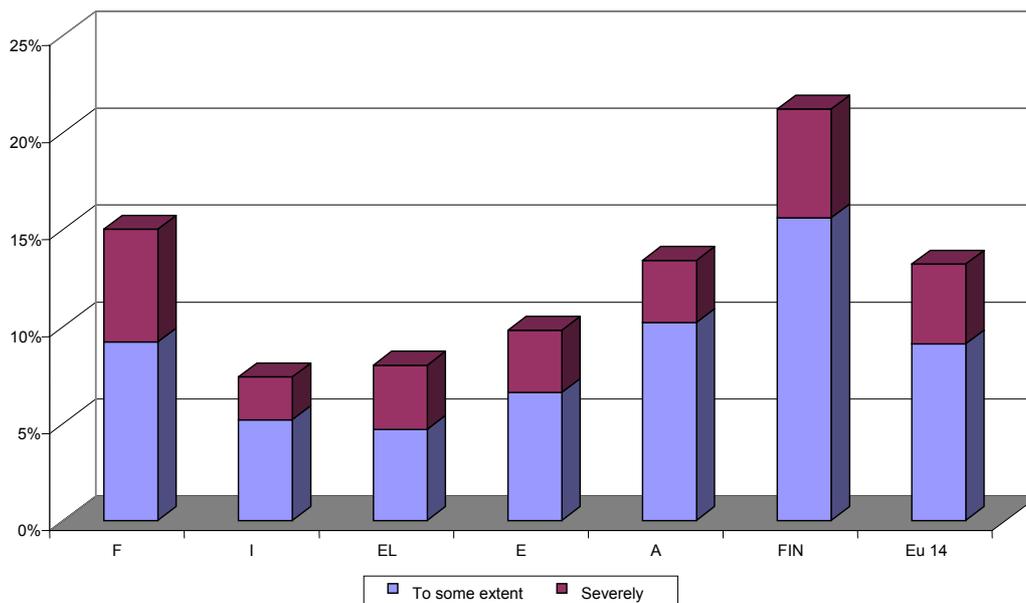
Probability of being severely hampered or hampered to some extent in the EU 14



Significant disparities in the disability rates were found among the Member States ranging from 21.2% of the Finnish population to only 7.4% in Italy. (See diagram 3). The reason for this disparity is probably due to different cultural perceptions, levels of awareness, quality of services provided, and integration of people with disabilities. This same caution in analysing data has to be applied to our own study.

### Diagram 3

Percentage being severely hampered and hampered to some extent



<sup>6</sup> Sweden did not take part in this survey.

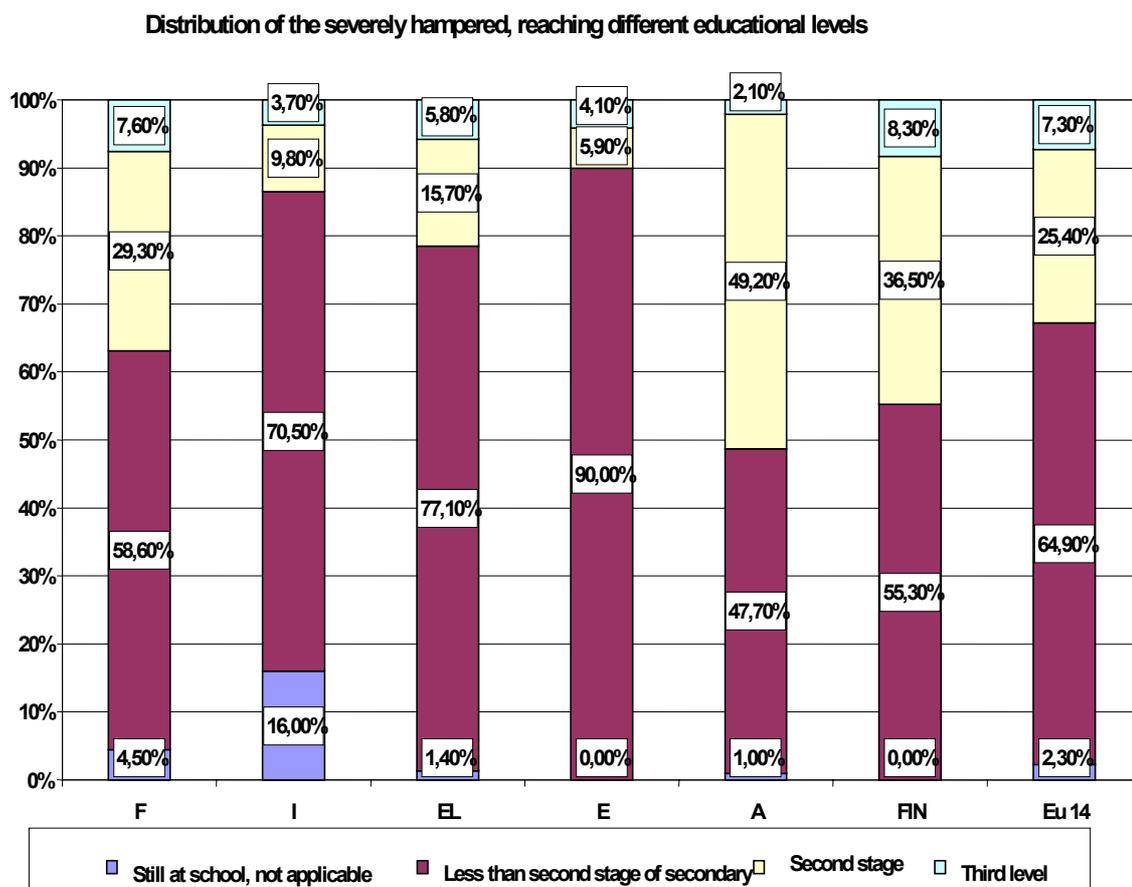
Examining age specific prevalence rates among the Member States, an exponentially increasing trend with age was found (see diagram 5). Finland portrays the highest progression rates followed by Portugal, France, Austria and having Italy and the lowest.

### 1.2.1 Education

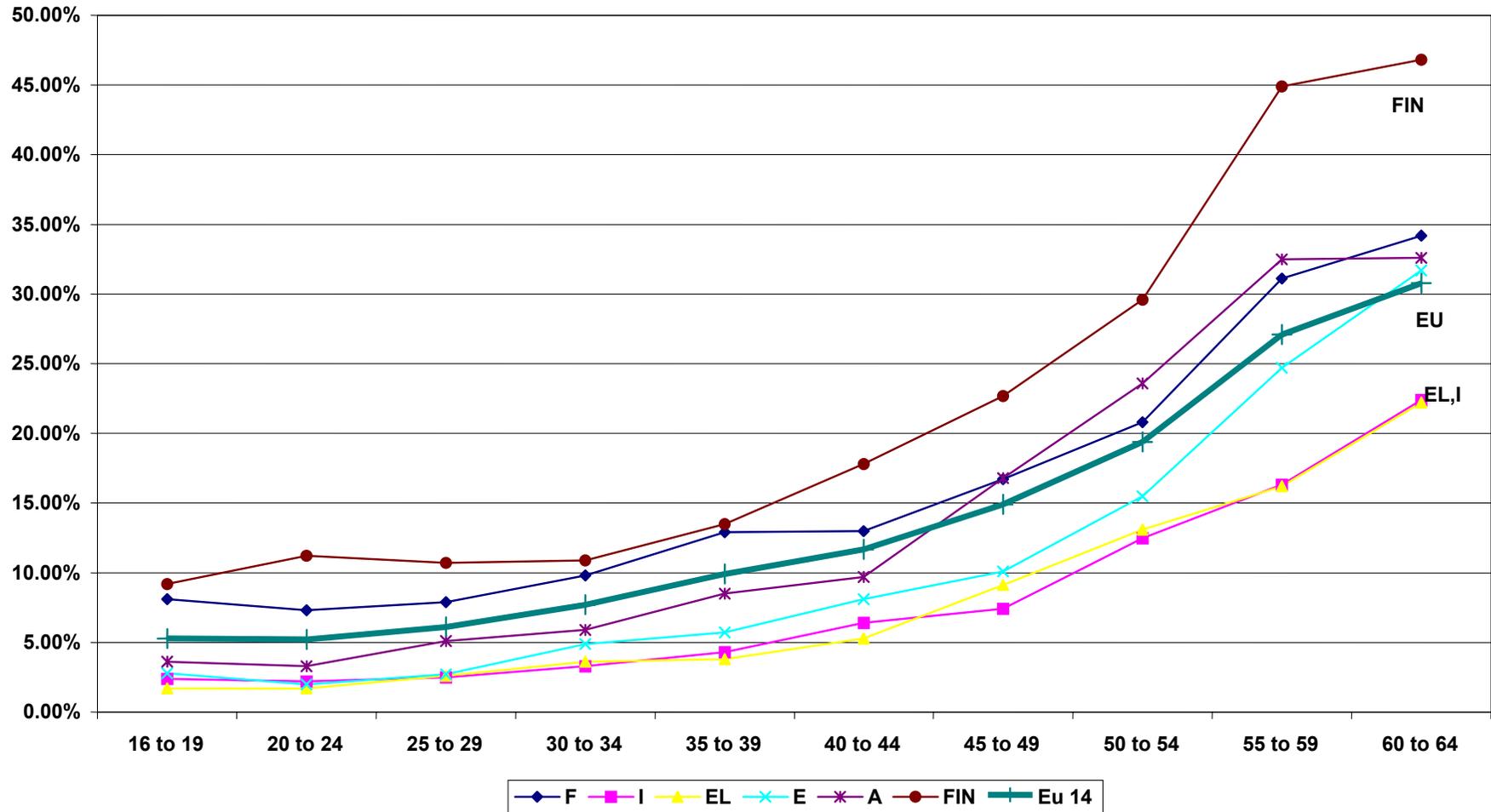
Several studies have revealed that education affects significantly the social and working life of people. School constitutes the first step towards socialization outside of the family environment. The access of disabled people to school and the continuation of their studies are often difficult, jeopardising their integration into the labour market.

According to the ECHP study, only 9% of those severely hampered and 14% of those hampered to some extent reach university education, in comparison with 18% of people with no disabilities. Focusing further on the severely hampered we can identify significant differences among the member states in second and third level education attainment (see diagram 4). Among the countries considered in our study, severely hampered persons in France and Finland would have the highest chances to complete third level education, followed by Spain, Austria, and Italy. Similar trends were identified for those who are hampered to some extent.

**Diagram 4**



**Diagram 5 Age-specific percentages of those being hampered at working ages, in each of the EU 14 countries**



## 1.2.2 Employment

The low education rate of disabled people in second and third level education is clearly shown in diagram 4, hindering their opportunities to access the labour market on an equal basis.

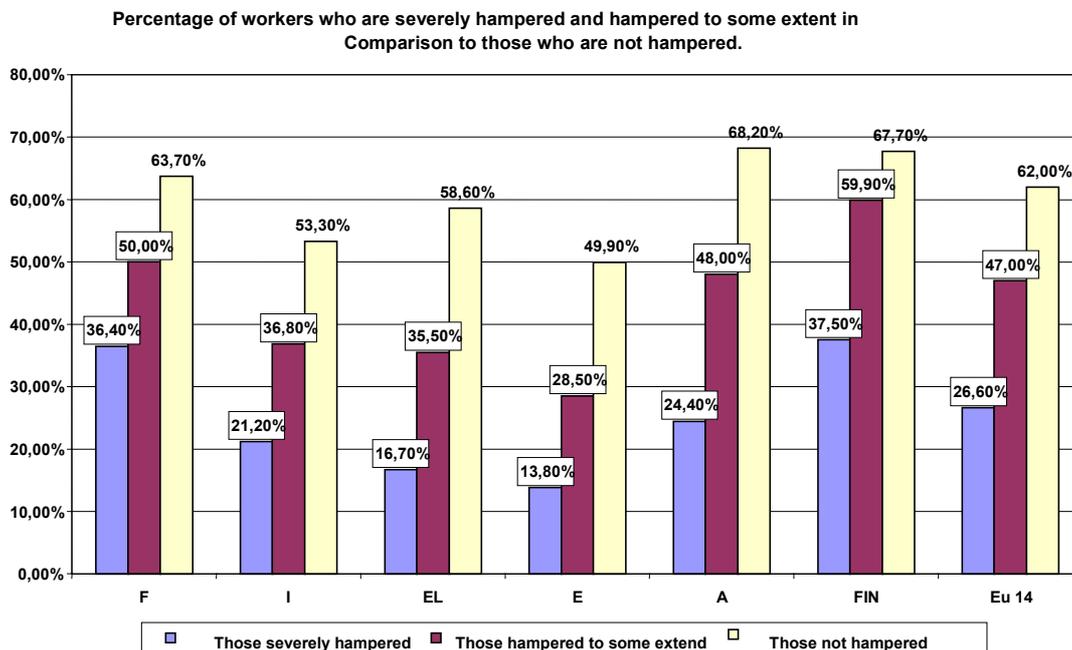
Diagram 5 (on the previous page) shows the percentage of disabled people in working age in the EU countries compared to the overall population, according to various age intervals. The diagram illustrates on one hand the importance of the share of the disabled population potentially able to work, and on the other hand the important number of people who become disabled in the course of their working career.

Throughout the European Union, people with disabilities confront significant barriers both in finding and keeping a job. According to the European Community Household Panel, a person in the active age (16-64 years) has a probability of 66% to find a job or develop a business. For a person with a moderate disability the probability becomes 47% and for a disabled person with severe disability the probability is reduced to 25%.

The level of employment of disabled women is considerably lower. Among women with a severe disability only 25% are working, with a very high percentage of inactivity. Also only 44% of women with a moderate disability are in employment. However, due to the overall lower level of participation of women in the labour market, compared with men, the differences between disabled and non-disabled women in participation to the labour market are less important than between men. Also the survey does not take into account the level of activity of mothers of children with disabilities, which often have to leave the labour market for caring.

In diagram 6 (Eurostat source) the employment rates per country for people who are severely hampered, or hampered to some extent in comparison to those that are not hampered are portrayed.

**Diagram 6**



The findings of diagram 6 reveal that some countries like Finland, France and Austria, which have achieved high rates of employment for their population, manage to maintain high levels of employment for disabled people. Inversely, countries like Greece and Spain with relatively lower levels of participation rates in the employment sector provide limited opportunities to disabled people to access the labour market.

The findings of the ECHP study highlight the demographic and socio-economic differences related to disabled persons in selected EU countries. The significant disparities in the education and employment status among the Member States are to be attributed to different policies and labour market structures developed by the respective countries. It should also be emphasized that the aggregate indicators presented per country are based on the views of the surveyed individuals.

Further information will be available from the European Union Labour Force Survey in 2002, which will include a module people with disabilities.

### **Disabled People in the European Union – summary findings**

There is a lack of comparable data in the European Union on disabled people, and their participation in society. The only available information comes from two isolated publications of the European Union Statistical Office, Eurostat.

According to the first study, published in 1995, the proportion of disabled people in relation to the total population varies from 9.3% in Greece to 15.2% in Spain, reaching on an average at EU level 12%. This data is confirmed by the European Household Community Panel survey<sup>7</sup>, conducted in 1996 for Eurostat in 14<sup>8</sup> EU member states, which included questions on disability/health status. The results reveal that around 13% of the EU population is being severely hampered (4%), or hampered to some extent (9%).

These publications provide further information on the educational level of disabled people: only 9% of those severely hampered and 14% of those hampered to some extent complete university education. There is a significant difference on educational attainment in the different countries.

Furthermore, while for a person in the active age (16-64 years) the probability to find a job or develop a business is of 66%; for a person with a moderate disability this probability lowers to 47% and for a disabled person with severe disability the probability is reduced to 25%.

<sup>7</sup> Published in Disability and social participation in Europe, Eurostat 2001.

<sup>8</sup> Sweden did not participate in the survey.

## 2. PURPOSE AND METHOD OF THE STUDY

This study seeks to examine the **European Social model** in conjunction with **disability policies**. The majority of the EU countries have adopted a wide range of measures to promote social cohesion and integration of people with disabilities.

However, despite the good intentions, further efforts need to be made in order to address effectively this problem. Several studies conducted in Europe and elsewhere have reached the following conclusions:

- ❖ Disabled people are particularly vulnerable to social exclusion.
- ❖ The average family income is substantially lower for a household with a disabled person.
- ❖ A clear correlation exists between the severity of the impairment and the degree of poverty and exclusion.
- ❖ Disabled women are frequent victims of poverty and social exclusion.
- ❖ Disabled people living in Institutions do not generally encounter dire financial poverty, however, they do experience extreme social exclusion.

The purpose of our study is to develop on the basis of the above findings a fully harmonized methodology investigating the causal factors of poverty and social exclusion among disabled people in seven European Countries: Austria, Finland, France, Greece, Italy, Spain, and Sweden.

The overall approach of the study is based on a selection of comparable **quantitative** and **qualitative** indicators on policy decisions, attitudes and perceptions concerning *Social Exclusion of disabled people*.

Because of the limitations due to the nature and means of the project, results obtained could not be as reliable as the Eurostat (ECHIP survey) data quoted in the previous section. For this reason we have decided to concentrate our research on qualitative rather than quantitative data in the areas covered by the ECHIP or to attempt a quantitative survey in those fields not considered, such as access to goods and services.

In order to achieve this, a fully harmonised questionnaire was addressed to opinion leaders from disability organisations in seven EU Countries with the purpose to obtain policy relevant information for the European Disability Forum and its members to design effective social policies against social exclusion.

Given the variety of Welfare models in Europe, the comparison of social rights and policies across all member states is a difficult task. Hence from a methodological point of view, the adoption of a bottom up approach, which would start from a country level analysis and move up to Commission's level would face considerable problems. It was then decided to adopt a top down analysis starting from the European Union's policies and objectives on a "New European Social Inclusion Strategy" and move down to Countries and Disability organisations.

Diagram 7 summarises the objectives adopted by the Nice European Council in December 2000. The objectives are set around the following issues:

***1) Promote participation in the labour market***

The main aim of this objective is to prevent exclusion from the labour market by promoting employability, by developing adequate training policies and human resource management in order to promote better access to employment of the most vulnerable groups, and by promoting the reconciliation of work and family life including the issue of dependent care.

***2) Facilitating access to resources, rights, goods and services for all***

Universal access to democracy and social rights is a fundamental principle for all EU countries. Nevertheless several studies have revealed that the greatest causes of social exclusion are due to limited access to social protection schemes and health care, as well as to a wide range of services and rights including education, justice, housing, transport, culture, sport and leisure.

Policies must be put in place in order to provide access to rights and public and private services to all, including in situations of dependency, while accompanying measures must be put in place for the benefit of people at risk of exclusion.

***3) To prevent risks of exclusion***

Several Eurobarometer surveys have shown that the major risks of poverty and social exclusion are associated with long term unemployment, alcohol and drug abuse, chronic illness, family break-ups, social welfare cuts, indebtedness, school drop-out, and homelessness. Social policies of a preventive nature should be more targeted at those groups, such as children, the elderly and disabled people, which are more vulnerable to the above risks. Moreover homelessness is often linked to mental health problems.

Furthermore this objective highlights the risks of exclusion linked to the development of the knowledge base society, and in particular calls Member states, to take into account the needs of disabled people.

***4) To help the most vulnerable***

Disabled women and men are facing high risks of **persistent poverty** and experience social exclusion in many aspects of everyday living. Member States are invited to develop specific policies and actions targeted at the most vulnerable groups, and to incorporate them in all other objectives.

