

# ABRIDGED EVALUATION REPORT



Implementation of the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society:  
Improving the quality of life of people with disabilities in Europe 2006-2015

*Recommendation CM/Rec(2006)5  
of the Committee of Ministers to member states*

COUNCIL OF EUROPE



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# Introduction

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The adoption by the Committee of Ministers of Recommendation Rec(2006)5 to member states on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015, the Council of Europe Disability Action Plan 2006-2015, launched and contributed to a broad debate on societal developments, demographic changes and a new understanding of disability in Europe.

The governments of the Council of Europe member states recognised the need to introduce a common political roadmap that would define the ways and means of making equality, full participation and inclusion for persons with disabilities a reality in the European continent. The agreed Disability Action Plan<sup>1</sup> recognised progress, consolidated previous advances, took account of the barriers faced by persons with disabilities and suggested practical measures to remove those barriers.

Soon after the adoption of the Council of Europe Disability Action Plan (DAP) in April 2006, the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) was adopted (December 2006), and entered into force (May 2008).

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1. <https://wcd.coe.int/ViewDoc.jsp?id=986865>

To date, 41 Council of Europe member states have ratified the UN Convention (see Appendix).

Both the UN Convention and the Council of Europe Action Plan were unanimous in their approach to promote a human rights-based social model of disability as opposed to the old medical model. Persons with disabilities as fully-fledged citizens is the underlying principle of this approach which is best summarised by the principles shared by both texts: independence, freedom of choice, full participation, equality and human dignity.

Ten years after the paradigm shift in the disability sphere, the Council of Europe carried out an evaluation of the implementation of the Disability Action Plan in all 47 member states. The evaluation process built on and benefited from the wide knowledge, experience and expertise of disability rights by various stakeholders: national experts from public administrations and academia, civil society organisations working with and for disabled persons, disabled persons themselves as well as service providers.

The evaluation comprises an analysis of treaty developments, national legislation, policies, action plans, as well as specific and targeted action at both national level and European level in the area of protecting and promoting human rights of persons with disabilities. This information is summarised in the annotated diagrams which are available on the Rights of Persons with Disabilities<sup>2</sup> website of the Council of Europe in order to provide as much readily comprehensible information as possible.

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2. [http://www.coe.int/t/dg3/disability/default\\_en.asp](http://www.coe.int/t/dg3/disability/default_en.asp)

## **STRUCTURE OF THE REPORT**

The Evaluation Report follows the Plan's 15 action lines and outlines their AIMS, depicts the positive influence of the Plan under IMPACTS, and highlights the shortcomings in its implementation under CHALLENGES.

The IMPACT section is supplemented by a selection of good practices in the member states which provide guidance and know-how on how to implement the provisions of legal instruments into practice. The selection criteria for good practices takes into account geographical representation, initiatives with the highest inclusion potential and geared towards different types of disabilities.

The CHALLENGES section is followed by an overview of particular concerns and areas that need further work.

The CROSS-CUTTING ASPECTS pay particular attention to the situation of persons with disabilities facing multiple-discrimination.

The Report concludes with GENERAL RECOMMENDATIONS, which are applicable across the board and which should be considered and incorporated into future work of the Council of Europe in the area of rights of persons with disabilities.

### **AIMS**

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The aspiration to ensure equal opportunities for persons with disabilities in all areas of life, taking into account the interdependency of those, as well as the indivisibility of human rights.



## **IMPACT**

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The member states' interpretation and translation of the Plan's recommendations into national policies differs depending on the cultural, economic and demographic features.

## **GOOD PRACTICES**

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The diversity and quality of solutions developed proves the availability of capacities and creativity in member states to find solutions to various challenges. While being costly is not among the common distinctive features of most of the examples, their inclusive potential is apparent.

At the same time, some of the examples are unique and applied locally or regionally. Their replication in other regions or even countries should be considered in order to take full advantage of these promising initiatives.

It is also important to ensure that the good initiatives and practices are not undermined by outer barriers. For instance, it would not be possible to reach the full capacity of a very accessible and inclusive school if there is no accessible transport available.

## **CHALLENGES**

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Combating discrimination and bringing down barriers to ensure the protection of human rights of persons with disabilities in line with the international and European standards is a long process which demands political will and commitment, resources and sustainable long term strategies as an inherent part of good governance.