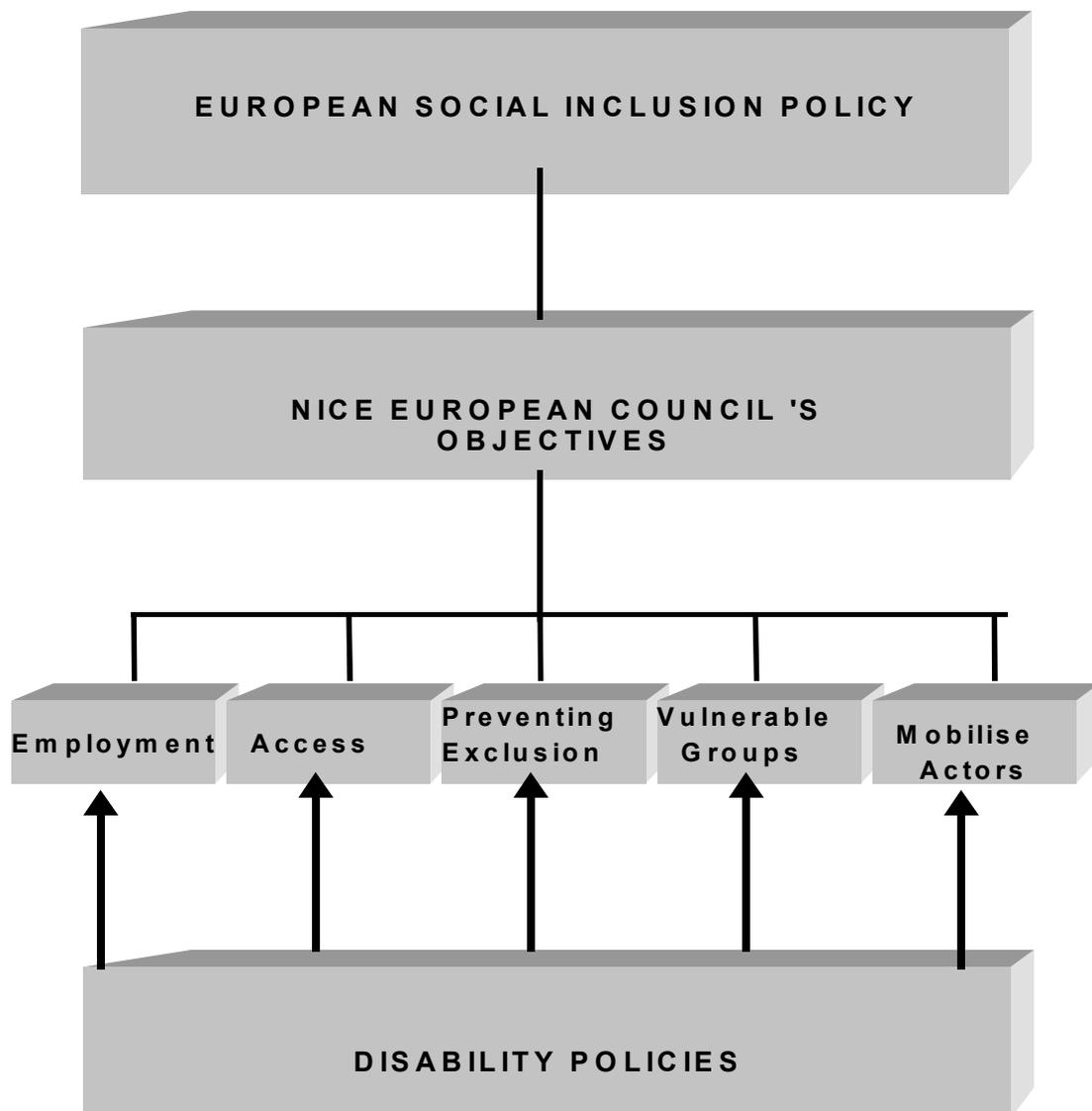
Our study aims at the identification of these risks in order to encourage Member States to develop effective policies in all the areas covered by the social inclusion strategy.

### 5) To mobilise all relevant bodies

The fight against social exclusion should be mainstreamed in overall policy by making social services more responsive to peoples' needs, and developing appropriate coordination procedures and structures. This will be achieved by mobilising Public authorities at all levels, by enhancing partnership and dialogue between all relevant public and the private bodies by taking into account the views expressed by social partners, social services providers, and in particular of people suffering exclusions and organisations representing them. The Council explicitly recognizes that objectives 3 and 4 are relevant to women and men with a disability and highlights the need to develop policies in order to ensure "access to knowledge-based society and information technology". The relevance of the Council's objectives to disability policies is depicted in the following diagram.

**Diagram 7**

#### **EUROPEAN OBJECTIVES FOR SOCIAL INCLUSION**



Taking into account the objectives adopted by the European Council, we have defined our research targets. The policy relevant areas for collecting harmonized social exclusion indicators are described in diagram 8 and include both income based and social participation based indicators.

**Diagram 8**  
**OBJECTIVES OF OUR STUDY**



### 3. EMPIRICAL FINDINGS

This section provides a diagrammatic presentation of the main findings of our study. For analytical purposes we will distinguish between the different objectives of our study while discussing the results of our analysis.

#### 3.1 IDENTITY OF RESPONDENTS

The responses of about 60 organisations with a national coverage, out of 148 questionnaires received, have been selected for the purpose of the study. These represent a wide spectrum of disability interest and impairment groups (physical, visual, communicative, hearing, intellectual, psycho-social disabilities, persons with complex dependency needs, multiple disabilities, rare diseases, chronic illnesses or conditions).

Given the heterogeneous nature of disability, and the different needs and barriers encountered by different groups of disabled people in their daily life, the participation of a wide variety of organisations representing different impairments was essential in order to give a complete and accurate view of the link between social exclusion and disability. Furthermore, a great majority (88%) of the organisations is involved in both advocacy as well as the provision of services.

The representation of all the main groups of people with disabilities, as well as their involvement in the promotion, and evaluation of policies, and their participation in the development of services, constitutes in our opinion a good sample for collection of relevant information on the nature of exclusion risks faced by disabled people, on the effectiveness of policies and measures developed, and the identification of actions needed to counter those risks.

#### 3.2 MINIMUM INCOME AND DISABILITY BENEFITS

Minimum Income policies vary enormously among the Member States. The differences are attributed to eligibility criteria, legal basis, indexation of benefits, duration of entitlement, the overall amount of monthly benefits, and the authorities responsible for assessing and providing benefits. Table 1 provides a brief summary of the main characteristics of the Guaranteed Minimum Income (GMI) schemes in selected EU Countries. All the European Countries, except Greece have developed some form of minimum income support policies. We considered relevant to collect information on the following to two topics:

- 1) The current guaranteed minimum income received monthly by a single person living alone;
- 2) The subjective minimum income that a single disabled person should receive in order to make ends meet.

The answers to above questions are provided in diagrams 9 and 10 and highlight the gap between the current level of the guaranteed minimum income, and ***“the reported minimum subjective income to make ends meet”***. On the average the monthly current income in the countries considered is around 562 Euros, while the lowest reported income for a single disabled person to make ends meet (i.e. to cover his (her) basic needs) is almost the double: 904 Euros. (See diagram 9).

**Diagram 9**

**Comparisons between monthly benefits and subjective lowest monthly income**

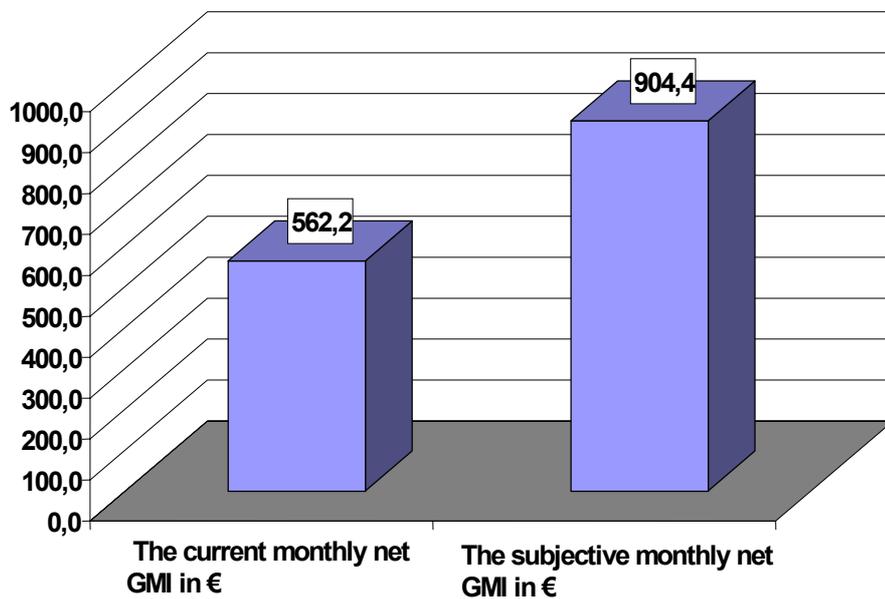
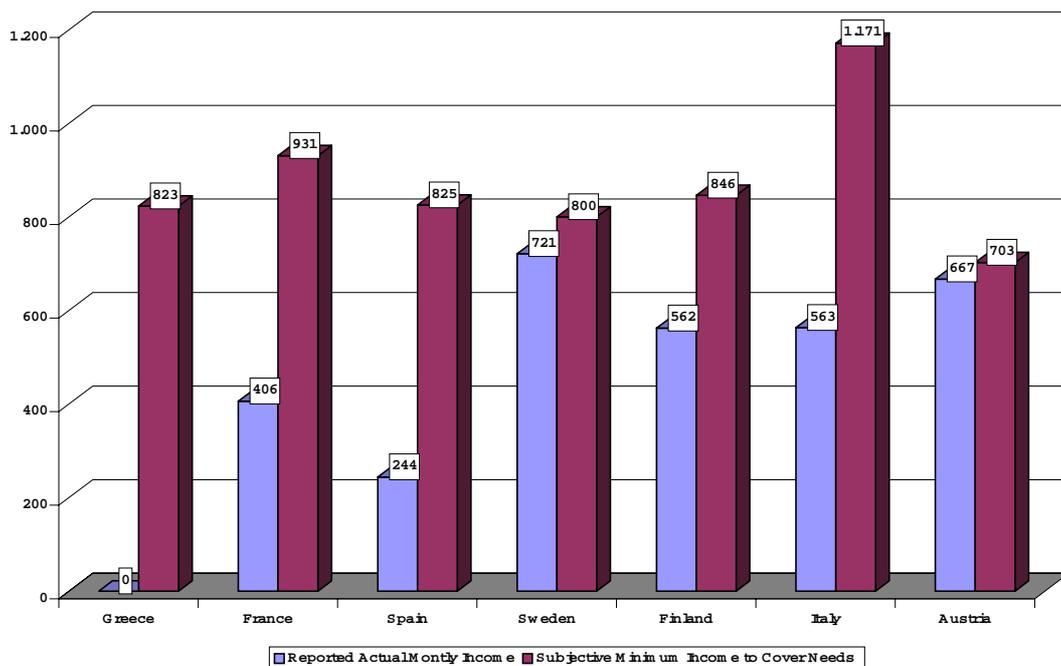


Diagram 10 presents an overview of the reported answers per country for the minimum received income and the subjective one. The highest difference between the two concepts of income was found in Italy and the minimum one in the countries with the most advanced welfare systems: Sweden and Austria.

**Diagram 10**

**Reported and Subjective Minimum Income per Month and per Capita in Euro's**



### 3.3 DISABILITY BENEFITS

The eligibility criteria, the structure and spectrum of disability benefits provided by each Member State are rooted in the historical developments, the organization, the structures and financing mechanisms of their welfare systems. It is therefore difficult to draw comparisons and proceed to qualitative analysis of the systems in the various countries considered in this study.

Therefore, we decided to focus on questions relating to the accessibility and adequacy of the benefits for disabled people within their own countries. The participant organisations to the study were asked:

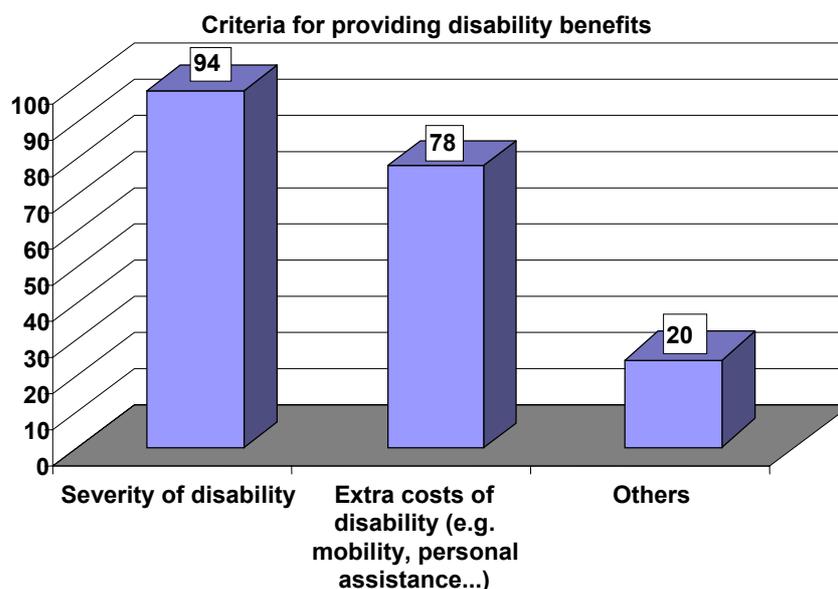
- 1) To report whether or not their members had access to benefits for disabled people
- 2) To indicate on what grounds (severity, extra costs of disability, etc) benefits are provided by their Government
- 3) To assess the adequacy of the provided benefits in conjunction with the extra cost confronted by disabled people i.e. mobility, personal assistance etc.

The answers indicated that a large segment of disabled people (93.6%) has access to disability benefits.

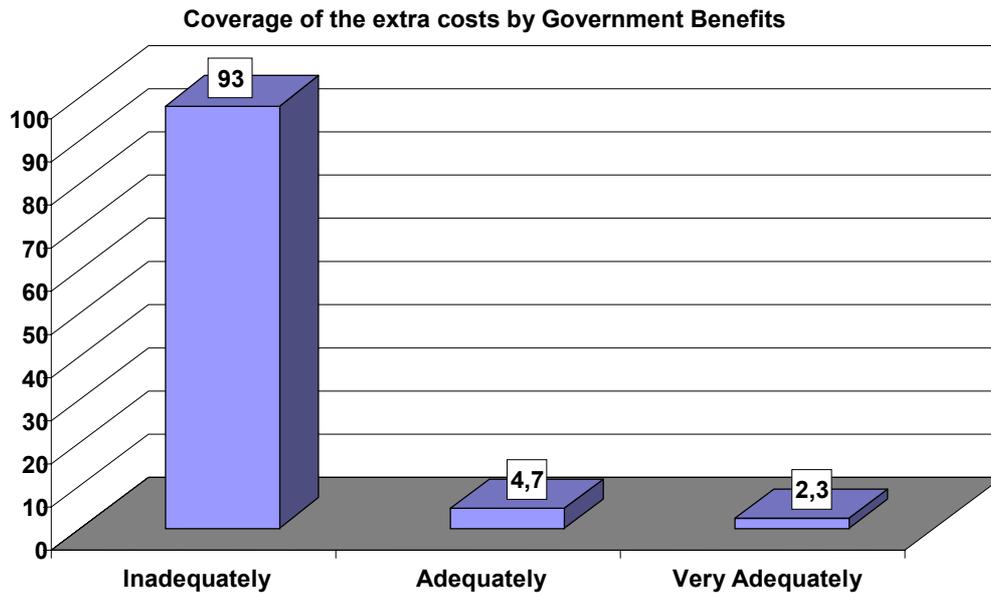
It was further reported that the criteria used in the majority of the cases (94%) by the respective countries for the award of benefits are based on the severity of disability.

Although the extra cost imposed on the individual, due to his/her disability is also taken into account in most cases (See diagram 11), the largest segment of the respondents (93%) found that this benefit is inadequate (diagram 12).

**Diagram 11**

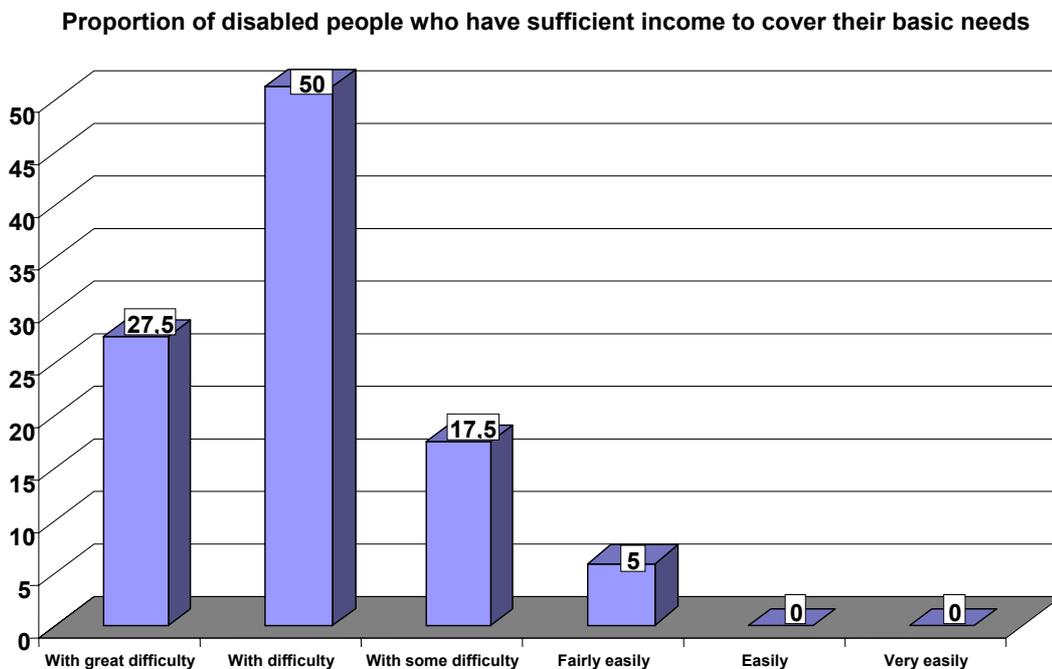


**Diagram 12**



The findings of diagram 12 should be combined with the reported insufficiency of income to cover basic needs. (See diagram 13). As it is shown in diagram 13, the largest share of disabled people find themselves either in a very poor (27.5%) or in a poor situation (50%), while 17,5 % find it difficult to cover their basic needs. It is worth noting that the respondents did not report percentages for people who could easily or very easily satisfy their basic needs.

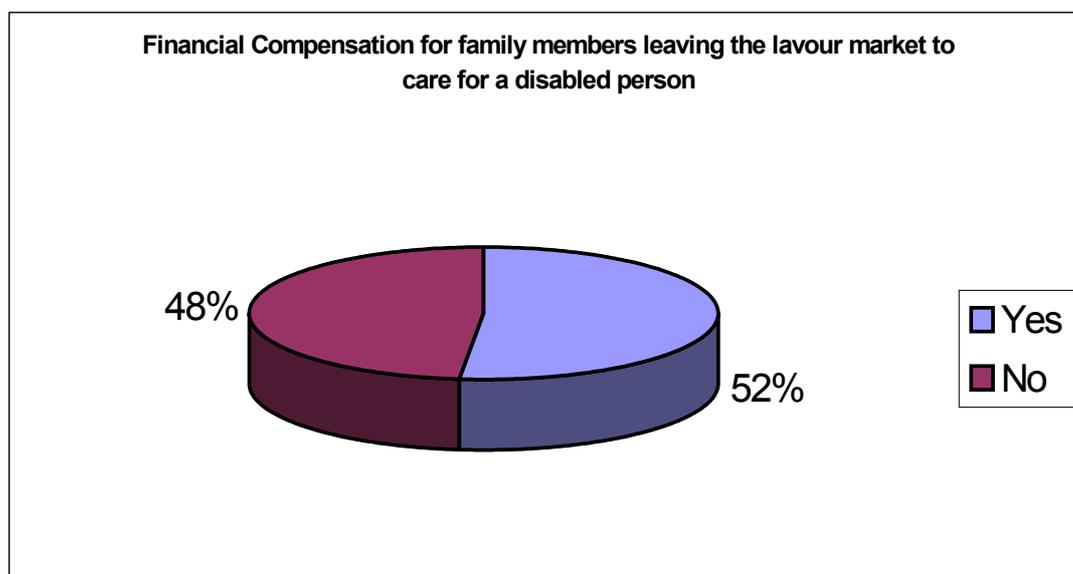
**Diagram 13**



As diagram 13 shows, the majority of the disabled population is concentrated in the lower income range and reports great difficulties to make ends meet. Reasons for this greater difficulty to make ends meet are linked to the additional costs linked to a disability, that put additional strain to the individual and or to their families, raising with the level of impairment. Additional costs can be of different nature: direct costs linked to their disability such as medical expenses and aids (wheelchairs, hearing aids, etc), adaptation to housing, assistive technology needed to perform daily life activities or work, and for the provision of personal assistance and support.

Basic additional costs are often covered by national protection systems. However, many expenses providing for a minimum level of integration and support are most of the time not covered. Moreover family members of a disabled person are often involved in their care and assistance, sometimes with important consequences at financial level, as they have to leave their jobs to devote themselves to caring. Not always the benefit system takes into account the subsequent loss of income and of pension rights, as we can see in diagram 14.

**Diagram 14**



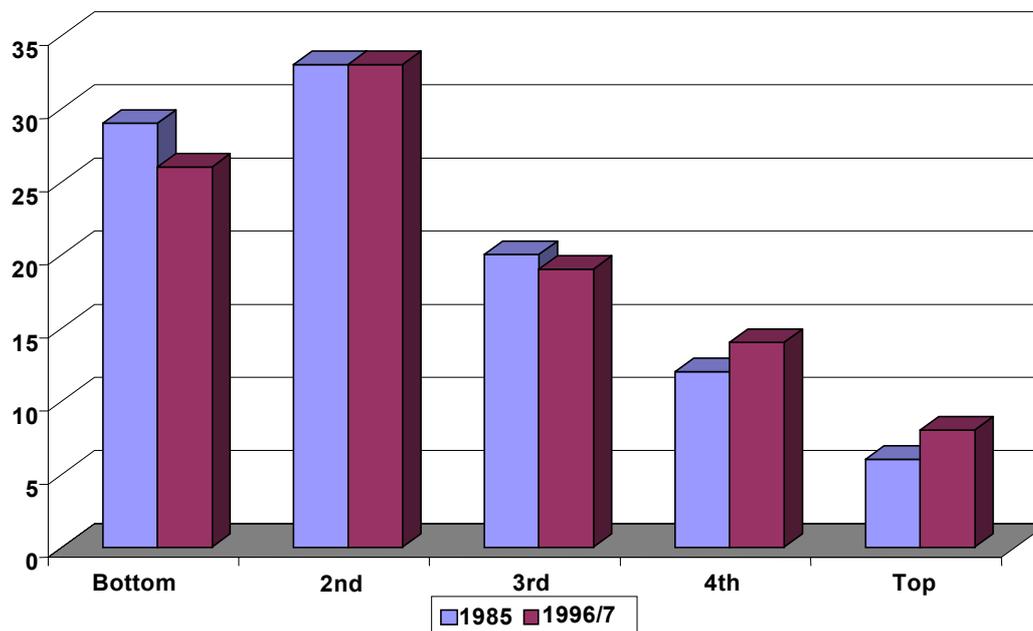
Information on the distribution of income of the disabled people is seldom available. However, statistical data collected in the United Kingdom<sup>9</sup> reveal that in 1985 around 62% of the disabled people in that country belonged to the lowest two quintiles<sup>10</sup> (lowest income groups) (see diagram 15). By comparing the findings of 1985 with the corresponding results of 1997, which are based on the same methodology, it was found that around 59% of disabled people were still in the lowest end of income distribution. The main conclusion of the UK study is that over the period 1985 to 1997 disabled people are over-represented in the low-income groups.

<sup>9</sup> OPCS, Disability Surveys and Family Resource Survey

<sup>10</sup> Quintiles are calculated on the base of dividing the population into 5 groups, where each group (quintile) represents 20% of total population (see diagram 15). By ranking income into 5 groups, starting from the 1<sup>st</sup> lowest (poorest) quintile, and moving upwards to the 5<sup>th</sup> highest (richest) quintile, it was found in the U.K study that the disabled people are mainly classified at the first and second lowest quintiles.

**Diagram 15**

**Proportion of Disabled People by Income Level (Quintiles) in UK 1985 and 1997**



Source : [www.disabilityalliance.org](http://www.disabilityalliance.org)

The results of our study, despite its methodological constraints, points to the same direction, that the larger proportion of the disabled people could be found among the poor and the lowest quintiles of income distribution.

### **Minimum Income and disability benefits – main findings**

All Member States except Greece have adopted Guaranteed Minimum Income (GMI) Policies. Marked differences exist across EU countries in the legal base, the eligibility criteria and the amount of benefits provided to disabled persons.

For the purpose of our study, we have calculated the average monthly net current minimum income for a single disabled person living alone in the 7 countries considered in our research, which is around 562 Euros. This amount is to be compared with the corresponding average income for making ends meet (i.e. to cover basic needs of a disabled person living alone) of 904 Euros, gathered on the basis of the responses of the participants.

Furthermore considerable differences between the actual and the reported subjective minimum income to make ends meet have been recorded within the 7 States. Countries with well-developed welfare systems such as Sweden and Austria tend to present the smallest differences; while countries with less developed social assistance schemes such as Italy tend to record the highest differences.

From the answers collected, it appears that around 93.6% of disabled people receive inadequate disability benefits to cover their needs. These fail to cover or cover inadequately extra costs related to disability, such as high medical expenses or aids (wheelchairs, hearing aids, etc), adaptation to housing, assistive technology needed to perform daily life or work activities, personal assistance, and support. Also in many cases benefit systems fail into account the financial strain imposed on families, in particular when one of the members has to leave the labour market in order to care for a disabled person in the household.

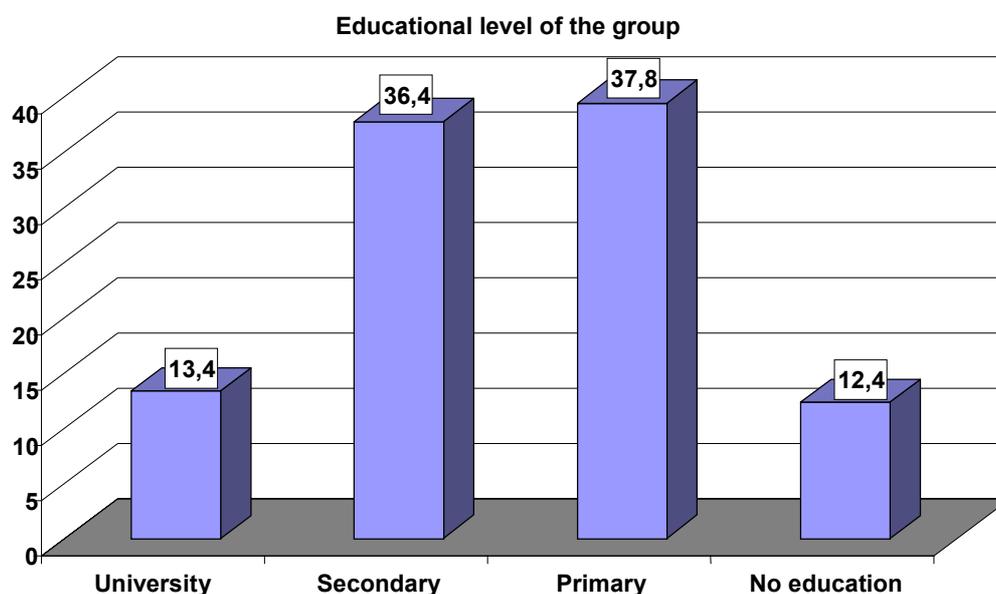
Moreover the largest share of disabled people declares to be either in a very poor (27.5%) or in a poor situation (50%). The results of our study are also supported by other research findings, which state that a large proportion of disabled people are in the lowest part (bottom tenth) of the income distribution.

### 3.4 EDUCATION

Education is at the core of the European Social Inclusion Strategy, as it is mentioned in most of the objectives. Member States have committed to develop measures that allow effective access to education for people at risk of exclusion, and to put in place policies which seek to prevent life crises, leading to situations of social exclusion, such as exclusion from schools. From a social exclusion perspective, it is fundamental that education systems are designed in such a way as to take into account the specific needs of disabled people.

In the earlier part of this study<sup>11</sup>, when we made reference to the ECHP data, we underlined the fact that disabled people have limited access to second and third level education in comparison with the rest of the population. Furthermore there are a high percentage of dropouts of disabled students, particularly at secondary school level. Data that we collected through our own survey (diagram 16) supports the ECHP evidence, and also highlights the overall low education attainment of disabled people.

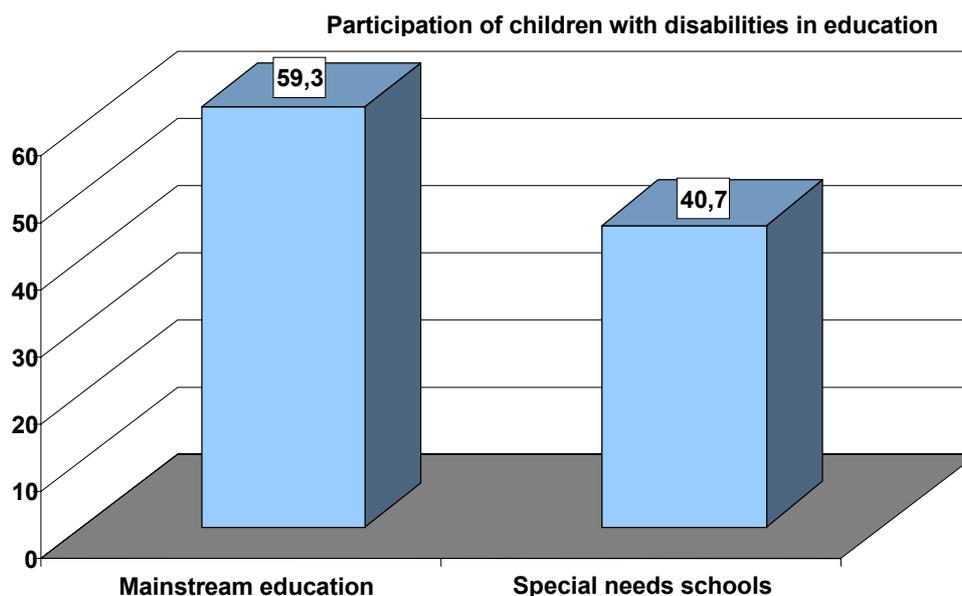
**Diagram 16**



We have decided to focus in our research on the participation of disabled children in mainstream education. An inclusive education is at the basis of an inclusive society, and contributes strongly to the breaking down of barriers. Disabled children and non-disabled children can mutually benefit from being in the same educational environment. In diagram 17 you will see the percentage of children according to the participants of the survey in mainstream and in special education.

<sup>11</sup> See section 1.2 disabled people in the European Union.

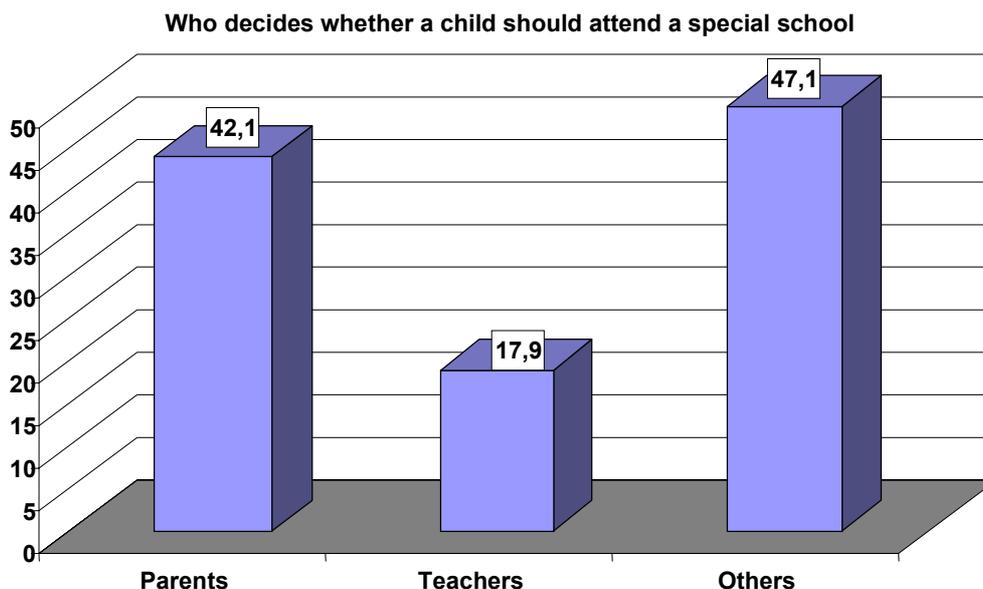
**Diagram 17**



The great majority of disabled children can take part in mainstream education. The European Commission in its draft joint report on social inclusion has highlighted how several member states specifically recognise the challenge of integrating children with disabilities into mainstream education as a way to counter their very high risk of educational disadvantage and social exclusion<sup>12</sup>.

The following diagram highlights how the choice of the type of education for a disabled child is more often the decision of the authorities, rather than a decision of the parents themselves. Please note that respondents had the possibility to give more than one answer, affecting therefore the total value.

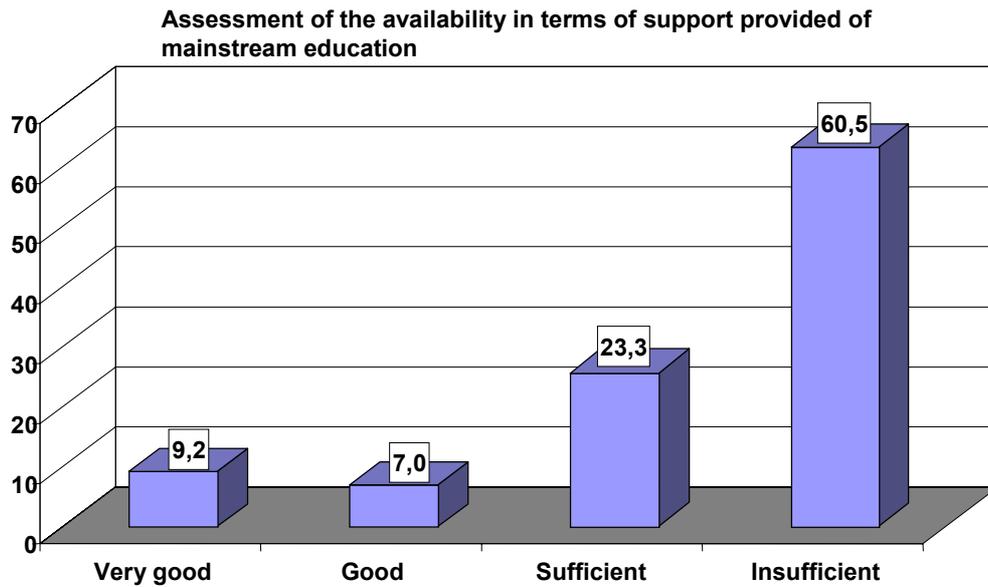
**Diagram 18**



<sup>12</sup> Draft Joint Report on Social Inclusion by the European Commission of 10/10/2001, page 17

In order to ensure effective inclusion of disabled children in ordinary schools, educational, technical, and personal support must often be foreseen. We asked the respondents to attempt an overall assessment of the integration in mainstream education of children with disabilities, in terms of the support provided (tutoring, personal assistance, technical aids, etc.). The results of this assessment are shown in diagram 19. Support provided to disabled children in mainstream education was reported by 60% of the respondents as insufficient and by only 23% as sufficient, while only 10% of the respondents considered that this support is very good.

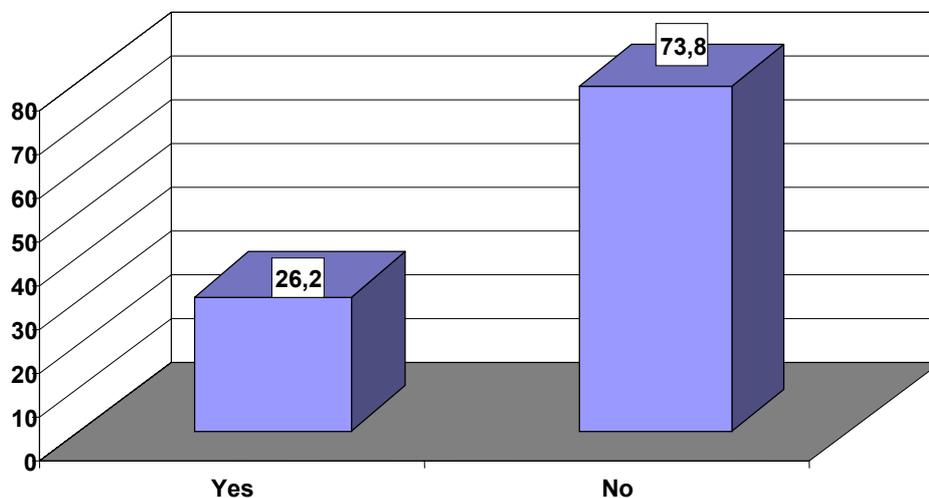
**Diagram 19**



In order to measure the level of inclusion and participation in the school of disabled children, we further asked respondents whether support provided in ordinary school covered also extra curricula activities organized by the school. In diagram 20, one can see that this is hardly the case.

**Diagram 20**

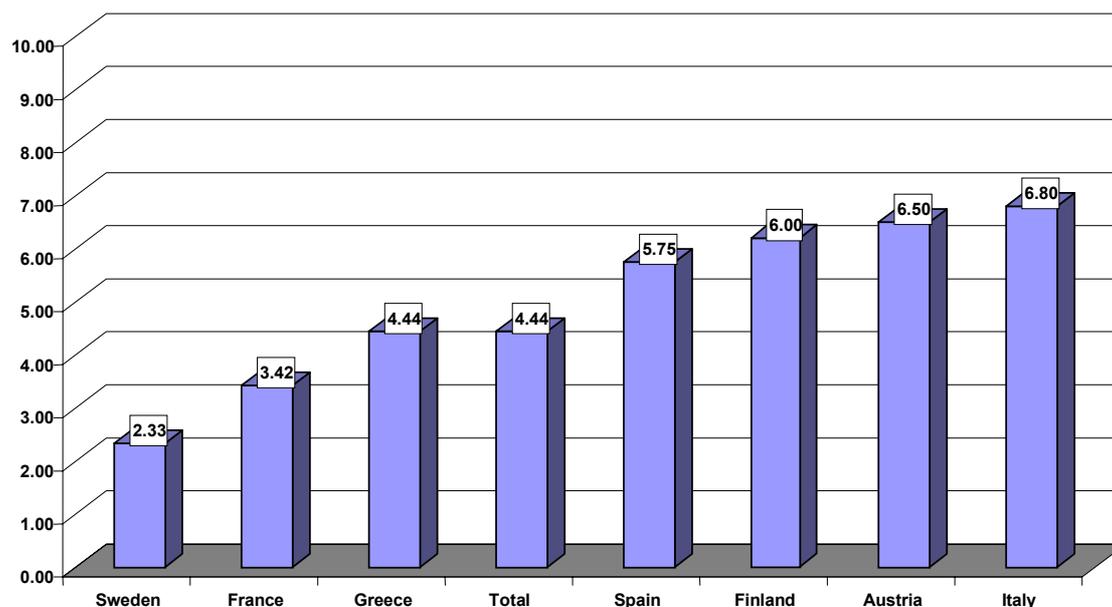
**Does this support cover also the extra curricula activities organized by the school?**



In an attempt to provide an assessment by country of the support provided to disabled children in mainstream education, we asked the respondents to evaluate this in a scale of 0 to 10 (where 0=limited access and 10= maximum access). The results are shown in diagram 21. Italy, Austria, and Finland are the Countries with the highest scores, whereas, Sweden and France reported the lowest scores.

**Diagram 21**

Please evaluate on a scale from 0 to 10, the level of support received by children in mainstream education?



A special remark has to be added on the case of Sweden, as the diagram does not reflect the situation on inclusive education if we compare it with most of the other countries considered in our survey. It has however to be added that respondents were asked to make a subjective assessment of policies. As a result the values expressed depend on the general awareness on disability, on the level of the political debate of the country, and its economic strength. In other words, Swedish citizens with disabilities have a higher level of expectations from their Government, and therefore seem overcritical in comparison with disabled people from other countries in their evaluation.

### **Education- Main findings**

Lack of education is one of the main factors leading to social exclusion and poverty. Children with disabilities' chances to participate in mainstream education are often limited. Both ECHP (Eurostat) data and our own survey highlight the low educational attainment level of children with disabilities.

Integration in ordinary education is still limited in many countries. Only around 59% of children, according to our survey, are in the mainstream schools, despite the fact that most of them could participate in mainstream education if they received the necessary support.

Furthermore over 60% of the respondents consider insufficient the support provided to disabled children in mainstream education to allow them to integrate fully in their classroom and in the school activities. This support is often limited to the academic courses. Over 73 % declare that no support is provided for extra curricula activities organised by the school, undermining the possibility of integration of children with disabilities within their school environment.

Finally significant differences have been reported among countries on the evaluation of the support provided.

### 3.5 EMPLOYMENT

The conclusions of the Nice European Council emphasised the priority of increasing participation in employment.

*“More and better jobs are the key to social inclusion. More accessible labour markets should be promoted, and diversity in employment as a productive factor and a factor for social integration should be encouraged”.*

Furthermore the Council underlined the need for policies on employability:

*“An approach of this kind presupposes in the first instance an increase in the level of participation in the employment market, especially by groups that are underrepresented or disadvantaged in it”*

In the previous analysis, when we made use of the ECHP data, we showed that disabled people are at a high risk of being unemployed, and show a long-term dependence on welfare benefits. In our survey we reached similar conclusions to the ECHP findings, since 21% of disabled people are reported to be unemployed and around 42% to be dependent on disability benefits.

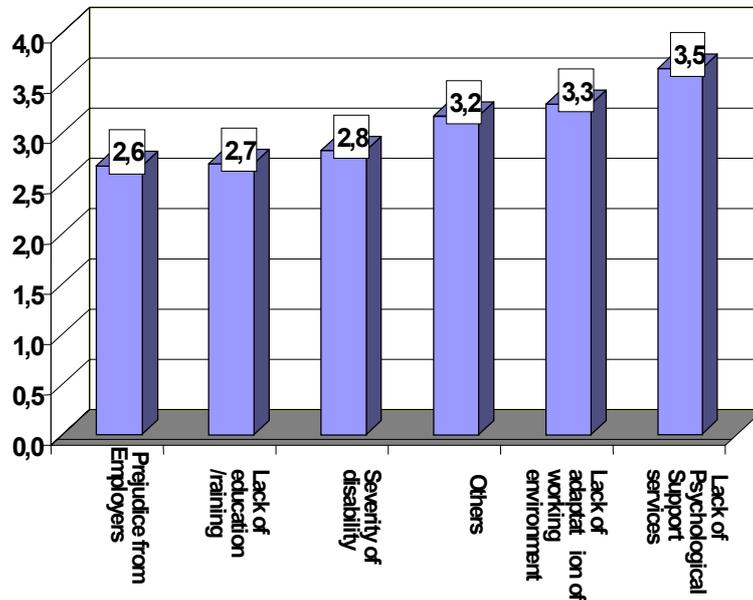
Participation of disabled people in employment is not an issue exclusively related to income, but also and foremost to a sense of belonging to the community, bringing a contribution to society, and to the individual's social status.