Ten years after the adoption of the Council of Europe Disability Action Plan and the following entry into force of the UN CRPD in 2008, the paradigm shift in disability and change of the mind-sets is well underway. While barriers and inequalities are still part of our societies, there has been progress in particular with regard to an increasing number of member states committing to and abiding by international standards, enhancing dialogue among relevant stakeholders, and increasing exchange, synergies and co-operation towards ensuring full respect of human rights of persons with disabilities.

The challenges described in the report show that along with the legislative, physical and other types of barriers, stereotypes and psychological barriers are still deeply-rooted in our societies. The evaluation report provides an opportunity for the Organisation and its member states to define the priorities for further action, based on the results achieved, experience and lessons to ensure effective implementation of both national and international standards, and ultimately remove barriers and discrimination that prevent persons with disabilities from full enjoyment of their human rights.



# Executive summary

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The evaluation of the implementation of the Council of Europe Disability Action Plan highlights achievements over the ten-year period in particular with regard to legislation, service delivery, the physical environment and attitudes towards persons with disabilities.

It also underlines that barriers to participation and discrimination persist and there are significant challenges ahead to ensure compliance with international standards to combat discrimination and achieve full respect of human rights of persons with disabilities. The disparity between the standards and practice, referred to as the implementation gap, needs to be addressed as a matter of priority. There are still large residential institutions operating in Europe, and children and young people who receive education in segregated schools, or do not receive education or vocational training at all throughout their whole life because of their disability. Some persons with disabilities cannot work or meet other persons because of the physical inaccessibility of the environment in which they live. Others have no access to political or civil rights, and cannot even make decisions on very personal matters or carry out many other “simple” tasks that most Europeans take for granted.

Such challenges cannot be eliminated overnight. They call for the continued commitment of governments, the full involvement of organisations of and for persons with disabilities, and other relevant stakeholders, sharing of know-how and exchanging of promising practices to ensure that Europe becomes a democratic, welcoming home for all, and upholds its values of democracy, respect for human rights and diversity.

# Action line No. 1: Participation in political and public life

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## AIM

To create an environment where persons with disabilities are encouraged and are enabled to participate in politics at local, regional, national and international levels.

## IMPACT

- ▶ In most member states practical measures have been introduced to secure to the right to vote by providing electoral information in accessible formats (Braille, large characters, easy to read format), improving the accessibility of polling stations and booths, and the possibility of confidential personal assistance, etc.
- ▶ Encouraging and empowering measures outside electoral events have been introduced in some member states, e.g. civic education for political life is provided for young people with disabilities.
- ▶ At all political levels in member states (national, regional, local) persons with disabilities are consulted and take part in various stages of political and public life (planning, implementation, monitoring and evaluation).

- ▶ Certain member states have begun overhauling their legal system with regard to the legal capacity of persons with intellectual and psychosocial disabilities and their electoral legislation in order to lift the restrictions on the right to vote or to stand for elections.

## GOOD PRACTICES

The new Act on the Electoral Roll (2012) enabled all persons, regardless of their legal capacity status, to exercise their voting rights (both active and passive), and also made voting procedures for persons living in social welfare homes much easier. In the 2013 elections for the European Parliament more than 16,000 people fully deprived of their legal capacity had the opportunity to participate. The Ministry of Social Policy and Youth, together with the State Electoral Commission and other stakeholders (social welfare homes, Ombudsman for Persons with Disabilities, NGOs) undertook awareness-raising activities, providing support in electoral procedures. **(Croatia)**

Ireland has long been committed to the 'Nothing about us without us' philosophy and has engaged in consultation with disabled people's organisations (DPOs) in legislative and policy development for many years. Since its inception, the framework for the National Disability Strategy (NDS, launched in 2004) has included representatives of the sector in the development and monitoring of resulting strategies and action plans. Representatives of disability organisations and individuals bringing their own experience of disability are members of Ireland's overarching monitoring group for the

NDS which is chaired by the Minister for New Communities, Culture and Equality and also comprises high level officials from all relevant Government departments. **(Ireland)**

In the 2010 parliamentary elections the Central Electoral Commission (CEC) tested for the first time direct and secret voting for persons with visual disabilities by providing them with special stencilled template envelopes, bearing the names of the candidates, with a designated space for the ballot paper to be marked. Training seminars have been organised and a campaign to inform voters with visual disabilities has been run, comprising specially drafted leaflets, information posters, use of “hotline” radio programmes, video/audio commercials, blogs, web portals, etc. New provisions have been introduced to ensure that polling stations offer facilitated access for the elderly and persons with disabilities. **(Republic of Moldova)**

## CHALLENGES

- ▶ Failure to ensure accessibility in all aspects of political and public life, including premises, services, procedures, information and communication, etc.
- ▶ Barriers to stand for elections and be elected.
- ▶ Prejudice towards persons with intellectual and psychosocial disabilities.