In order to elaborate further the main causes of unemployment among disabled persons we asked the respondents to describe what are the main factors contributing to their exclusion from the labour market. In a hierarchical order with 1 the highest value, and 5 the lowest (see diagram 22), the main reason for their unemployment are attributed to the prejudice of employers, the lack of education and training, the severity of their disability, the lack of adaptation of the working environment, and the lack of psychological support services.

Among the other reasons, most of the respondents referred in their comments to the survey, to the existence of “benefit traps” preventing them to access part or full time employment, without losing their necessary income support.

**Diagram 22**

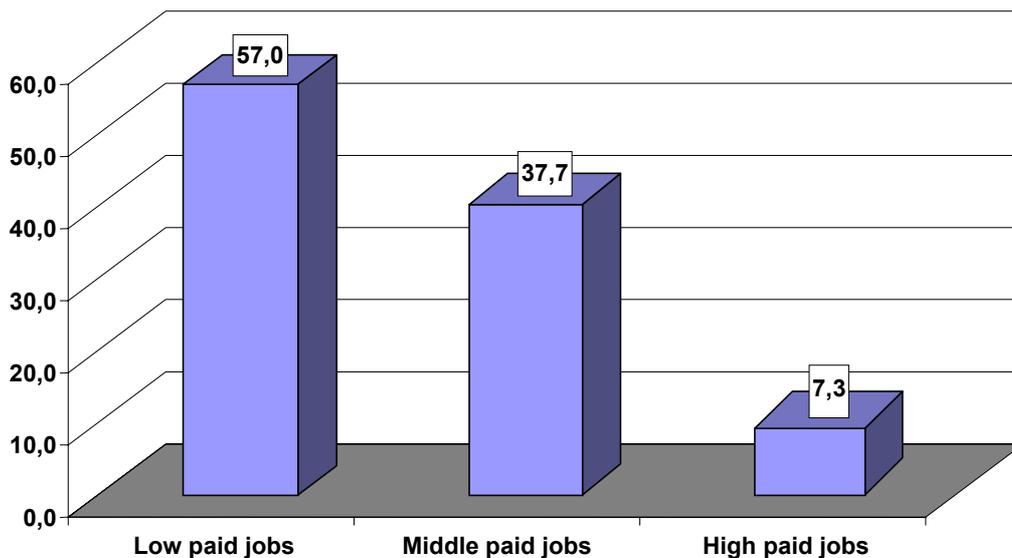
For those in the group that you represent that are unemployed, please state main reasons in order of priority from 1 to 5



Since the objective of our exercise is to examine poverty and social exclusion we thought that we should further investigate the economic status of disabled people who belong in the labour market and are engaged in an economic activity. We asked the respondents to classify their members according to their salaries and we discovered that 57% of disabled workers were placed in the low paid jobs category (Diagram 23).

**Diagram 23**

Among those that are employed, what is the proportion in:



## **Employment – main findings**

Unemployment is closely related to poverty and social exclusion

The results of our study research reveal that only 30.5 % of the disabled labour force population is employed. The rest is either unemployed (20.8%) or inactive (42%).

The main reasons for their unemployment or inactivity are according to the respondents to our questionnaire the following: the prejudice of employers, the lack of education and training, and the severity of their disability, followed by the lack of adaptation of the workplace, and finally the lack of psychological support, and guidance.

Moreover a high percentage of respondents indicated that the existence of a “benefit trap” preventing disabled people to access to part or full time jobs, without losing the necessary income support was also to be listed among the barriers to employment.

Furthermore we asked the respondents to classify their members in employment according to their level of wages and it was declared that 57% of disabled people belong to the low paid jobs category.

### 3.6 ACCESS TO GOODS AND SERVICES

The Nice Council decided to include among its multidimensional objectives to fight against poverty and social exclusion, a greater access to resources, rights, goods and services for all.

Despite improvements in some countries over the last years, disabled people and their families are often excluded from a number of services, and by social and community activities, because of environmental, and attitudinal barriers, isolating them as a result from society.

Social exclusion, in our analysis, is not restricted to inadequate income, but relates to barriers to labour market, transport, and social environment, as well to limited access to a wide range of public and private services.

The 2001 Report on the World Social Situation by the United Nations<sup>13</sup> highlights the need to attain universal access to social goods and services.

*“Attaining universal and equitable access to quality education, the highest standards of physical and mental health, and access of all to primary health care, while rectifying inequalities without distinction as to race national origin, age or disability”*

Another important issue in constructing indicators of access is **the quality** of services provided. There may be schools and hospitals but the existing equipment and building infrastructure could be outdated and not accessible for disabled people. In this sense, the World Health Organization has invited Governments to develop policies ensuring access to services, in partnership with those who should benefit from them.

*“Care programmes for people with long-term needs, such as those who are chronically ill, severely disabled or frail and elderly, should be planned, developed and organized in partnership with the people needing the services. **The aim should be to maximize their capacity to live an independent and fulfilling life”***

The European Commission in its Communication “Towards a barrier free Europe for People with Disabilities”<sup>14</sup> invites Member States to develop policies to combat discrimination and barriers to goods and services.

In line with the objectives adopted at Nice, we have decided to focus our analysis investigation on the issue of access to goods and services by taking into consideration the following areas: health services, social services, public administration, transport, social environment (commercial facilities, sport centres, leisure and cultural activities, etc.), and information and communication services and products. Furthermore organisations participating in the survey were asked to indicate and evaluate the nature of barriers disabled people faced for each of the products and services considered. Furthermore, we thought that we should analyse the nature of barriers envisaged by disabled people: financial barriers, legal barriers, attitudinal/social

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<sup>13</sup> 2001 RWSS

<sup>14</sup> COM (2000) 284 final of 12 May 2000. See also the resolution adopted by the European Parliament on the Communication “Towards a barrier free Europe for People with Disabilities” in OJ C21/E/246 of 24 January 2002.

barriers, physical/architectonical barriers, and communication barriers. In the subsequent analysis we deal with each issue separately.

### 3. 6. 1 Health and Social services

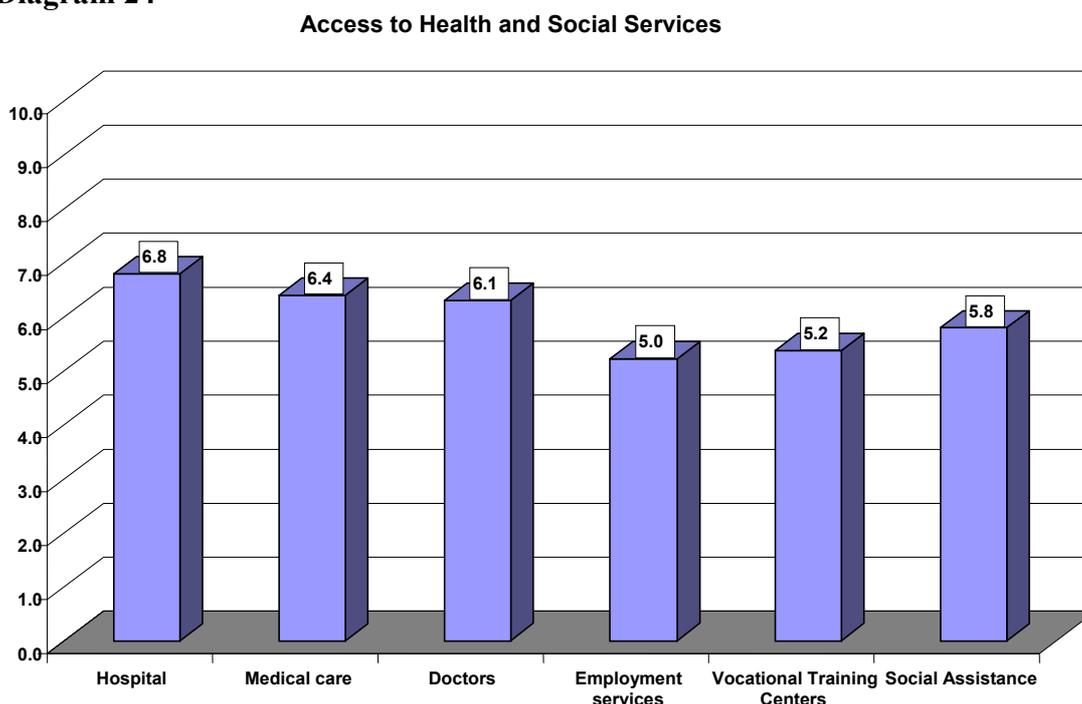
In an attempt to investigate the level of access to health, employment and social assistance services of the disabled persons in the respective countries, we asked the respondents to make use of a scale ranging from 1= no access to 10=maximum access. The aggregate results of this evaluation are shown in the following diagram.

It is important to underline that no service in the areas analysed in the area of health was considered as fully accessible. The highest score awarded to hospitals does not reach 7 out of a 10-value scale.

In terms of access to health services, hospital care and primary care services are considered slightly more accessible in comparison to doctors' practices, showing the need to develop more accessible primary care services for the disabled people.

In the areas of social assistance, employment services, and vocational training, the respondents assigned relatively lower accessibility scores (See diagram 24).

**Diagram 24**



However, significant differences exist among the Member States in the evaluation of access to Health and Social services. Diagrams 25 to 27 present in a hierarchical order the scores assigned by the respondents for health services. Austria, Finland and France appeared to be the countries with the most accessible services to disabled persons and Sweden with Italy the less accessible.

In the case of access to employment services, (see diagram 28) it was found that Spain and Sweden again appeared to be in the lowest level of scores while Finland and Austria are at the highest.

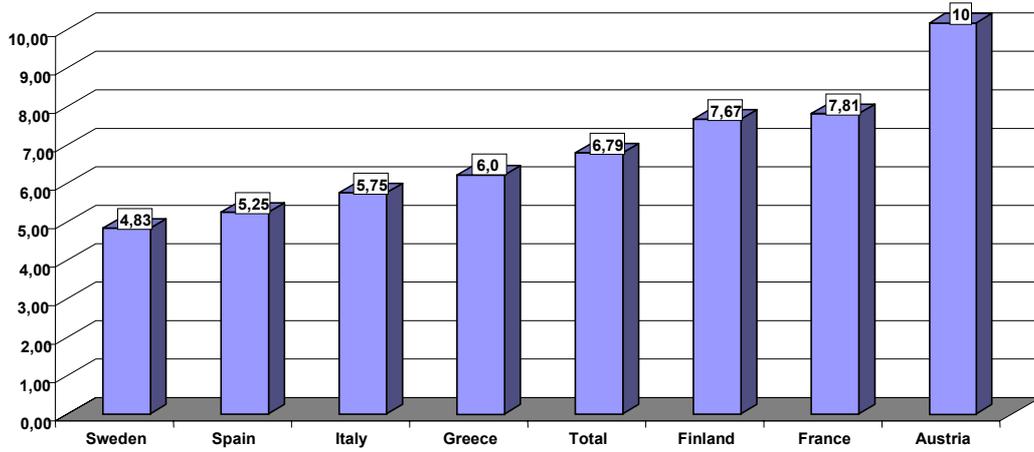
For vocational training (diagram 29) Greece and Finland appeared to be the countries with the highest scores followed by Spain and Sweden at the lower end.

Again a special remark has to be made on the low scores of a country with a high level of social security and disability policies, such as Sweden in comparison with the other countries considered in this survey. Due to the qualitative nature of the study, issues like the self-perception of people with disability, the political debate, and the economic situation of the country have to be taken into account in the understanding of the responses. The higher level of disability awareness, and the recent reforms of the social security system in Sweden, which have led to a lower level of protection, is among the reasons at the basis of the highly critical analysis of the respondents in comparison with organisations of disabled people in other countries.

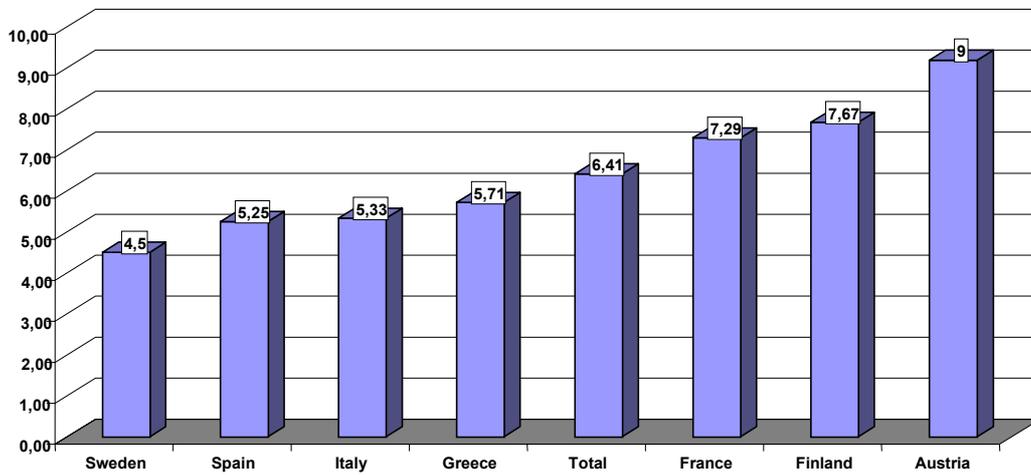
Finally in the case of social assistance, we find a different hierarchical order between countries with France and Austria being classified as the best countries and Greece among the least preferable. There is an obvious reason for such a classification because Greece is the only European Country without a Guaranteed Minimum Income policy.

**Diagrams 25-27**

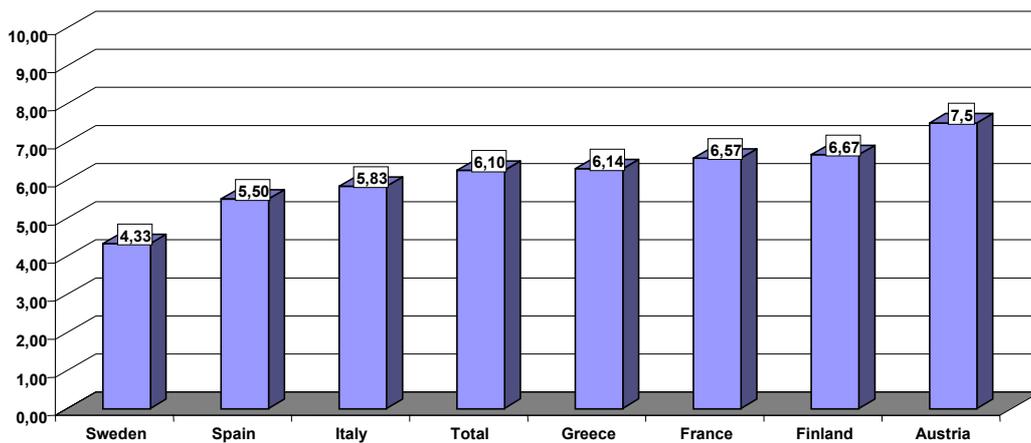
**Access to Hospitals**



**Access to Medical centers**

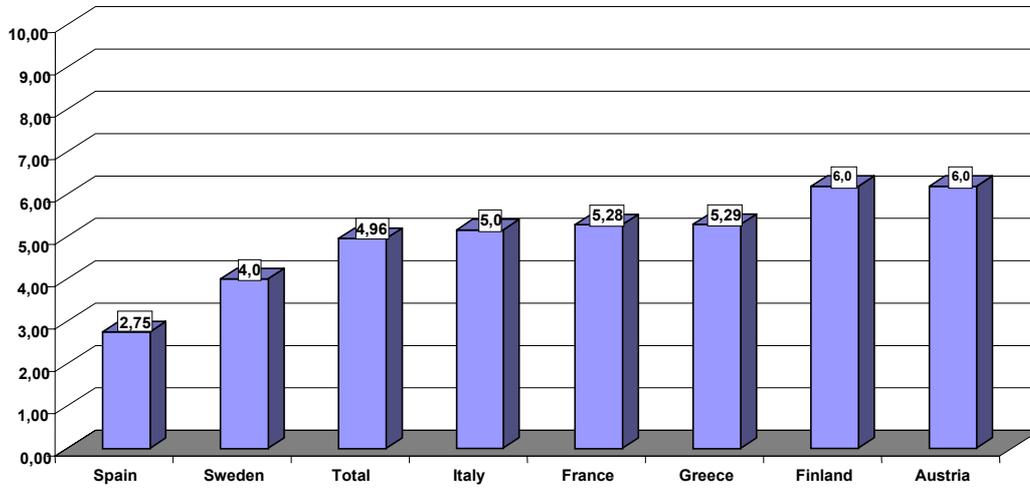


**Access to Doctors**

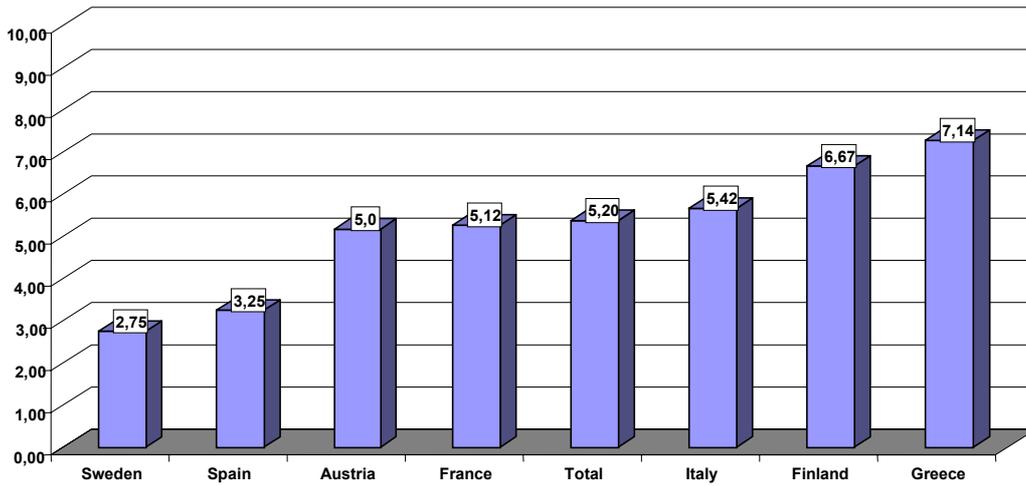


**Diagrams 28-30**

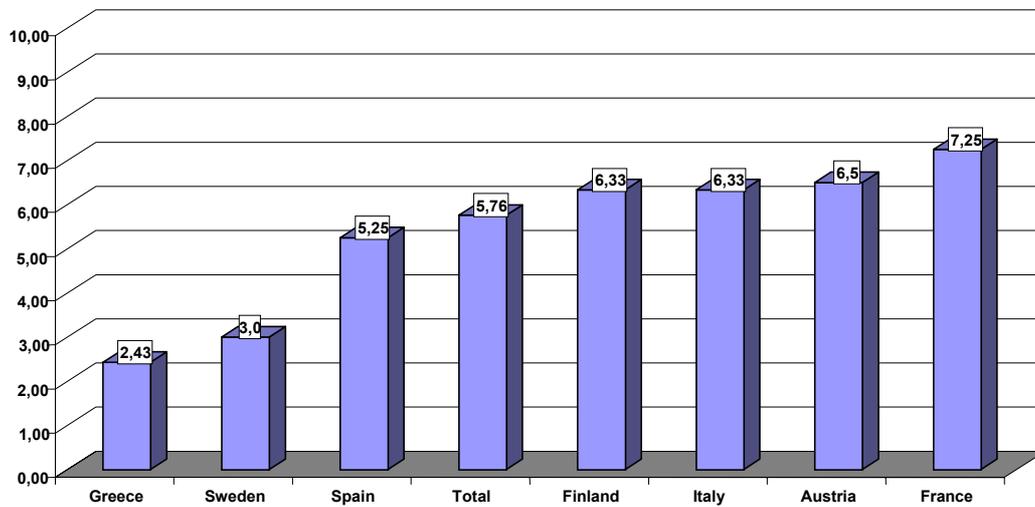
**Employment services**



**Vocational Training Services**



**Social assistance**



### ***a) Barriers to Access in health care***

The findings of this analysis are portrayed in diagrams 31 to 33.

It appears that the greatest sources of problems are the lack of communication and the attitudinal and social barriers.

These problems are often linked together. Often information is not available in alternate forms, such as Braille, or sign language, or in an easy to read form making access to these services quite difficult for a number of disabled people.

However, more fundamental difficulties are related to the attitudes of the medical and paramedical personnel. Often for instance medical personnel would talk to the parent, or the person assisting the disabled person, rather than with the disabled person, who as a consequence will find himself or herself excluded from his/her own treatment and unable to express his/her needs.

This is due to an overall lack of awareness of the medical staff to disability. Moreover prejudice also comes from other patients.

### ***b) Barriers to access in employment and vocational training services***

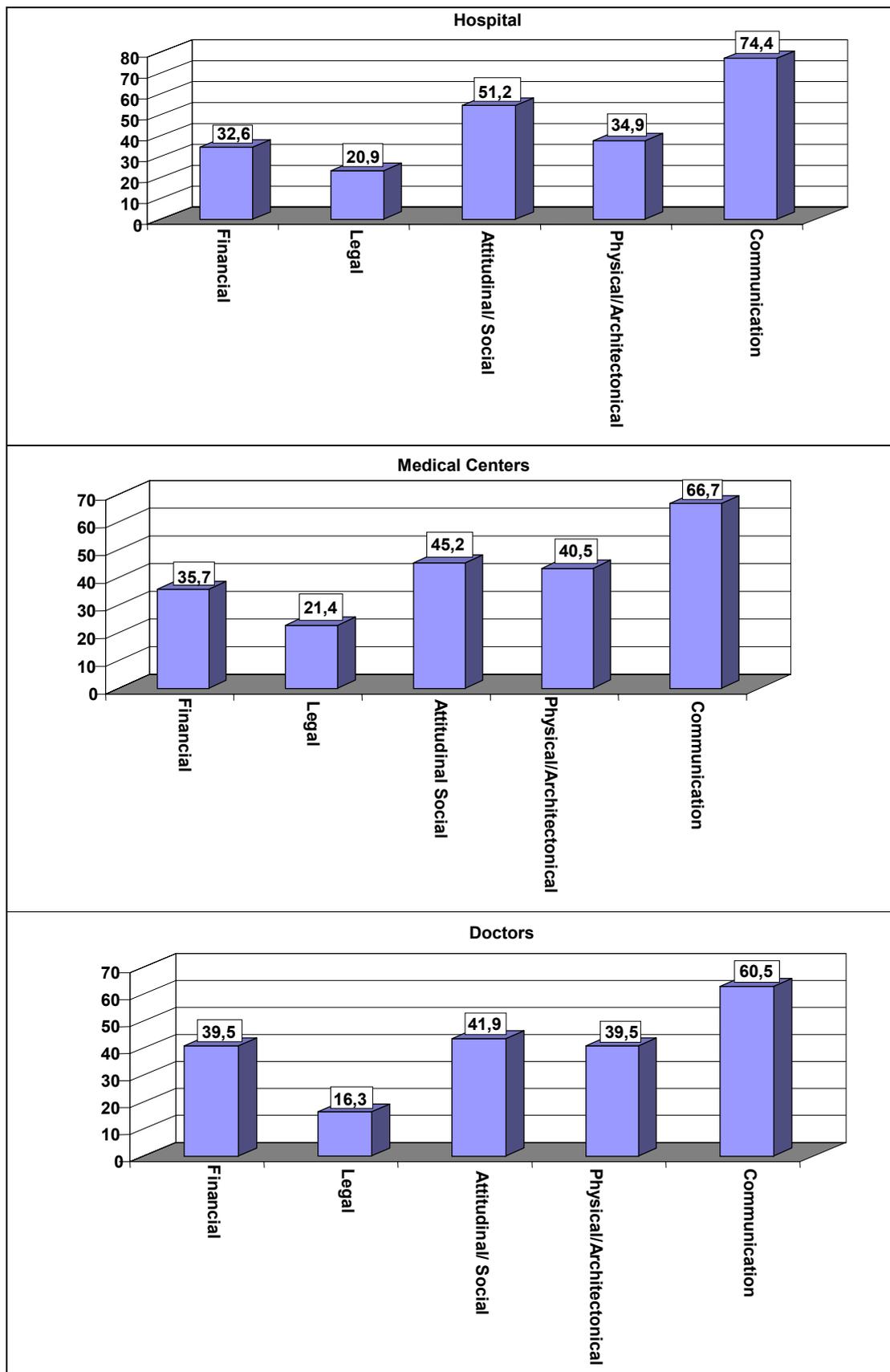
The participation to employment services, vocational training centres, and social assistance programmes is ensured through the public and the voluntary sector without any significant economic or legal barriers. However, there is often a lack of information on the availability of these centres, and the opportunities offered.

Examining the barriers reported in the employment and vocational training programmes as well as in the social assistance field (see diagrams 34-36) we find again that communication as well as attitudinal and social barriers appear to be the most important. This is mostly due to the lack of awareness of disabled people needs and abilities in a majority of centres.

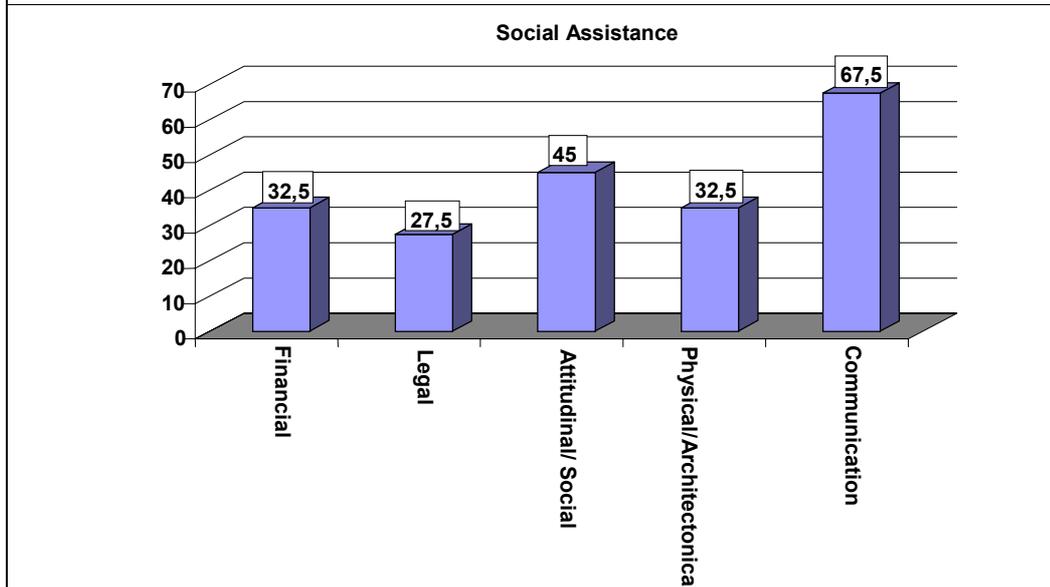
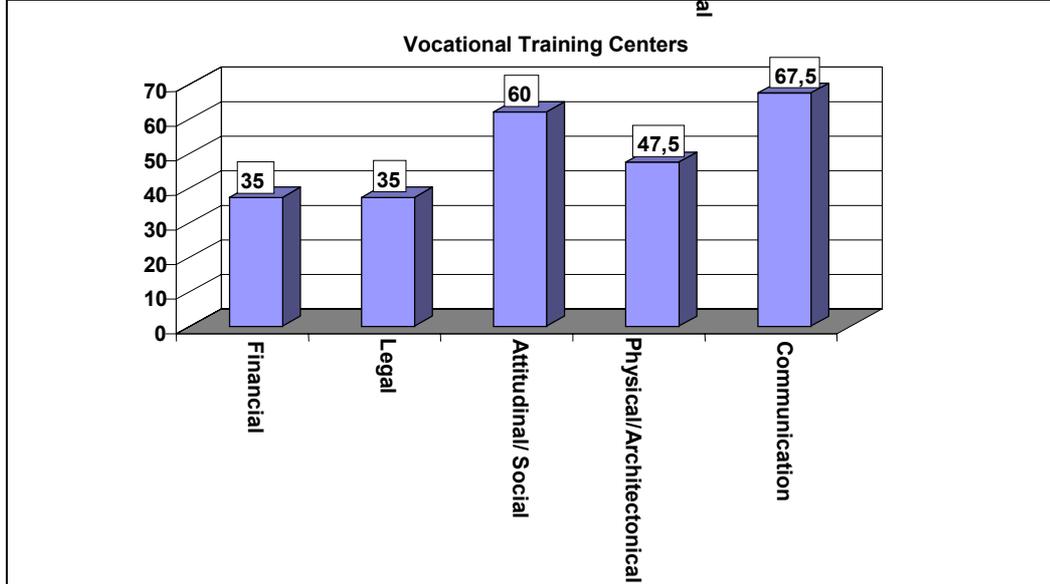
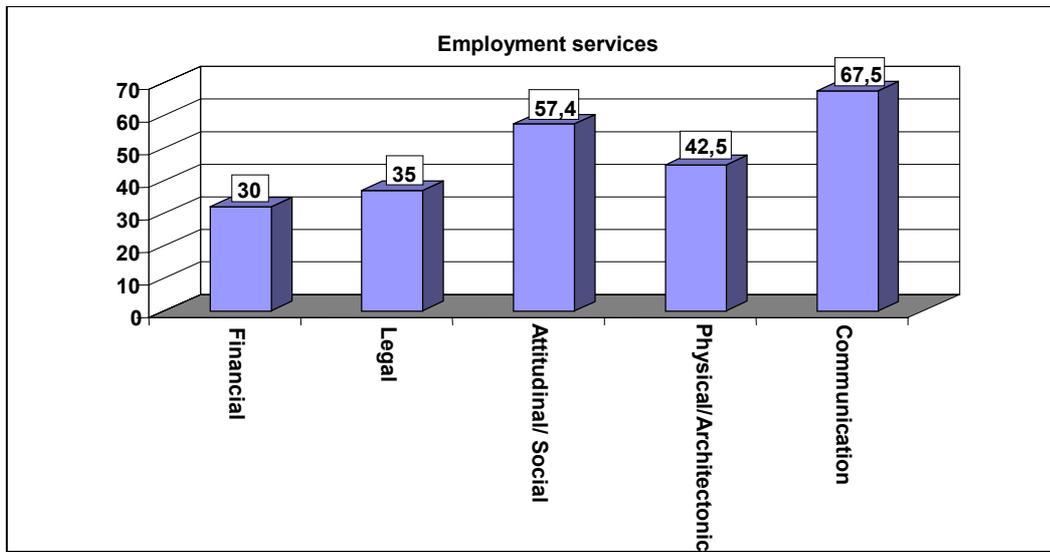
Moreover most of these services are designed for the mainstream population, and people providing information, guidance, counselling or vocational training have no experience or knowledge of problems encountered by disabled people in accessing employment or training.

It is also interesting to compare the results of diagram 6 on the percentage of disabled workers compared to non-disabled ones in the different EU countries (Eurostat data) to diagram 28 from our own research. There we can see that countries with the lowest participation of disabled people in the labour market present also the lowest grade of accessibility to employment services.

## Diagrams 31-33 – Barriers to access in health care



**Diagrams 34 to 36 - Barriers in employment and social services**



### **Access to Health and Social Services – main findings**

The accessibility to services both in the area of health or in the social field is overall unsatisfactory for disabled people. It is important to note as well that the level of accessibility varies significantly from one country to the other according to the different areas considered.

Health services are overall more accessible than social services for people with disabilities. In the field of health, greatest barriers were relating to access to doctors, in comparison with hospitals and medical centres.

In the area of social services, greatest barriers were found in employment and vocational training centres.

The greatest source of problems is attributed mostly to barriers in communication, and negative social attitudes, followed by the lack or insufficient accessibility of premises. At the end of the list we find financial and legal barriers, that although significant in some countries are not considered as important in terms of participation.

The difficulties in communication derive often from the lack of awareness of personnel on needs and difficulties of disabled people, but also of their capabilities. Moreover many services targeting the overall population fail often to address the issues specific to the disabled population, because of the way in which they are designed, and of general prejudice against people with disabilities.

### 3.6.2 Public Administration

Our research also aimed at assessing the level of accessibility of public administration for disabled people.

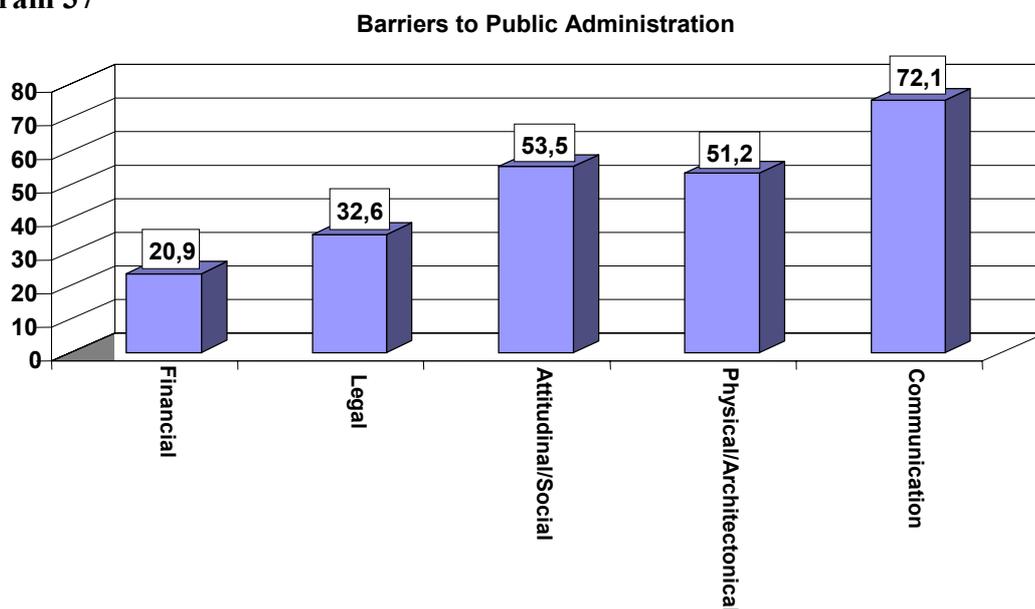
Access to public administration relates to full participation in society and to citizenship.

The greatest barriers, according to our research (see diagram 37) are in the field of communication, scoring more than 7 out of a 10-scale value. It means that citizens with disabilities have greatest difficulties in accessing basic information. This is largely due to the lack of attention to accessibility requirements, such as the provision of information in alternate media (Braille, large print, easy-to-read language, and sign language interpretation) and the accessibility of public web sites.

It is also interesting to note that attitudinal and social barriers are quite significant for a number of people interviewed. This means that public administrations are often disregarding disabled people's needs, and that officials are also biased by prejudice.

Furthermore there is a lot to do in terms of removing physical and architectural barriers in order to grant equal access to all citizens to public administration.

**Diagram 37**



#### **Access to public administration – main findings**

The possibility to exercise citizenship rights is often denied to disabled people, who face considerable barriers to public administration. The main obstacles relate to communication, as little attention is paid to accessibility requirements (such as alternate media – Braille, large print, easy-to-read language, sign language- in written and oral communication, and accessibility of public web sites), negative attitudes to disability, and physical and architectural barriers.

### 3.6.3 Social Environment

The social and economic barriers faced by people with disabilities were discussed at some length in the previous section. In this part we extend our discussion to social environment, and we examine the **accessibility of housing, culture, restaurant, cinemas, sports, clubs and other social activities**.

The UN Standard rules on equalization of opportunities for disabled people of the United Nations emphasize the need to mobilize human resources in order to build a more accessible society to people with disabilities.

The European Commission Communication on Towards a Barrier Free Europe for People with Disabilities<sup>15</sup> underlines that:

*“Environmental barriers are a greater impediment to participation in society than functional limitations. Barrier removal through legislation, provisions of accommodations, universal design and other means has been identified – by the European Union - as key to equal opportunities for people with disabilities”.*

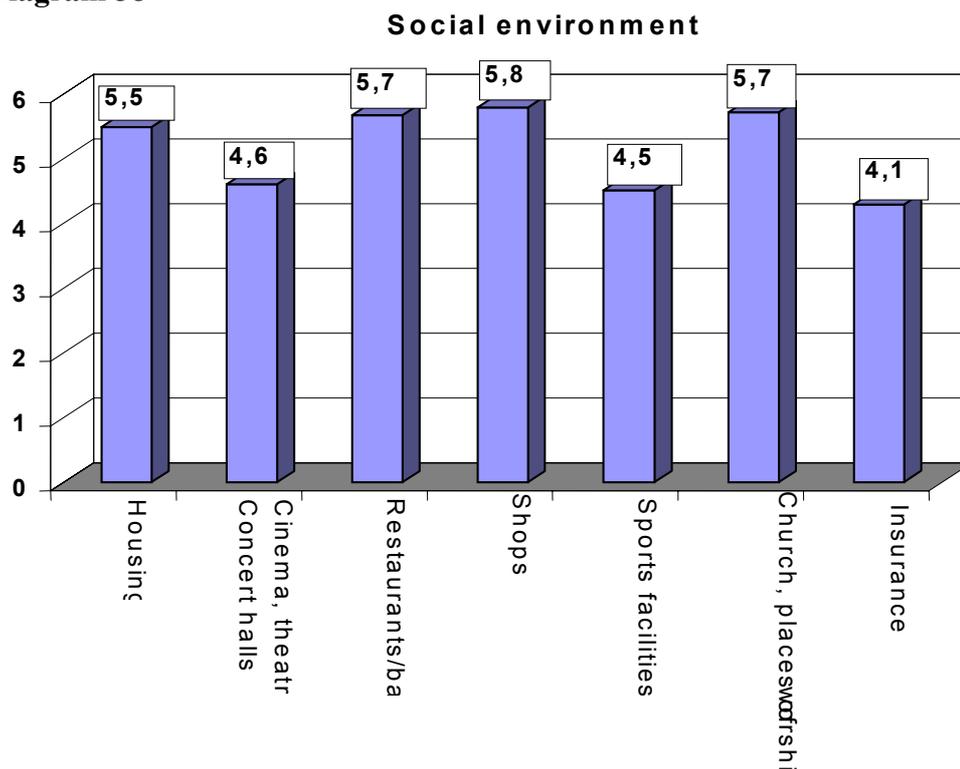
In diagram 38 we present the results of our survey with reference to the Social Environment. We asked organisations participating in the survey to evaluate on a scale from 1 to 10, the accessibility of housing, cinema, theatres, concert halls, restaurants, and bars, shopping malls, and shops, sports clubs and sport facilities, churches and places of worship, and insurance.

From a first analysis, it appears that the social environment is considerably less accessible than health and social services. The highest score for accessibility, reported for shopping centres, does not attain 5,8 points out of 10, followed closely by restaurants, bars and churches. While cultural, leisure and sport activities report the lowest scores, next to insurance.

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<sup>15</sup> COM (2000) 284 final of 12 May 2000.

**Diagram 38**



In the following diagrams, the barriers identified before by our participants to each of aspects of the social environment have been analysed.

In all of the cases, it is interesting to note that communication/attitudinal barriers are greater than physical barriers. Many disabled people and their families experience negative attitudes and prejudice from shopkeepers, restaurant owners.

Moreover in many public places, accessibility is not possible mainly because of the lack of awareness or prejudice towards disabled people. Security reasons are often invoked as a reason not to provide access.

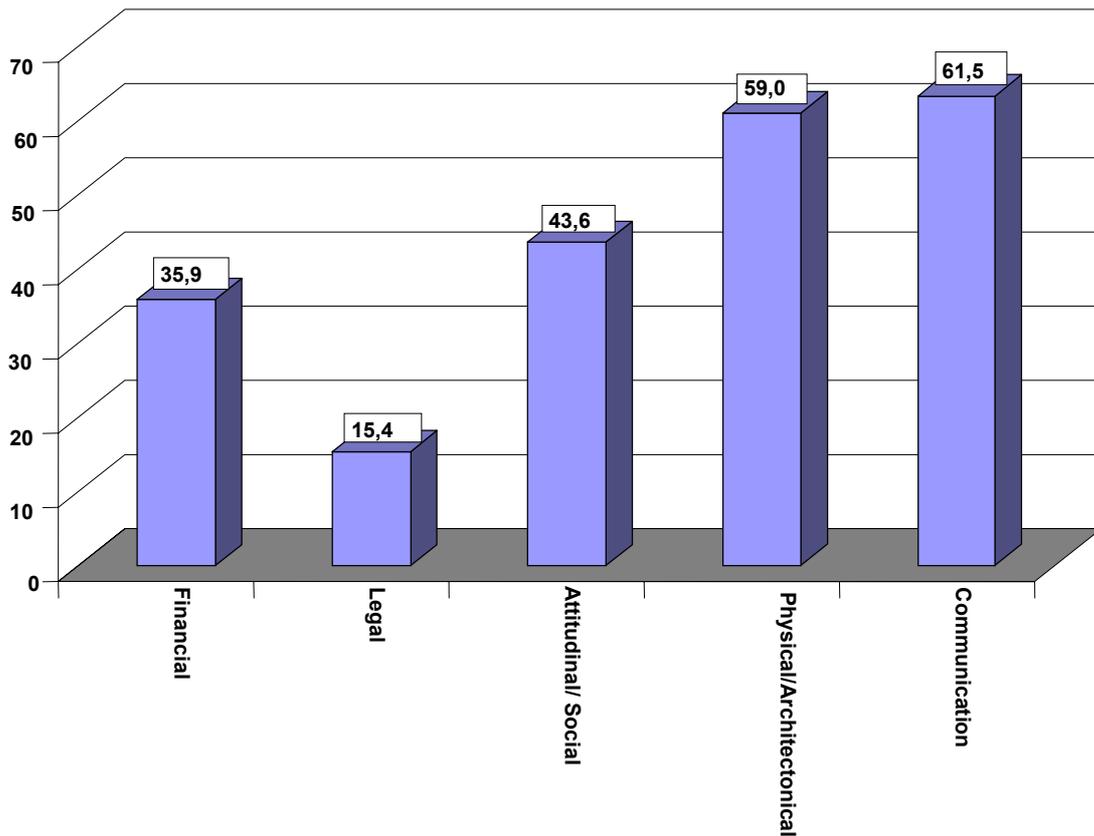
A specific comment is to be made in the case of housing. Our research highlights the high level of inaccessibility of housing for many disabled people, which is close to 66%. The lack of accessibility is not only due to architectural barriers; financial barriers in housing are quite important, in particular because of the extra costs of adapting inaccessible dwellings. This problem has also to be considered in the framework of the low-income situation of a significant number of disabled people, as shown in the previous section of our report on minimum income and disability benefits.