The accessibility of polling stations, voting procedures and electoral information is not always sufficient, and this can leave persons with disabilities excluded from political processes undermining the very core of democracy. Improvements in just one area are unable to lead to real



change because of the very strong links between all the aspects involved. Accordingly, a whole range of measures must be implemented jointly in order to ensure the conditions for equal access to political and public life.

Persons with disabilities are still too widely considered incapable of contributing to political and public life both as voters and as candidates and elected representatives. Persons with psychosocial and intellectual disabilities are stigmatised and not seen as capable of contributing to society's political and public life as voters, standing as candidates and being elected.

Restrictions in legal capacity are applied in many member states, depriving some persons with disabilities of the opportunity to make decisions and express their will, which is contrary to the principles of full participation and equality. Such practices have to be reviewed.

# Action line No. 2: Participation in cultural life

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## AIM

To ensure that persons with disabilities can participate in cultural, tourism, sports and leisure activities on an equal basis with others.

## IMPACT

- ▶ Progress in enabling access and creating a disability-friendly and welcoming environment in cultural, sport and leisure sites and facilities.
- ▶ Continuous improvement and enhancement of access to cultural materials, goods and services.
- ▶ Promotion of the participation of persons with disabilities in cultural, sport and leisure activities in all member states.

## GOOD PRACTICES

Audio books in different genres are produced on an annual basis for education in schools and for the general public. The books are produced complying with the highest standards

in reading and pronunciation, and the selection of literature is made in consultation with the National Association of the Visually Impaired and the state school for children and young people with visual impairments. 40 new titles were podcasted in September 2014 on Macedonian Radio (Radio Skopje) for the needs of the visually impaired. These 40 new titles have brought the total of titles produced in the last six months to 80, further increasing the stock of audio books, including works by Macedonian and foreign authors for children and young people, short stories, novels, poetry, songs, stories etc. In the coming months, 60 more books will be recorded, and a public contract to record another 200 books is in preparation. All titles will be available at the National Library St. Kliment Ohridski in Skopje. (**“The former Yugoslav Republic of Macedonia”**)

Accessibility for visitors with disabilities is a priority for the Louvre museum in Paris. For years now the Louvre has been providing ad hoc staff training, and specific services, cultural provision, visitor assistance and dedicated areas are designed for all visitors, whatever their disabilities. The tactile gallery, for example, which is the only place in the museum where it is possible to touch the exhibits, offers the experience of tactual perception to visually impaired and partially-sighted visitors, and to anybody else who is interested. Persons with disabilities and their companions have priority access to the museum without having to queue and have free admission to the permanent collections and temporary exhibitions. Wheelchairs, guide dogs and capped walking sticks are allowed in the museum. (**France**)

Since 2005 the project run by the Spanish Centre for Subtitling and Audio Description (CESyA) has been providing, defining, developing and promoting accessibility in the media and cultural life in Spain through subtitling and audio description. CESyA has been working closely with associations of persons with disabilities, broadcasters, artists and developers, the government, and other relevant stakeholders to ensure accessibility to cinemas, theatres and museums and to foster training, research and social awareness in this respect. The new website “culturaaccesible.es” provides information for the general public to facilitate the participation of persons with disabilities in cultural life. **(Spain)**

## CHALLENGES

- ▶ Insufficient or no accessibility to museums, theatres, objects of culture, tourist sites, places and activities of cultural value, to related information and transport, etc.
- ▶ Strict intellectual property rights resulting in hindrances to the production of accessible formats of artistic and cultural goods (films, books, etc.).
- ▶ Lack of participation in mainstream cultural, sports, tourism and leisure activities, as well as inadequate conditions of specific cultural, artistic, intellectual, sports and similar activities.
- ▶ Financial burden on persons using personal assistants.

Thriving cultural life in its widest sense is essential for a sound society. This includes culture, sports, and tourism and leisure activities. Appropriate conditions have to be established so that persons with disabilities can enjoy and create art, take

part in sports, be spectators and actors, travel and live life to the full.

Sometimes policies and regulations on the protection of intellectual property conflict with the goal of providing access to literature, films and other cultural objects.

Ensuring equal opportunities in terms of costs for persons using personal assistants remains an unresolved issue.

# Action line No. 3: Information and communication

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## AIM

To enhance the participation of persons with disabilities in society through accessible information and communication, taking advantage of technological advances.

## IMPACT

- ▶ Improved opportunities to participate in all aspects of life for persons with disabilities through accessible information and communication technologies and use of alternative formats of information.
- ▶ Efforts to create “easy to read and understand” versions in most member states.
- ▶ Recognition and promotion of sign languages in most member states.

## GOOD PRACTICES

Luxembourg encourages the provision of information in accessible formats so that persons with disabilities can find things out for themselves and communicate their needs

without always having to rely on third parties. The Klaro Centre for Plain Language was set up in April 2012. As well as its co-ordinating role, the centre provides guidance and support for persons with communication difficulties and runs courses on “easy communication and plain language” for government departments and public and private institutions. **(Luxembourg)**

According to the 19 August 2011 Act on sign language and other means of communication, public administration bodies, including employment agencies, as well as units of the State Medical Emergency system, health-care units, police units, and fire services are obliged to provide facilitated communication for persons with permanent or temporary communication difficulties. Such persons may use their preferred form of communication and benefit from the services of the sign language interpreter or may call on an interpreter and guide of their own choice. **(Poland)**

The Equal Opportunities for Persons with Disabilities Act, passed by the National Assembly in 2010, established a relay centre for persons with a hearing impairment. Technical solutions were chosen from the available means of communication used by the hearing-impaired, while the guiding principle was to facilitate the use of the relay centre by means of communication tools with which the users are familiar and which do not require any additional adjustments. Users can communicate with the centre in all available ways (text messages, video-calls, chat, etc.). The relay centre is open 24/7 and employs interpreters of the Slovenian sign language, free of charge. **(Slovenia)**

## CHALLENGES

- ▶ High cost of specialist technologies.
- ▶ Insufficient access to information in a wide range of alternative formats.
- ▶ Absence of accessibility requirements for public and private websites.
- ▶ High risk of violence and abuse against persons with disabilities on the Internet.

Despite the significant progress in the ICT sphere, insufficient attention has been focused on the way in which these new technologies take account of disability aspects and make it possible for everyone to take full advantage of their capabilities.

Further improvements need to be made with regard to the accessibility of national and international public websites, and even more so in the case of private websites, to ensure that persons with disabilities are not prevented from receiving and exchanging information and services through the world's most extensive and practical source.

Persons with disabilities may find that they have to bear additional expenses to benefit from the new technologies available to the general public and specialised solutions for persons with disabilities are often offered at a high cost.



# Action line No. 4: Education

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## AIM

To promote inclusive education, including lifelong learning, and enable mainstream education systems to cater for pupils, students and trainees with disabilities, creating an environment for the fullest possible development of their personal potential.

## IMPACT

- ▶ The principle of inclusive education is being promoted in member states in line with the human rights-based approach; it is well-defined in most national educational legal frameworks.
- ▶ New mechanisms have been developed to support and implement the inclusive education objectives in the general compulsory education systems.
- ▶ There is increased involvement and commitment of central and local governments, persons with disabilities, families, parents, representative organisations and civil society as a whole.

## GOOD PRACTICES

To achieve total integration<sup>3</sup> as early as possible, in 2014, the Ministry of Health and Welfare began a new project, entitled “Impuls Bressol”, to ensure the mainstreaming of children with special needs in nursery schools. Different professionals provide care for these children and following this, they spend the rest of the day in a regular class. **(Andorra)**

Belgium’s Communities and Regions are making every effort to ensure that all children with special needs, including those whose functioning is severely or totally impaired, receive an education, and to facilitate their integration into mainstream schools. Provision has also been made for lifelong learning.

In the French Community, the number of pupils involved in school integration projects rose from 523 in 2009 to over 2,000 in 2014. In Flanders, from 2000 to 2010 the number of pupils in integrated education rose from 1,522 to 10,503. Not only has integration given children with special needs a wider choice of schools, it has also given providers of mainstream education greater responsibility (for special training, reasonable accommodation, personalised approaches, etc.) and helped steer the country towards more inclusive teaching. “Transition-insertion” and “Ecole-Vie active” (16/25 year-olds) are special schemes involving teaching professionals, educational guidance centres and the authorities. **(Belgium)**

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3. The Council of Europe gives preference to the term *inclusion* that is tending to replace the term *integration*, better reflecting the human rights-based approach to disability; however, not in all member states a clear distinction between the two is made.