The barriers derived from communication and negative attitudes or prejudice are also important, highlighting the difficulties faced by disabled people in integrating in their immediate surrounding.

Insurance is inversely one of the fields where legal and financial barriers are most important. However prejudice, and lack of awareness are often at the origin of denial of insuring disabled people, or imposing high premium on disabled clients. An interesting field research was carried out by one of the project partners in this area, which submitted test cases to a wide number of insurance companies in Sweden<sup>16</sup>. This has also a direct consequence on access to housing, as in many countries a life insurance contract is a requirement for obtaining mortgages.

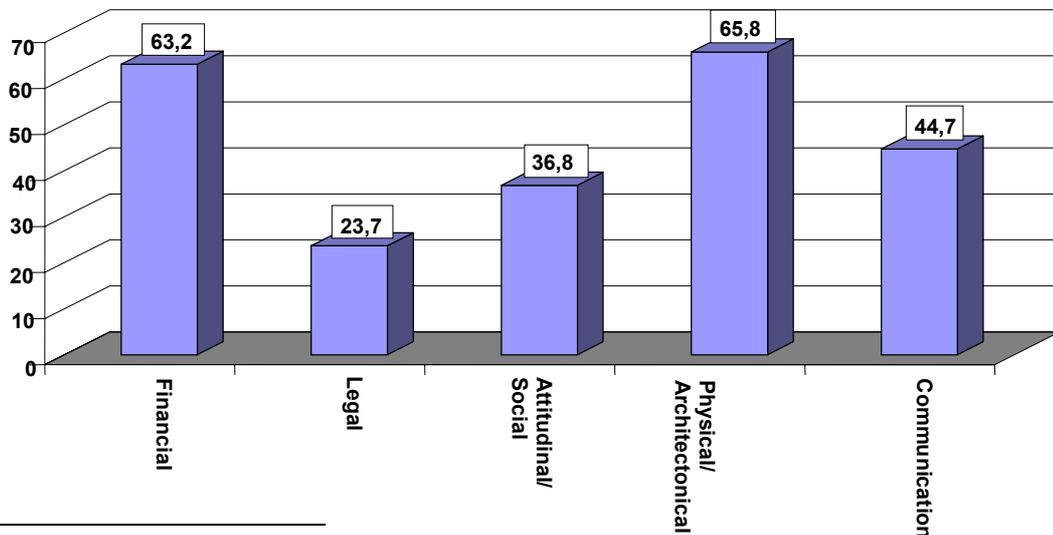
**Diagram 39**

**Cinema, theatres, concert halls**



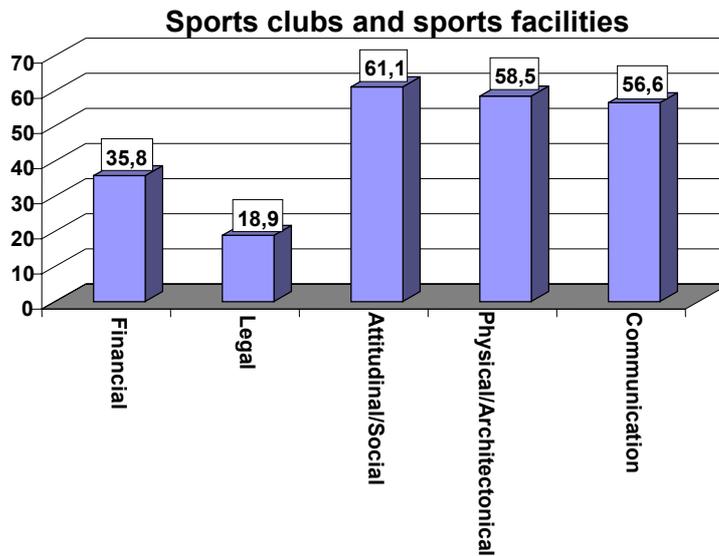
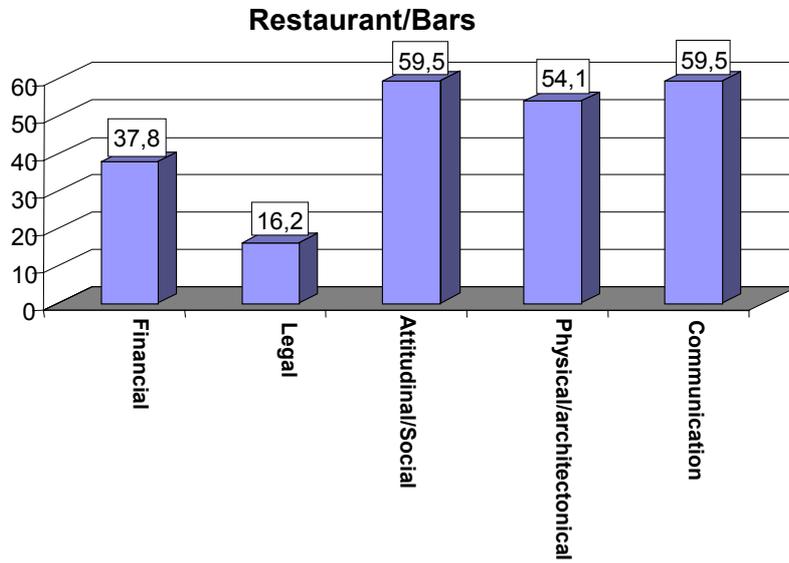
**Diagram 40**

**Housing**



<sup>16</sup> Study conducted by the Swedish Cooperative Body of Disabled People, [www.hso.se](http://www.hso.se)

**Diagrammes 41-43**



### **Social Environment- main findings**

Overall the social environment is considerably less accessible to disabled people than health and social services.

Disabled people find themselves excluded from most of the leisure and cultural activities. Access to theatres, concert halls, and sport facilities is often very difficult, or impossible. Significant barriers also exist, even though slightly less significant to other areas of social life, such as participating in religious services, or be able to do his/her own shopping whether in commercial centres or shops.

Barriers in communication, attitudes and prejudice are considered very important.

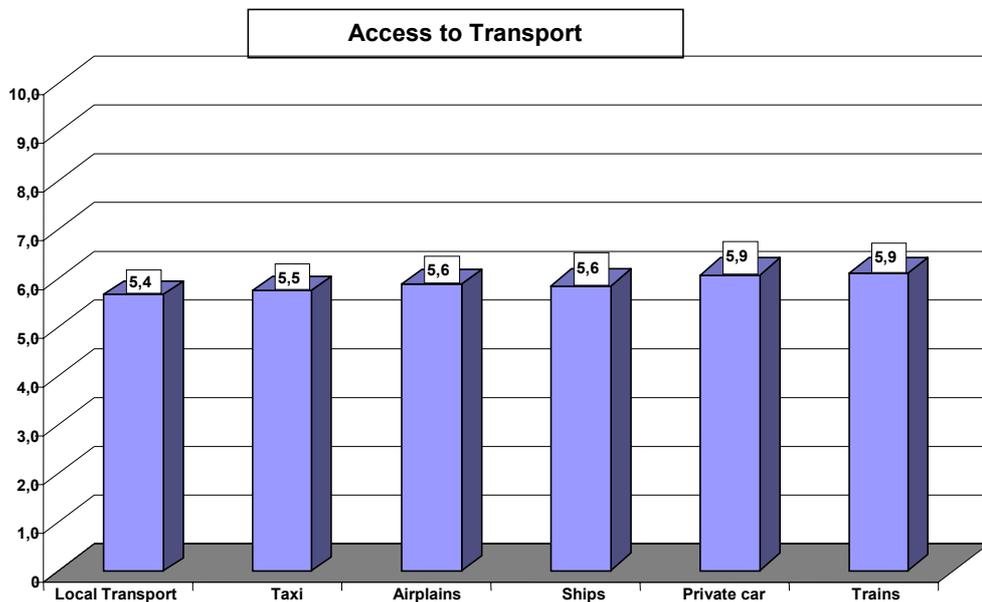
Furthermore physical and architectural barriers are equally important in preventing disabled people from participating to the social environment.

Finally although less important, financial barriers acquire certain relevance in this section.

### 3.6.4 Transport

People with disabilities find themselves very often excluded from a large spectrum of transport facilities. This is confirmed by our survey, as the level of accessibility of different means of transportation is overall quite low. Trains and private cars considered as the most accessible means do not reach 5,9 out of a 10 scale-value. There are significant differences among the member states in the infrastructure and modernisation of transport services. The Northern European Countries have made the appropriate investments to ensure a friendlier environment for people with disabilities. In the Southern European countries more problems exist especially in local transport.

Diagram 44

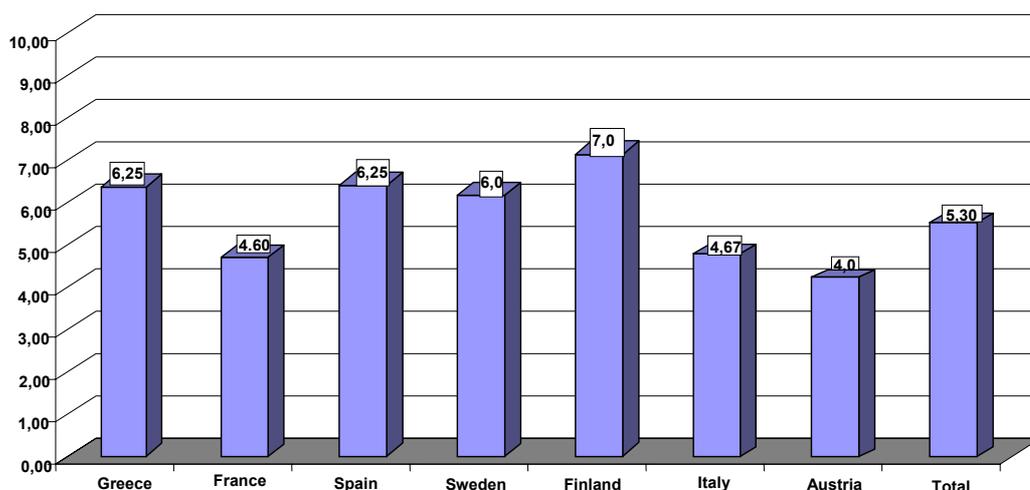


In the following diagrams further information on accessibility of local transport (diagram 45) and trains (diagram 46) in the countries considered in our survey can be found.

Trains and local transport are the means for which higher barriers were reported. At the same time they belong to those that are considered as services of general interest to the population.

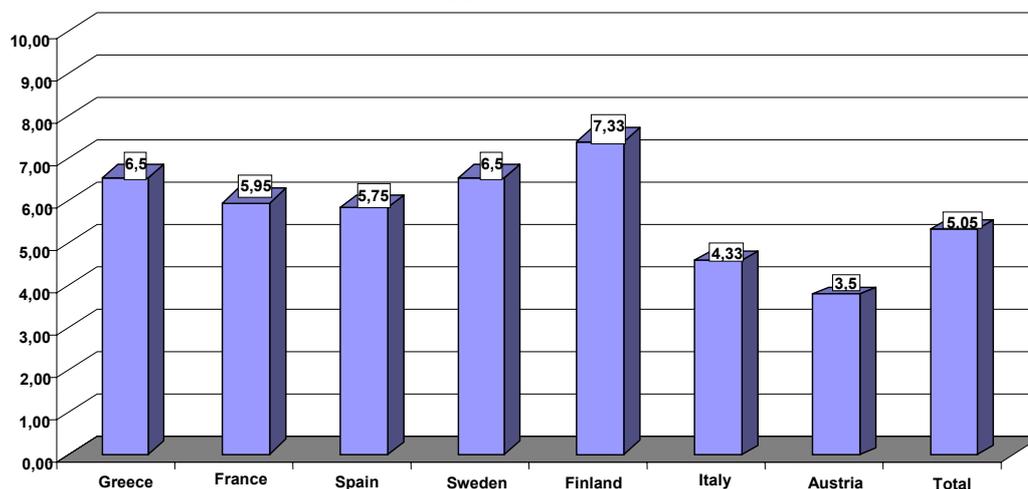
**Diagram 45**

**Access to local transport**



**Diagram 46**

**Access to trains**



**Transport – main findings**

Accessible transportation is very important in today's society as a means to access employment and to participate in the social environment. Disabled people are very often denied access to a large spectrum of transportation means. There are significant differences among the member states in the infrastructure and modernisation of transport services in terms of accessibility, as a result of the introduction of legislative measures.

### 3.6.5 Information Society

In Europe there is an increasing trend towards greater utilization of information technology. Several studies have underlined the positive attitudes of Europeans towards new information and communication technologies such as Internet, mobile phones, personal computers and e-commerce. According to the Social Situation Report in Europe, it was found that 3 European out of 4 claim that information technology would improve substantially his (her) quality of life. The younger generation (80%) and the more educated seem to be among the greatest enthusiasts.

As far as access to new technology is concerned, a Eurobarometer<sup>17</sup> survey showed that more than 60% of Europeans believe that public authorities should spend more money, in order to ensure better access to information society for all.

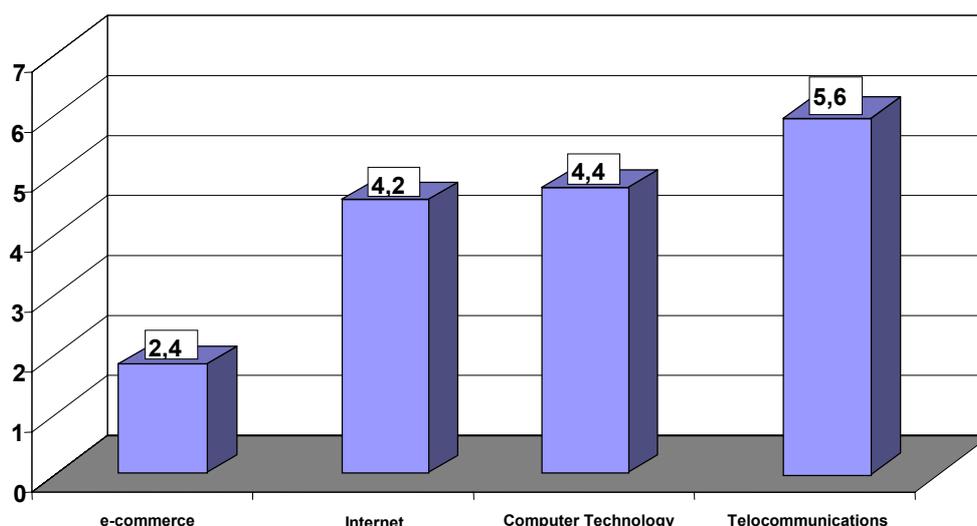
Disabled people are often confronted with barriers in accessing ICT products and services. In particular, a great majority of these products are not designed as to ensure access of blind persons, deaf persons or persons with learning disabilities. Moreover adaptations are extremely costly.

According to our survey, telecommunication appears to be at the top of the list of the most accessible item followed by computer technology and Internet. However it is to be noted that not all groups of disabled people experience problems in access to telecommunications.

Inversely the majority of organisations of disabled people interviewed considered e-commerce as inaccessible, and gave 2,4 points out of a 10 scale value (See diagram 47). Companies should reflect whether they are not excluding a relevant percentage (at least 12%) of their potential consumers.

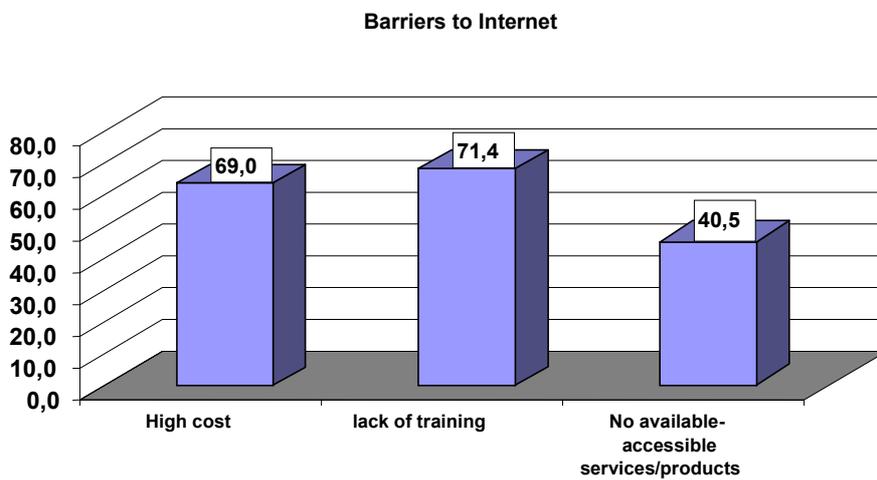
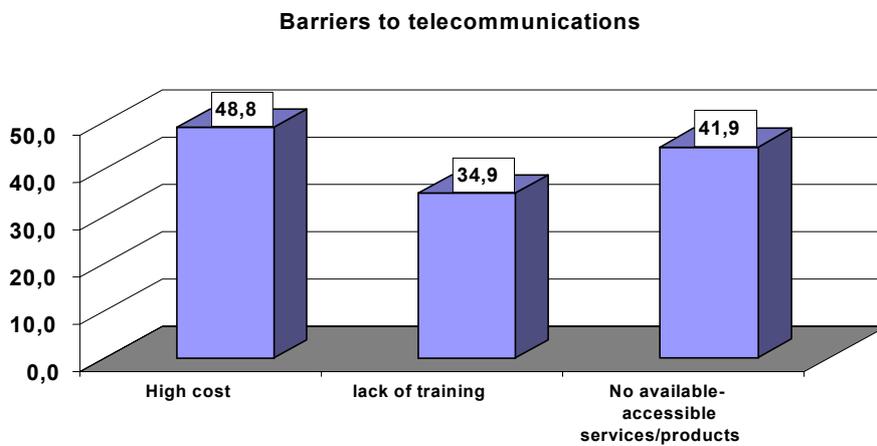
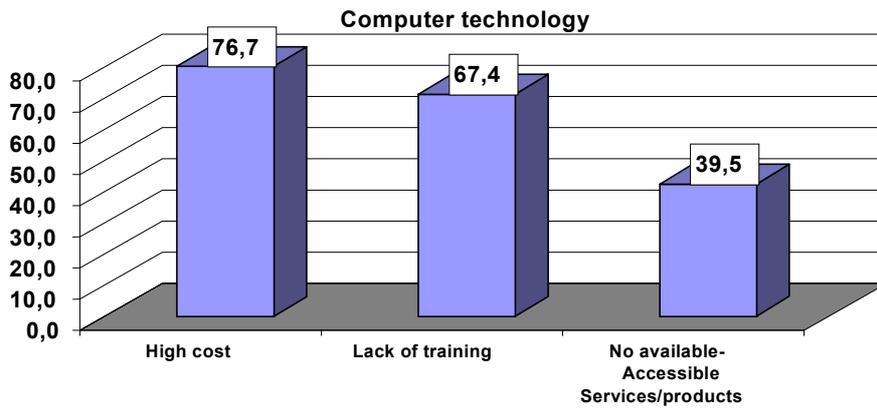
**Diagram 47**

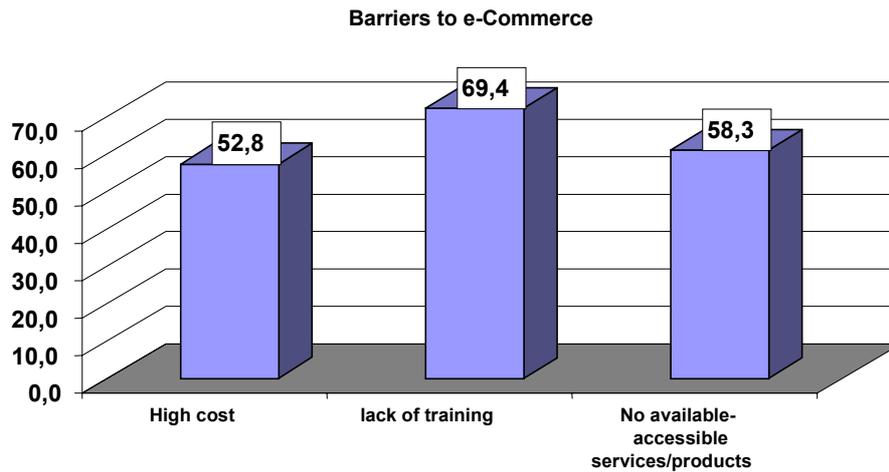
Evaluation of the overall Accessibility to the Information Society



<sup>17</sup> Eurobarometer 54.2 on attitudes of Europeans towards disability.