In Sweden only 1.5% of school-aged children are taught outside the mainstream school systems and only further to a decision made together with the child's family. The new Education Act, which entered into force in 2011, introduced the right to appeal against decisions on special support before the Board of Appeal, and extends existing safeguards. The responsibility for providing pre-school and school education lies mainly with the municipalities and private sector providers. The state controls the education system by means of the Education Act (2010:800), which regulates the various types of schools, and the national education authorities. The National Agency for Education is the administrative authority for the education system and has produced general guidelines on how to develop action programmes for pupils with disabilities. (Sweden)

## CHALLENGES

- ▶ There are still barriers and difficulties in achieving inclusive education at all stages of life (lifelong learning); segregated education continues to be found in most member states.
- ▶ Not enough effort is made to improve the infrastructure and make schools and other educational establishments more accessible using the Universal Design principle.
- ▶ Absence of inclusive universal education and a lack of personalised support and the application of the reasonable accommodation concept.
- ▶ Prejudice among parents, teachers, students and other stakeholders.

The concept of inclusive education was taken on board many years ago and was regarded as being the only real solution, but its introduction in practice leaves much to be desired. Most of the time children with disabilities study in special schools, without any interaction with their non-disabled peers. Children with disabilities are deprived of their basic rights to live in society, communicate, socialise, develop, obtain adequate education, vocational and occupational training, find their place in future life, on the labour market, become active members of society, and live a decent life on an equal basis with others. This hampers the entire inclusion process by inculcating the habit of segregated living for future generations and fails to make use of the advantages brought by diversity.

The usual excuse for not providing inclusive education systems is a lack of funds. However, ensuring this far-reaching basic human right is more a question of accurate planning and management, our perception of disability, the principle of equal treatment, consideration and an attentive attitude towards the real needs of persons with disabilities.

Myths and prejudices are common in the education environment, making parents, other family members, children themselves, teachers and other professionals reluctant about or even afraid of the co-education of children with and without disabilities.

Inclusive education should become a goal for all and in order to be more effective in achieving this goal it is absolutely essential to provide and share best experiences and appropriate positive information on inclusive education

among member states to dispel unfounded concerns and start reforming national educational systems. Children and teenagers, commensurate with their age, should be consulted and asked to speak about their experiences and feelings and be actively involved in development processes. At the same time, parents, teachers and the whole of society must become their ambassadors and associates.

While inclusive education has to start as early as possible given the dynamic societal developments that are taking place and in view of the highly competitive environment in which we live, lifelong learning programmes and schemes have to be inclusive and open to all persons with disabilities.

# Action line No. 5: Employment, vocational guidance and training

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## AIM

To promote employment on the open labour market whenever possible by means of anti-discrimination and positive actions and the availability of accessible and individualised vocational guidance and training services, focusing on a person's talents and aptitudes.

## IMPACT

- ▶ Explicit resolve in the great majority of states to increase the employment rate of persons with any form of disability.
- ▶ Improvement of workplace accessibility using the Universal Design and reasonable accommodation principles in some member states.
- ▶ Implementation of incentives for the employment of persons with disabilities in the private and public sectors in a large number of states.
- ▶ Gradual promotion of capacities and abilities of persons with disabilities particularly through better access to vocational guidance and training.

## GOOD PRACTICES

In the period from 2007 to 2013 in the Republika Srpska the Fund for Vocational Rehabilitation and Employment employed a total of 1,357 persons with disabilities. The right to a refund of contributions was exercised by 674 employers. By late 2014 it was planned to employ a further 79 persons with disabilities in the Republika Srpska, and to provide economic support to 121 persons with disabilities. **(Bosnia and Herzegovina)**

In 2011 the Council of Ministers adopted a long-term strategy for the employment of persons with disabilities (2011-2020), which is being implemented by means of national biennial action plans. The aim of the strategy is to ensure the conditions for the effective exercise of the right of free choice of employment for persons with disabilities who are of working age, and improvement of their quality of life. **(Bulgaria)**

The “Persons with partial work capacity at work” programme supports opportunities for persons with partial work capacity to continue working or to find employment. In the programme, the employment office or the employer appoints a work capacity co-ordinator to support the person with partial work capacity, planning tailored solutions. Use of work trials was shown to be crucial to find suitable work thanks to key facilitators supporting the employer and the community, training and counselling at work. **(Finland)**

## CHALLENGES

- ▶ Insufficient economic growth not conducive to the employment of persons with disabilities.
- ▶ Inequalities of treatment and continuing discrimination in employment (in terms of wages, promotion, mobility, etc.), particularly for women and young people with disabilities.
- ▶ Continuing risk of lasting exclusion and disincentives to seek employment and earn a living instead of receiving a replacement income.
- ▶ Insufficient training and mediation, preventing persons with disabilities from availing themselves of new opportunities to becoming employers or employees.

Employment as a key to financial independence and personal fulfilment is a fundamental factor for complete social inclusion, and every effort should be made to offer persons with disabilities employment prospects on the open labour market, without overlooking the potential of sheltered employment as an alternative or intermediate solution.

The level of qualifications of persons with disabilities may be a barrier to their recruitment; it is therefore imperative to recognise the need to develop their skills via courses or training. However, too many employers still tend to underestimate the capacity of persons with disabilities to hold a job, and this includes cases where they have the necessary qualifications.



Low economic growth compounds the existing inequalities with penalising factors that further restrict the possibilities for lasting employment.

In the event of loss of working capacity, the replacement income granted by the state social security schemes to persons with disabilities may aggravate their occupational exclusion and deter them from carrying out a job plan. Moreover, owing to the high cost for public funds, such income may restrict the capabilities for financing more active re-employment policies.

It would therefore be expedient to reassess and reorganise current practices (legal, economic, medical and social) to ensure that persons with disabilities are able to find the best possible form of lasting employment and be given a fair wage.

# Action line No. 6: The built environment

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## AIM

To ensure the physical accessibility of the built environment by means of the Universal Design principle and the reasonable accommodation concept, where necessary.

## IMPACT

- ▶ The awareness and improvement of accessibility of the built environment have been enhanced in most member states.
- ▶ Most member states have improved the provisions regarding accessibility in their national legislation and some have introduced the Universal Design principle into legislation.
- ▶ In some member states special attention is paid to such issues as the culturally-valuable built environment and emergency solutions for persons with disabilities in the built environment.

## GOOD PRACTICES

Since 2006, the different tiers of government in Belgium have introduced statutory measures under the anti-discrimination regulations to improve access for persons with reduced mobility, mainly in the fields of spatial development, town

planning, housing and heritage. Public-service social housing associations are providing a growing number of adapted, accessible or adaptable dwellings.

In addition, the public health and social welfare sectors cover some of the costs of improvements to private housing, pending the introduction of mandatory disability access standards for anyone applying for planning permission. **(Belgium)**

An accessibility map of the city for persons with reduced mobility is provided at various key points in the Principality of Monaco and in local disability organisations. This map indicates the accessibility level of roads area by area and outlines the routes most suitable for travel. This map is also updated annually and 1,000 copies are printed. The current version is its tenth edition. In this digital age, this map has also been uploaded onto the Government of Monaco's website and onto the website of Monaco's Directorate of Tourism and Congresses. **(Monaco)**

The Turkish Disability Act No. 5378/2005 imposed obligations on municipalities and relevant authorities to address shortcomings in the provision of accessibility for persons with disabilities. Within seven years of implementation of the Act, facilities and buildings belonging to public institutions including roads, pathways, pavements and public places had to be made accessible for persons with disabilities. To promote implementation, 15 information meetings in 81 provinces in all regions of Turkey were held and more than 3,000 people attended. In 2012 a one-year extension was granted to local authorities. **(Turkey)**

## CHALLENGES

- ▶ Lack of strict and clear public procurement regulations and different international funding mechanisms leading to insufficient use of them.
- ▶ Failure to apply the Universal Design principle, including an absence in the curriculum for architects, designers and other professionals of a module on the application of the Universal Design principle.

The entire urban infrastructure including public and private buildings and other facilities are too often inaccessible for persons with disabilities. It has to be acknowledged that even after multiple efforts taken at international, national, regional and local levels, a great deal still needs to be done to adapt old buildings and even newly constructed buildings do not always comply with accessibility standards.