**Diagrams 48-51 Barriers to Information Society**



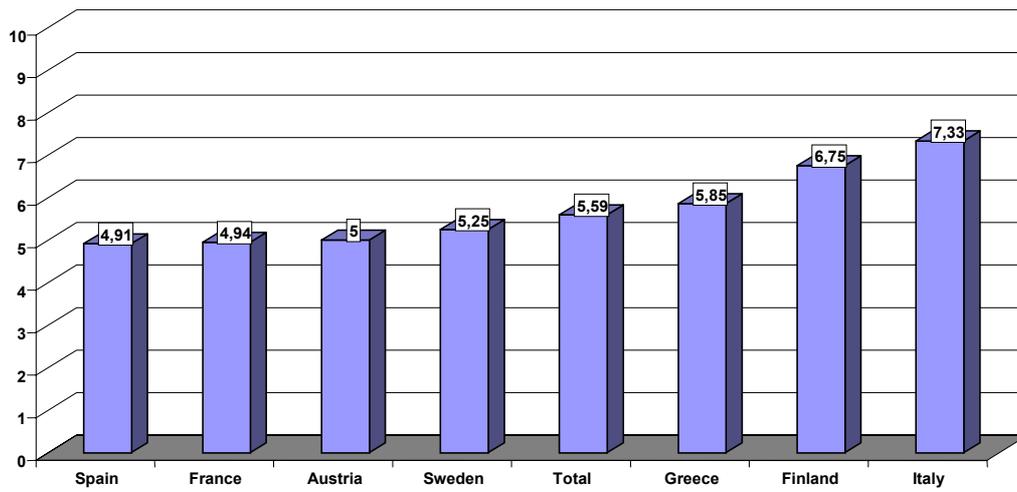


In the diagrams above (48-51), the barriers to computer technology, telecommunications, Internet, and e-commerce are analysed. In particular the results of our research highlight that the most important barriers are the high cost of hardware and web access, the lack of training facilities or courses, and finally the lack of accessible services/products, which is particularly relevant in the area of e-commerce.

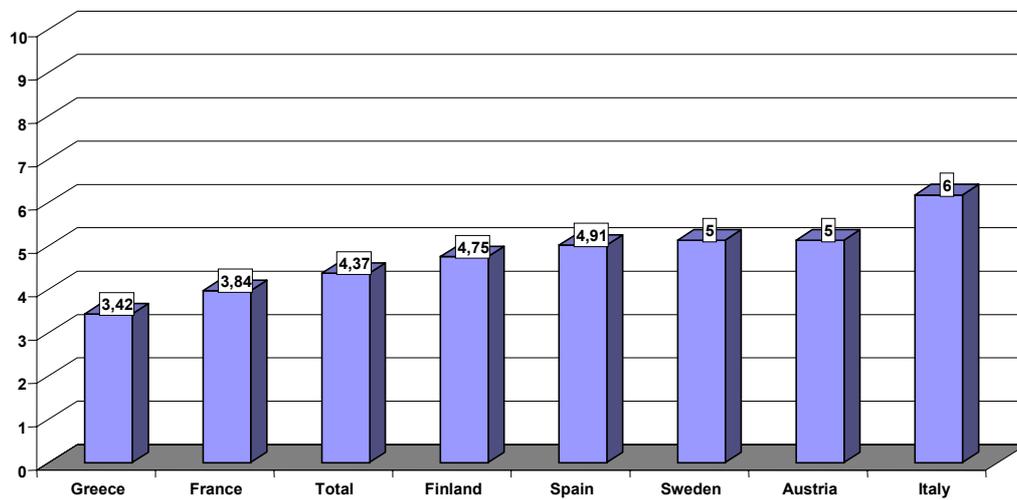
Due to different levels of technological development in the Member States we further investigated country differences in the access to telecommunications to computer technology, the use of Internet, and e-commerce among disabled people (see diagrams 52-55). The scores received for the assessment telecommunication accessibility ranged from 4.9 in Spain and France to 7.3 in Italy. In the case of computer technology the scores varied from 3.4 in Greece to 6 in Italy. In the case of overall accessibility to Internet, Greece came up with the least score of 3.1 points and Italy with Spain the highest with 5.4 points. Finally the overall accessibility to e-commerce is 2,4 with most of the countries ranging from 1,5 to 2 points.

## Diagrams 52 -55

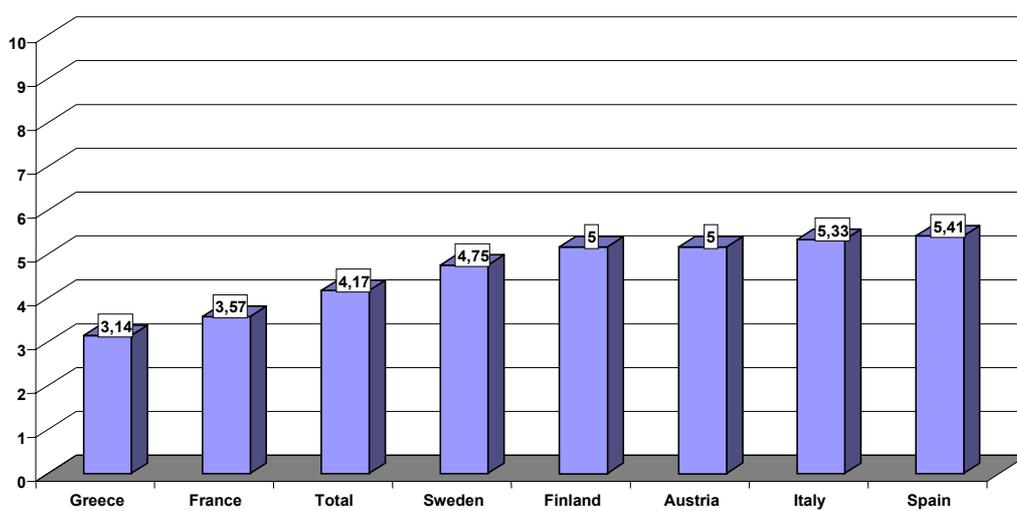
Evaluate the overall accessibility Telecommunications



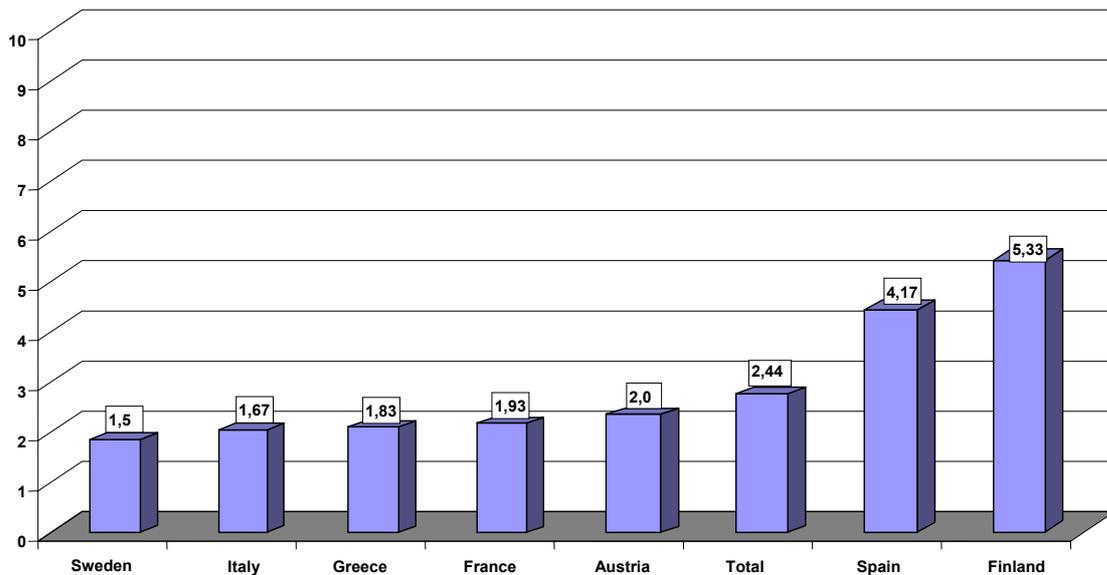
Evaluate the overall accessibility Computer - Technology



Evaluate the overall accessibility Internet



Evaluate the overall accessibility e-commerce



### Information and communication technology- main findings

Disabled people could benefit greatly from ICT developments, but are unfortunately often confronted to barriers in accessing ICT products and services. These barriers are mostly relating to high cost of hardware and Internet access, to the lack of training facilities, and the lack of accessibility of services and products.

Furthermore assistive technology devices, often used to compensate for the lack of accessibility of these products, are in most cases expensive and not reimbursable.

Overall, according to the respondents to our survey, telecommunications appear to be at the top of the list of the most accessible items, followed by computer technology. Access to e-commerce is particularly limited with a value of 2,4 on a 10-scale value.

### 3.6.6 Availability of Social Services

During the second half of the twentieth century European Governments have implemented welfare policies towards greater provision of health and social services to meet the “needs” of disabled people. For a long period after the Second World War, people with multiple impairments used to live away from their family environment and they were looked after, at residential institutions, which absorbed the bulk of funding for social care. The less severe cases were living at home at the expense of the household. In both cases disabled people faced dependency on either the institution or the family. Support for independent living was not available.

Legislative reforms on disability changed considerable this mentality by developing several community services and introducing disability benefits and payments, allowing for a greater independence and choice for disabled person, and for a gradual reform in the nature of the social services available.

In our survey, we have selected a list of services for disabled people, which included:

- Specialised rehabilitation and vocational training centres
- Day care centres
- Assistive technology centres
- Special Transport services
- Personal Assistance
- Supported/Sheltered Housing
- Independent Living Centres

and we asked the respondents to evaluate the existing infrastructure of services by distinguishing between:

- No services,
- Inadequate services and
- Adequate services.

The results (reported in diagram 56) indicate a considerable lack of services or a poor functioning of these in most of the cases.

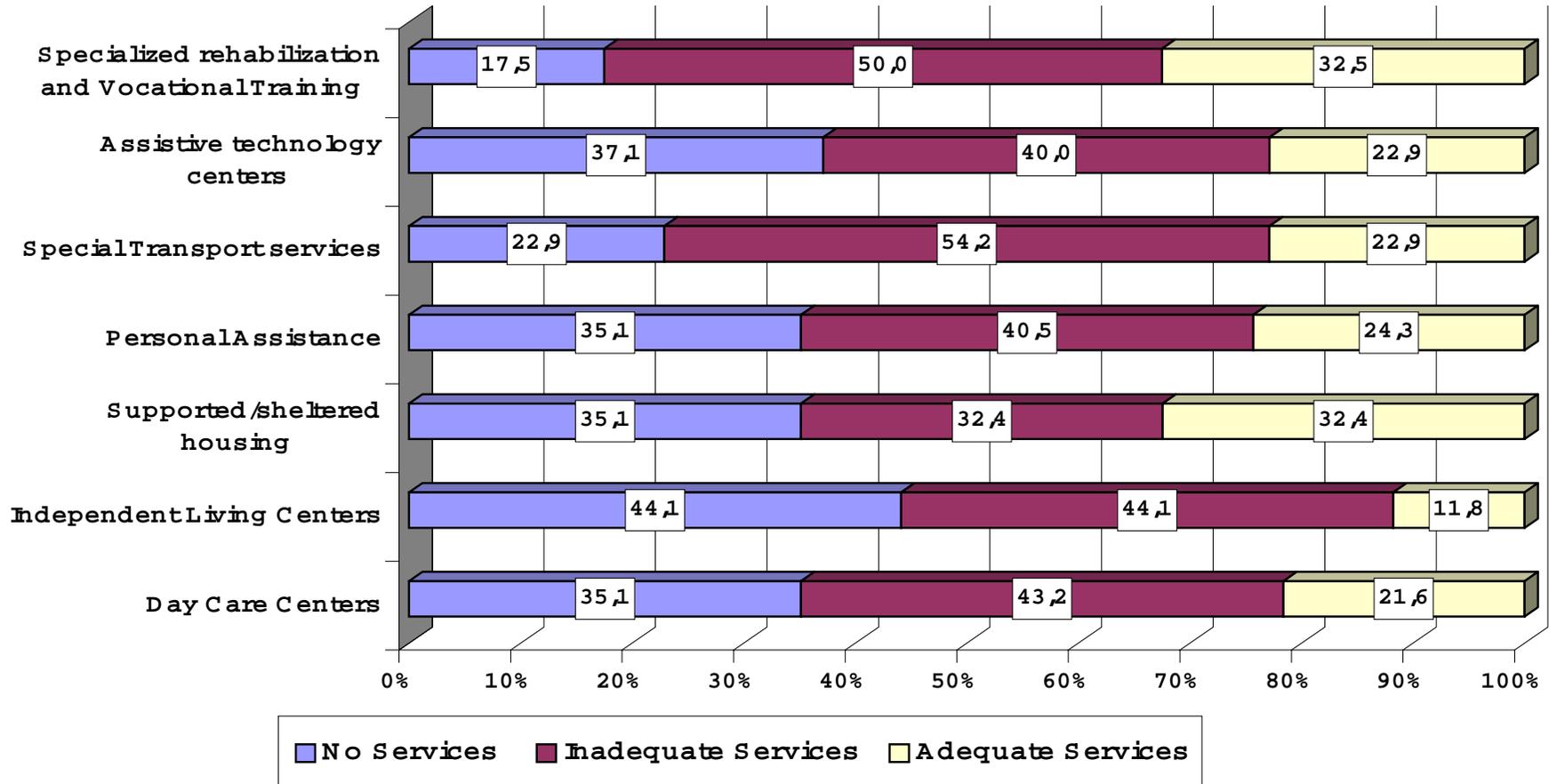
The results show a critical lack of services contributing to a more autonomous and inclusive life such as, independent living centres, supported and sheltered housing, day care centres, assistive technology services, and personal assistance. Moreover where these exist a majority considers them as inadequate. This is particularly relevant in the area of independent living centres, which exist for only less than 56% of the population considered, and are adequate only for 22% of those benefiting from them.

Even in the case of specialised rehabilitation and vocational training centres, which are available for over 82% of the respondents, only 40% of them consider the services adequate. In the case of special transport services, 70% find them insufficient. A similar evaluation is given for personal assistance services, which do not meet the needs of people with disabilities.



Diagram 56

AVAILABILITY OF SOCIAL SERVICES



## **Availability of social services – main findings**

In this section the availability and functioning of social services targeted at disabled people and families with a disabled person was examined. Particular relevance was given to services promoting social participation and independence. These included: specialised rehabilitation and vocational training centres, day care centres, assistive technology centres, special transport services, personal assistance, supported sheltered housing, independent living centres.

The majority of respondents reported a considerable lack of social services. This is particularly true of the services contributing to a more autonomous and inclusive life, which are still scarce in many countries.

Where these services exist, they are considered in most cases inadequate. This was the case in particular of specialised rehabilitation and vocational training centres, special transport services, independent living, and personal assistance.

## **4 ASSESSMENT OF NATIONAL POLICIES FOR SOCIAL INCLUSION**

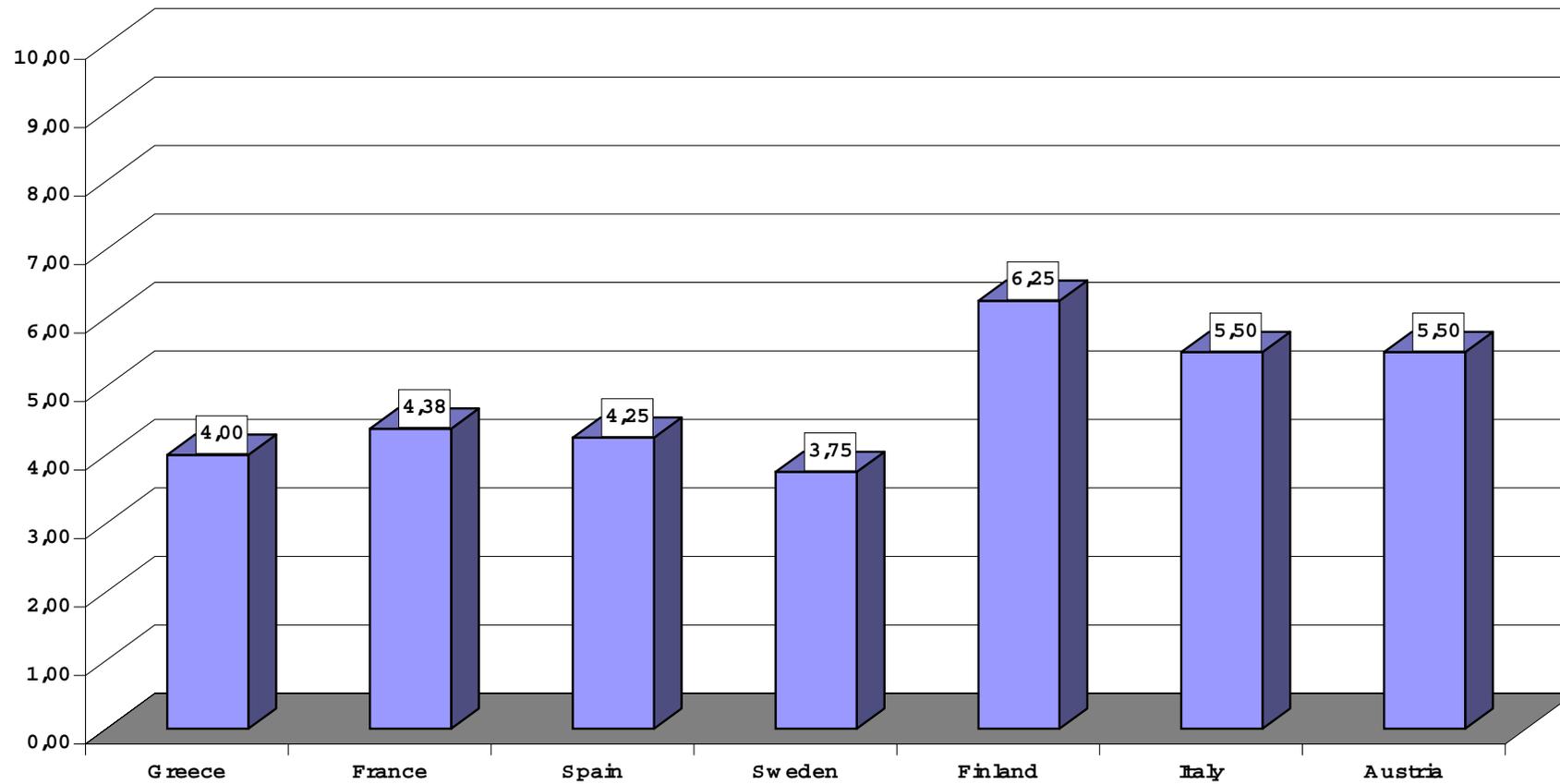
We asked the participants of our study to evaluate the effectiveness of their Government's policies for social inclusion, on a scale from 1 (minimum value) to 10 (maximum value).

Taking these values into consideration we reach the conclusion that the greatest majority declares certain reservations on the effectiveness of the national policies for social inclusion.

Diagram 57 provides a country specific view on the effectiveness of national policies for social inclusion. For each country we present the average value and the standard deviation. We can clearly distinguish between two groups of countries: The first group includes Finland, Italy and, Austria with higher subjective values for the effectiveness of their national policies for social inclusion and the second group includes Greece, Sweden, France, and Spain with relatively lower values.

**Diagram 57**

**Please evaluate the effectiveness of National policies for social inclusion of persons with disabilities on a scale 1-10**



## **National Social Inclusion Policies – Main findings**

Similarly disability organisations were asked to assign values for the effectiveness of their national policies to combat social exclusion. Although there are differences among the States considered, the overall impression is that disabled citizens in the EU do not seem to be very satisfied with their National Inclusion policies.

### **5. FACTORS CONTRIBUTING TO SOCIAL EXCLUSION**

The United Nation's World Development Report on Poverty highlights the multi-dimensional nature of this phenomenon and asserts that poverty and social exclusion does not only encompass income or consumption deprivation but also low achievements in education, health, and social life. In addition it leads to "voicelessness" and "powerlessness".

Amartya Sen argues that poverty deprives severely all "the capabilities that a person has, that is, the substantive freedoms he or she enjoys to lead the kind of life he or she values".

Taking this approach into account, we can clearly see that the factors contributing to poverty and social exclusion should be identified beyond the limited scope of monetary poverty.

We have therefore asked the participants to our study to evaluate the main causes of social exclusion among persons with disabilities.