This leads to difficulties for persons with disabilities in entering educational and cultural facilities, hospitals, courts and shops, and in some cases in leaving their own home. An accessible built environment is a prerequisite for the realisation of human rights in many different areas of life.

This could be overcome by the provision of appropriate training for professionals working on the built environment, bearing in mind that the application of the Universal Design principle at the planning stage could help avoid costly reworking later. User involvement is also a potential success factor that could greatly contribute to finding appropriate solutions.

# Action line No. 7: Transport

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## AIM

To ensure accessibility through Universal Design in the entire travel chain (A-B-A) in public transport, including signage, information, transport hubs, etc., to enable persons with disabilities to make use of different types of transport.

## IMPACT

- ▶ Better awareness of the importance of universally designed public transport systems and services.
- ▶ The legal framework concerning the accessibility of public transport has been improved in most member states.
- ▶ Specialised solutions for persons with disabilities have been introduced in some cases, e.g. reserved parking places, adapted private vehicles, assistance services, etc.

## GOOD PRACTICES

There have already been considerable improvements in recent years with regard to the mobility of persons with disabilities in Germany. Roughly 100 train stations belonging to German Railways are made accessible each year. The federal government will be campaigning for a further expansion of the railways and of local passenger transport to ensure

mobility. A major innovation for persons who are entitled to travel for free is that the restriction on rail travel of up to 50 km to and from an individual's registered address has been abolished. **(Germany)**

As of May 2012, buses and underground transport have been made accessible for persons with disabilities in The Netherlands. Making buses and underground transport accessible is the first step towards making all public transport accessible. This is defined in the Act on equal treatment of persons with disabilities. These rules are applicable for buses in urban and regional transport. The rules (on the accessibility of public transport) can also be applied to trams in cities such as Utrecht, Amsterdam, Rotterdam and The Hague. **(The Netherlands)**

Within the public transport sector, the Ministry of Transport and Communications has established a national contact forum for universal design with representatives from the user organisations and transport authorities. It provides input to issues of overarching principles and national interest. Furthermore, within the various transport agencies, there are established sectorial user forums for aviation, rail, and a common group for road and sea. The Delta Centre which is *The National Resource Centre for Participation and Accessibility* contributes in all groups. **(Norway)**

## CHALLENGES

- ▶ Insufficient level of accessible transport and unequal mobility opportunities for persons with disabilities, especially at regional and local levels.

- ▶ Lack of training, education and support of professionals.
- ▶ Lack of accessible transport-related information such as signage, displays and announcements.

Transport is a vital connecting link, the inaccessibility of which could negate efforts in many areas of life, including education, employment, culture, etc.

Despite the progress made in some communities, too many means of transport are inaccessible at both local and international level. Certain companies refuse to provide their services to persons with disabilities or require accompanying personal assistants to pay the full fare.

Many professionals, including bus drivers, flight attendants, etc. have not undergone any disability-awareness training and cannot perform their duties in a proper, welcoming and inclusive manner.

# Action line No. 8: Community living

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## AIM

To enable persons with disabilities to plan their life and live as independently as possible in their community by pursuing the deinstitutionalisation process, closing institutions and developing empowering community-based services.

## IMPACT

- ▶ In many member states there has been a noticeable and significant development of services, actions and strategies supporting and promoting independent and community living for persons with disabilities.
- ▶ There is growing recognition of the need for active involvement and consultation with the persons concerned and their families when drawing up and implementing programmes and policies on community living.
- ▶ New legislation and policies on personalised support for community living have been developed in some member states.
- ▶ Member states have been increasingly active in raising awareness of the right of persons with disabilities to live independently in society.



## GOOD PRACTICES

Following the adoption of the 2013 National Action Plan on Disability, the Ministry of Labour and Social Policies has been financing innovative projects in more than 170 local authorities (ambiti territoriali). Together with regions and DPOs, the projects seek to establish a national intervention model on independent living consistent with the UNCRPD, based on the full involvement of persons with disabilities and experimentation of new solutions such as social co-housing for persons with intellectual disabilities. **(Italy)**

In 2006 – 2007, the PHARE Programme “Supporting the reform on the protection of persons with disabilities” was the first major source of funding provided to improve the quality of life of adults with disabilities. The specific objectives of this scheme were restructuring/closing the public large-capacity residential institutions; enhancing the quality of life of persons in institutions and the diversification and development of alternative community services offered to persons with disabilities, with particular emphasis on promoting their employment and professional integration. All subsequent action is aimed at developing alternative services in the community, leading to full social inclusion. **(Romania)**