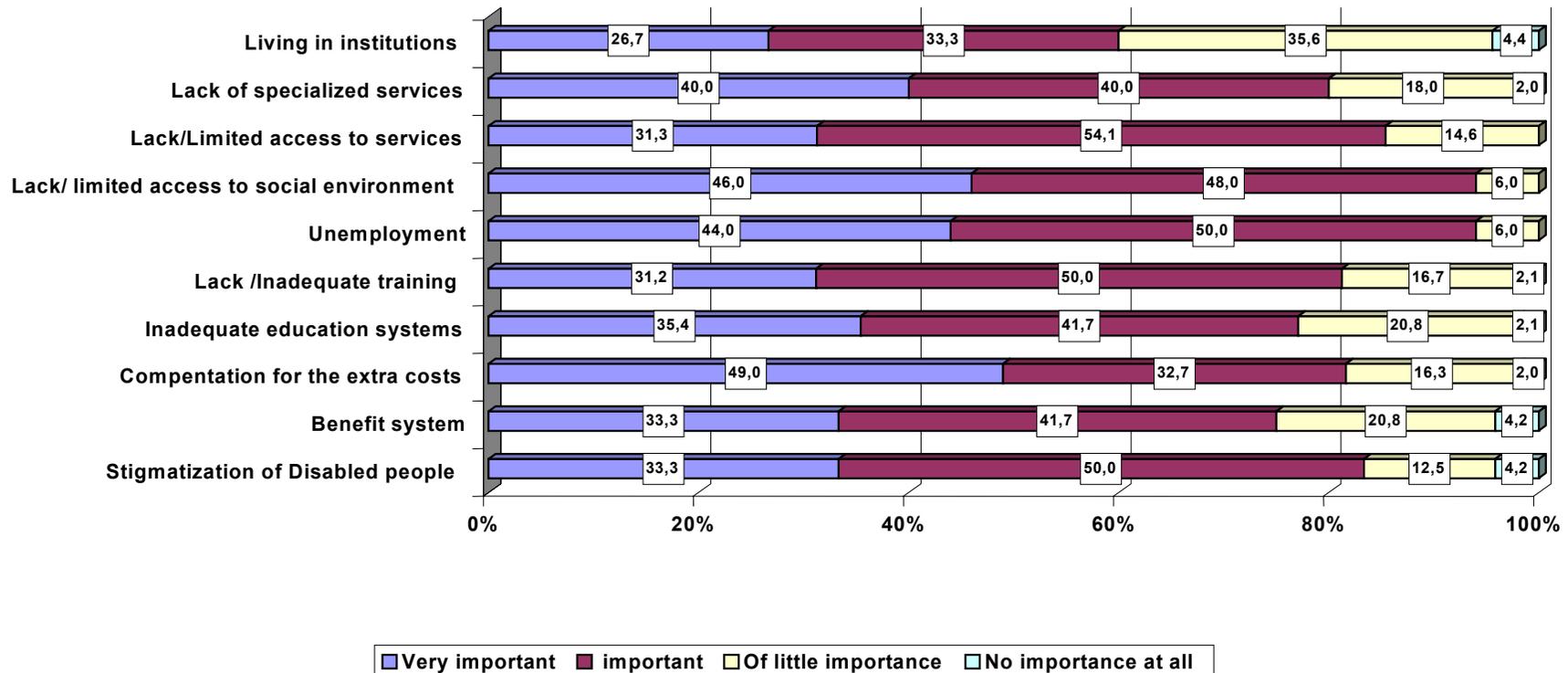
The reported answers are shown in diagram 58. The participants have considered the following factors as important and very important, according to the order below:

- 1) Lack or limited access to social environment and unemployment (94%)
- 2) Lack or limited access to services (85,4%)
- 3) Stigmatisation of disabled people (83,3%)
- 4) Lack of adequate training (81,2%)
- 5) Lack of specialised services (80%)
- 6) Inadequate education systems (77,1%)
- 7) Lack of economic policies to compensate for the extra cost of disability (75,7%)
- 8) The structure of the benefit system (75%)
- 9) Living in institutions (60%)

The results of this section provide a clear indication for the areas of intervention to combat social exclusion among people with disabilities.

**Diagram 58**

**What are the main causes of social exclusion among persons with disabilities**



### **Factors contributing to social exclusion – main findings**

The most important factors contributing to social exclusion for people with disabilities, according to our respondents, are the following, in order of importance: the lack or limited access to social environment and unemployment, the lack or limited access to goods and services, stigmatisation of disabled people, the lack of adequate training, the lack of specialised services, the inadequacy of the education systems, the lack of economic policies to compensate for the extra cost of disability, the structure of the benefit system, and finally living in institutions.

## **6. POLICY CONCLUSIONS AND PROPOSALS FOR ACTION**

### **6.1 Disabled people and poverty**

#### Conclusions:

Disabled people are one of the most vulnerable groups to poverty, and adequate measures need to be put in place in order to address this problem.

The study has shown that a great majority of disabled people appears to confront serious or very serious difficulties (77,5%) in meeting their basic needs. Furthermore disability benefits are inadequate to cover their basic needs or to address the extra costs linked to their impairment. Moreover 57% of disabled workers are reported to belong to the low paid jobs category.

Families of people with disabilities are also confronted to great financial strain. In many cases, family members have to leave their jobs to devote themselves to care for a disabled person, and as a consequence see their income reduced. 48% of the respondents to the survey declared that there were no measures in their own country to compensate the loss of income incurred.

#### Proposals for action:

Policies must be put in place in order to ensure that these additional costs are compensated by the national protection systems, in order to ensure equal opportunities for all. Moreover it is vital that current reform in the social protection and health systems does not increase inequalities, and that special measures are put in place in order to protect those at a disadvantage and their families.

### **6.2 Education**

#### Conclusions:

An inclusive education is at the basis of an inclusive society. Non-disabled as well as disabled children would equally benefit from being in the same educational environment. At the same time the fight against discrimination and prejudice can only be won by integration, and by educating children to the respect of human rights from their youngest age. Most of disabled children can take part in mainstream education if they are provided the necessary support.

Despite increased efforts from member States in the last years, only 59 % of disabled children are in ordinary schools. Over 60% of the respondents found that access to mainstream schools was inadequate. There is furthermore increasing evidence that in some countries disabled people are excluded from any kind of education. Moreover the ECHP data highlight a high percentage rate of dropouts. Because of the failure of the education systems to integrate them fully into schools, disabled children are

excluded later in life from employment opportunities, and as a consequence to a decent earning, and face greater difficulties to participate in society.

#### Proposals for action:

Exclusion of disabled children from mainstream education is a form of discrimination; non-discrimination legislation should therefore include education among its areas of application.

The achievement of an inclusive education implies the provision of the educational, technical, and personal support needed for each individual case, in order for disabled children to be equally participating to school academic and extracurricular activities than their non-disabled fellow pupils.

Member States must reform ordinary education systems in order to reduce substantially the dropout level. Measures to be adopted should include availability of funds for support teachers, or personal assistants, and training of teachers on disability integration. Moreover adapted teaching material must be developed and alternative media must be available. These measures should be accompanied by teaching methods allowing for an effective inclusion and exchange between disabled and non disabled students.

Where disabled children and their families prefer education in special schools, these must be made available, and provide as high quality of education as the ordinary system. Moreover the possibility to move to the mainstream system must always be available.

Because of the crucial nature of education and the high level of exclusion faced by disabled people, we believe that the social exclusion strategy, within its objectives to prevent risks of social exclusion should include a specific reference to disabled children. Moreover member states should be asked to include targets on access to education in their National Action Plans for 2003-2005.

## **6.3 Employment**

#### Conclusions:

Disabled people are at a high risk of being unemployed or inactive. This is highlighted by both our study, and by the European data (EHP). Moreover a high proportion of disabled workers belong to the low paid jobs category. Participation in employment is crucial not only for acquiring a decent income, but is also about active participation in society. Therefore the high percentage (42%) of inactive disabled people is a striking example of social exclusion. This shows that current policies are ineffective in order to raise employment levels of people with disabilities. Furthermore among the causes of unemployment the lack of adequate training and education, together with the prejudice of employers, and lack of adaptation of the workplace were considered among the main reasons for unemployment. Also the even

more limited level of participation of disabled women in the labour market (25% for women with a severe disability, and 44% of women with a moderate disability) has to be tackled. A comprehensive policy approach is therefore needed in order to remove obstacles for disabled women and men to enter or re-enter the labour market. Moreover measures must also take into account the situation of parents and mostly mothers of severely disabled children who often have to leave the labour market in order to care for them, because of the inadequacy of the care and support services.

#### Proposals for action:

A swift transposition in all EU member States of the framework directive on equal treatment in employment and occupation will be therefore crucial. The need to provide reasonable accommodation to disabled trainees, candidates for employment, and workers will be a great contribution in the removal of barriers to the labour market. Accommodation measures are not only physical, but may mean the provision of personal assistance or tutoring.

At the same time a wide array of positive measures encouraging employment and training are necessary. The EU member States should make full use of the existing EU instruments, such as the European Social Fund, in order to boost disabled people's employment opportunities. Projects in partnership with employers and trade unions should be developed, in order to provide for effective integration at the workplace. A multifaceted and integrated approach is necessary, taking into account the diversity of the disabled population, as well as their social situation.

The quality of work for disabled people is a critical issue. We welcome the decision of the European Union to develop indicators in the area of quality, and in particular to analyse the pay gaps between non-disabled and disabled workers. There is moreover evidence that disabled workers are discriminated in access to promotion and further training. The situation of people who become disabled during their work career also needs to be considered. Policies must be put in place in order to favour job retention and re-integration of disabled persons at the work place. Once again positive measures, such as tax incentives or the promotion of companies employing disabled persons in public tenders, and in order to favour the adaptation of the workplace are essential.

Member States should also analyse and remove barriers to employment in their social protection systems<sup>18</sup>. Measures must be put in place in order to eliminate benefit traps and activate people on benefit. These must encourage employment and participation, while ensuring the necessary security, especially for disabled people unable to earn a full income. Moreover compensation for disabled people extra costs needed to support them in their activities and mobility should be maintained when in employment.

Measures facilitating reconciliation between professional and family life must be developed in order to support mothers and fathers of children with disabilities. The possibility to take a parental leave should be extended in order to cover all disabled children and other family members with a disability. Furthermore the Social Partners

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<sup>18</sup> This issue has been addressed during the European Conference on Employment and Disability organized by the Belgian Presidency in December 2001.

should include in their plan of action the development of a common EU framework agreement on carers.

There should be greater coordination between the European Employment and the Social inclusion strategy in the field of employment. In particular the current guideline on the fight against social exclusion, and non-discrimination, under the employability pillar, should be mainstreamed across all pillars and guidelines. Moreover specific targets should be set for the education, training, and employment of disabled people.

## **6.4 Access to health and social services**

### Conclusions:

In the area of health, and social services, barriers to information, attitudinal and communication barriers, and subtle forms of discrimination are most of the times the most critical ones.

There is often a lack of awareness of the specific needs of disabled people, which can vary considerably according to the type of impairment or severity of disability.

Often individual needs are disregarded because of prejudice. For instance medical staff prefers to address themselves to parents rather than to establish a direct contact with the disabled person, preventing him or herself to state his/her needs.

### Proposals for action:

Measures for disability awareness training in hospitals, to social assistants, and in vocational training centres, to be carried out in cooperation with disabled persons themselves, should be developed in order to overcome these barriers.

At the same time disabled people should be involved in the design and assessment of these services, along with other users.

Special training should be provided to staff in employment and vocational training centres, responsible for information, guidance, and training to the specific needs and abilities of disabled persons. Moreover the direct involvement of disabled persons in the management and running of these centres should be considered.

## **6.5 Public Administration**

### Conclusions:

The access to public administration, and therefore the possibility to exert their citizenship's rights is often denied to people with disabilities. Barriers to information prevent them to equally participate in society. Disabled people are often confronted to barriers relating to communication, negative attitudes, and to the architecture of public premises.

The lack of access to public administration is a matter of social exclusion, as well as of discrimination.

Proposals for action:

The European Union should adopt a non-discrimination legislation covering access to public administration, as well as to services of public interest.

The directive should include the obligation to provide minimum accessibility requirements, such as the provision of alternate media in written and oral communication (Braille, large print, easy-to-read information, sign language, etc.), and the conformity of all public web sites with the Web Accessibility Initiative Guidelines. The legislation should also ensure physical accessibility to all public premises.

## **6.6 Social Environment**

Conclusions:

Disabled people are de facto excluded from most of the leisure cultural activities, and social activities, such as everyday meeting places like restaurants and shops because of discrimination, lack of accessibility of the built environment, and barriers to information. They also face considerable financial barriers in access to housing.

Proposals for actions:

While a great impulsion to a change in attitudes can come from the educational environment, awareness campaigns to the general public are equally important. The European Year of People with Disabilities constitutes in this respect a unique opportunity. Member States should support ambitious awareness and media campaigns in order to favour this change.

The European Union and Member States should adopt legislation to combat discrimination on the ground of disability in access to the social environment, to goods and services.

Interesting projects have also been developed in the United Kingdom, which has a non-discrimination legislation covering also access to goods and services, on disability awareness in customer services.

Member States should introduce design for all standards for the construction of new commercial and private buildings, establish clear public procurement rules on accessibility of buildings, and services, and foresee additional support measures such as tax reduction and subsidies for the adaptation of existing buildings or houses.

Design for all courses should be included in the engineers' and architects' curriculum.

Moreover a design for all environment, taking into account a majority of needs, can only be achieved through the consultation of users themselves.

## **6.7 Transport**

### Conclusions:

The lack of accessible transport is often a significant obstacle in looking and finding for a job, and for establishing relations with the environment. Disabled people being denied the access to transportation are being discriminated in respect to non-disabled citizens. There is currently a great lack of accessible transport means in the European Union. The greatest barriers are in access to local transport. Furthermore the situation is even more difficult in rural areas.

### Proposals for action:

Legislation in this area is fundamental, also in the framework of the privatisation of the sector, in order to ensure access to disabled people and to all persons with reduced mobility.

The European Union should introduce legislation on the basis of article 13, providing for an obligation for transport enterprises and public authorities to purchase only accessible transportation, and to adapt within a set period existing vehicles. Particular attention should be paid to transport in rural areas.

Moreover a VAT reduction facility should be put in place for companies providing public transport (taxis, etc) purchasing new vehicles or making accessible existing ones.

Measures aiming at the accessibility of transport must be conducted in parallel with the adaptation of the built environment, in order to ensure an effective access. Furthermore these measures must take into account the diversity of disability.

## **6.8 Information Society**

### Conclusions:

Disabled people are confronted to significant barriers in access to information and communication tools and services. Blind, deaf persons and people with a learning disability are particularly vulnerable. The cost of adaptation of the equipment is also considerably high, and rarely covered by social security or tax incentives.

In particular e-commerce is particularly inaccessible to disabled people, who would highly benefit from possibilities related to distant selling. The development of e-inclusion measures is also fundamental to allow for an effective integration of disabled people into the labour market, and in society as a whole.

### Proposals for action:

Measures must be put in place in order to promote the accessibility of Information and communication products and services. In this respect we believe that the definition of common accessibility standards, and public procurement rules will be essential in order to promote design for all products and services for all. The adoption of guidelines on the accessibility of public web sites is also to be welcomed, however also private companies should be encouraged to adopt them. Furthermore all e-government products and services (for instance terminals providing public information) should fall into this obligation. Design for all of public web sites should also mean an easy to read structure and content.

Whenever direct access is not possible, and additional equipment is needed, its purchase should be subsidized in order to grant equal opportunities for disabled persons compared to the rest of the population.

The training and education of current and prospective ICT designers to design for all and accessibility rules is essential, also to improve future technology. Finally users must be involved in product development and assessment.

## **6.9 Availability of services**

### Conclusions:

There is a great need of services contributing a more independent and participatory life for disabled people, such as independent living, supported/sheltered housing personal assistance, assistive technology centers. A majority considers most of the services inadequate.

Moreover the situation has also a great impact on parents (mostly mothers) of disabled persons with complex dependency needs, who must then compensate for this lack to the detriment of their work, income and pension rights, but also of their own involvement in the community and social environment.

### Proposals for action:

Member States must promote the development of services that contribute to a more independent life for disabled persons. They should develop independent living centers, as well as the possibility to benefit from personal assistants, currently only available in a limited number of countries. Moreover disabled people should be able to choose their own assistants through a direct payment allowance. In addition research in this field has also highlighted the cost effectiveness of independent living compared to a more institutionalized approach.

In addition disabled users, and their representative organizations must be involved in the definition and evaluation of services.

## **6.10 General Conclusions**

The results of our research clearly support previous evidence that disability is one of the factors leading to social exclusion.

The report highlights the multidimensional nature of poverty and social exclusion affecting disabled people in the areas of income, employment, education, goods and services, and in the social environment. In order to fight social exclusion, it is necessary to design measures tackling all the aspects involved.

Responses from organizations participating in the survey have highlighted that the main factors of exclusion for disabled people are linked to unemployment and barriers to the social environment, stigmatization, lack or limited access to goods and services, inadequate education and training, followed by the lack of economic policies to compensate for the extra cost of disability, the structure of the benefit system, and finally living in an institution.

There is a clear link between social exclusion and discrimination. Discrimination and violation of human rights lead to social exclusion and poverty. Every citizen of the European Union has a right to a decent income, education and training, employment, housing, healthcare, a social and cultural life. Depriving a person from those rights leads to isolation, and poverty. Furthermore, it is necessary to fight discrimination faced by disabled people and their families in their daily lives, in order to tackle social exclusion.

Member States and the European Union must complement social inclusion policies with legislation fighting discrimination on the ground of disability, in order to overcome barriers and prevent social exclusion in transport, access to goods and services, education, and in the communication environment. The experience of countries with a well established and binding non-discrimination legislation is that it has led to a greater integration of disabled people in society.

In designing policies the European Union and Member States must envisage disability in its diversity. Disabled people are faced with different barriers in their daily life according to their impairment. There is for example a clear correlation between the severity of the impairment and the level of exclusion and poverty faced by a disabled person.

There is a need for further information on the situation of disabled persons, and their level of participation in society. A reference to disability must be included in the list of indicators to be adopted to evaluate social inclusion policies. Moreover data collected must include a breakdown relating to participation of disabled persons.

Also statistics and data at EU and National level should provide further insight on the situation of disabled women, as regards social participation in all areas of life

(education, employment, social environment). The future EU labour force surveys should also include questions on the situation of mothers of disabled children. Furthermore further legislation on gender discrimination should include reference to double and multiple discrimination faced by women with disabilities.

It is also fundamental to involve disabled people themselves through their representative organisations in the design and evaluation of policies and measures in order to achieve a real impact.

Finally, the European Year of People with Disabilities in 2003 will constitute a major opportunity to raise awareness of disability, and fight the negative attitudes and prejudice.

## APPENDIX I

### 1. ORGANISATIONS INVOLVED IN THE PROJECT

ORGANISATIONS	PARTICIPANTS
National Confederation of Disabled People in Greece (leading organisation)	Yannis Vardakastanis / Anthy Chatzipetrou
European Blind Union	Rui Goncalves / Rodolfo Cattani
Inclusion Europe	Geert Freyhoff/ Yoka Wijker
Mental Health Europe – European Network of (ex) Users and Survivors of Psychiatry	Josée Van Remoortel
Consejo Espanol de Representantes de Minusvalidos (CERMI-Spain)	Pilar Villarino/ Luis Cayo Perez
Conseil Français des personnes Handicapées pour les questions Européennes (CFHE-France)	Bruno Gaurier / Arnaud de Broca / Henri Faivre
Handikappförbundens Samarbetsorgan (HSO-Sweden)	Ingemar Färm
Vammaisfoorumiry (Finland)	Pirkko Mahlamaki
European Disability Forum	Stefan Trömel Carlotta Besozzi

## APPENDIX II

### 1. THE DESIGN OF A QUESTIONNAIRE

The University of Athens team initially designed a questionnaire, which was presented and discussed in several meetings with the project partners and EDF. Problems related to definitions of disability, organization and structure of services, and policy prioritisation were discussed at some length. Several modifications took place until the final version of the questionnaire was achieved.

The Steering committee of the project decided that the following topics should be considered as top priorities to collect policy relevant information:

- Identity of the Organisation and Spectrum of Services
- Minimum Income and Disability Benefits
- Education and Employment
- Access to Goods and Services
- Infrastructure of Services
- Measures to Fight Social Exclusion and Poverty

In total the questionnaire included 66 questions. In order to avoid misconceptions and statistical biases in the collection of data, translations and cultural adaptations of the questionnaire were undertaken by the members of the Steering committee.

### 2. DISSEMINATION OF THE QUESTIONNAIRE

The project partners undertook, in cooperation with EDF, the responsibility to distribute the questionnaire to Disabled Organizations in each country.

The overall difficulty in constructing a “representative sample” was discussed thoroughly by our research group.

Project partners undertook the responsibility of translating and adapting the questionnaire to the national needs by maintaining the same format and the same conceptual structure. In some countries a day seminar was organized, in which representatives of organizations of people with disabilities were invited. During the seminar the objectives of the study, the concepts, the structure of the questionnaire and the overall methodology was presented. The participants were asked to consider each question separately and provide the best possible answer according to their experience. Emphasis was given not to subjective views but to an overall assessment of the situation as they experienced in their country.

During the first stage of the investigation as many as **148 questionnaires** were selected from a large spectrum of EU and non EU countries: Austria, Sweden, Finland, Denmark, Germany, U.K., Belgium, Greece, France, Spain, Portugal, Italy, Poland, Turkey, and Estonia. A statistical database was created including responses from National Councils, National and Regional NGOs organisations.

The recorded answers to the questionnaires represent, as much as possible, *the collective views and assessment of* the current situation, as it is perceived by the

respondents in each country. For example, in France 44 questionnaires were completed, including information from several groups of experts and representatives from NGOs. In each group the average number of participants was around 23 persons. A national coverage of all French NGOs was achieved in the study. In Finland 4 questionnaires were received which reflected the views of a group of 30 organizations. Similarly, in Spain 26 organizations participated in the completion of the questionnaire. The response rate varied among the member states contributing to some over-representation of some countries and under-representation of others.

For the purpose then, of the present analysis it was decided that seven EU countries should be considered, because they ensured full comparability of their responses at a national level. Hence a sub-file of data was created using only the questionnaires coming from National organisations of disabled people. The participant countries in the study are the following: Austria, Finland, Sweden, France, Spain, Greece, and Italy.

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