The Disability Insurance scheme grants an assistance allowance, intended to promote the independence and personal responsibility of persons with disabilities. The hourly rate is CHF 32.50 and this enables persons with disabilities to employ people providing them with the assistance they require themselves. It also gives them greater independence in managing their assistance needs, with the aim

of facilitating their social and professional integration. In addition, the assistance allowance can help provide respite care for family members taking care of the person with a disability, and avoid or delay the person having to move into a home. (Switzerland)

## CHALLENGES

- ▶ Inappropriate and poor quality short and long-term alternatives to institutional care and slow progress of the deinstitutionalisation process.
- ▶ Insufficient level of commitment to and mainstreaming of community living and independent living concepts.
- ▶ The needs of persons with disabilities are still not addressed sufficiently in a person-centred manner, depending on individual and family situations.
- ▶ Lack of frameworks and services providing opportunities for equal private life, including sexual life.

Full and participatory life in the community for persons with disabilities is still far from a reality in many member states. There continue to be a high number of large-scale institutions in operation, resulting in persistent ostracism and exclusion, and on occasion, almost inhuman living conditions. Unfortunately, some deinstitutionalisation initiatives have been put on hold or abandoned completely on account of financial constraints brought about by the crisis.

In some cases, specialised institutions have been replaced by inappropriate alternatives, which fail to respect the right to live independently in the community, and waste both time and resources, even though it has been shown that

independent and community-living initiatives, such as social co-housing or autonomous small groups, produce excellent results in practice. The shortage of affordable adapted housing is also a barrier to the move towards community-based service delivery.

Accordingly, measures promoting the right to independent living for persons with disabilities should be pursued in order to provide persons with disabilities and their families with the opportunity to freely choose their place of residence and with whom they wish to live, on an equal basis with others, in order to obviate any form of segregation or isolation.

National and local authorities in member states should continue their efforts to provide persons with disabilities with a wide range of appropriate in-home, residential and other community support services, including personal assistance, depending on their disability, in order to promote community and independent living, as well as the right to full inclusion in the community. Active consultation and involvement of organisations of and for persons with disabilities should be pursued for a mutual and profitable exchange of ideas and solutions.

# Action line No. 9: Health care

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## AIM

To secure equal access to general high-quality and person-centred health-care services as well as specialist health-care services for persons with disabilities.

## IMPACT

- ▶ Disability is being included as a component in national health policies and programmes.
- ▶ Member states have acknowledged the importance of and have promoted training for health-care professionals in disability screening, diagnosis, formal recognition and early intervention.
- ▶ Most member states pursue a person-centred approach to health and in particular increasingly ensure the availability of information on and implementation, monitoring and assessment of regulations on patients' rights.
- ▶ Most member states are no longer reluctant to open public and political debates on issues concerning the dignity of persons with disabilities and freedom of choice as regards care, contraception, euthanasia, etc.

## GOOD PRACTICES

The first trimester prenatal diagnosis system has been introduced in Sverdlovsk Region, making it possible to detect congenital malformations (Down syndrome in 70% of cases) and other chromosome abnormalities at an early stage. Neonatal screening of 16 hereditary diseases is provided, covering 99.9% of cases. For the purposes of disability prevention, women with confirmed congenital malformations of the foetus are offered medical care in the Regional Perinatal Centre, where new-born infants receive surgical treatment in the first hours of life. **(Russian Federation)**

Law No. 45 on the Protection of Persons with Mental Disabilities was passed in 2013, regulating basic principles, the organisation and implementation of mental health care, methods and procedures, the organisation and conditions of treatment and placement without consent of a person with a mental disability in residential and other health-care facilities. A person with a mental disability is entitled to protection and improvement of mental health by means of prevention, treatment, psychosocial rehabilitation in appropriate health-care and other institutions, as well as inclusion in the family, occupational and social environment, taking into account and respecting the choices made by such persons. **(Serbia)**

The International Rehabilitation Clinic for the treatment and rehabilitation of persons with infantile cerebral paralysis and other chronic diseases of the nervous system has already successfully rehabilitated nearly 40,000 patients from 60 countries all over the world, including Germany, Denmark, the Netherlands, Romania, the Russian Federation, the USA,

Kuwait and the UAE. 60% of such patients were Ukrainian children, one in four of whom was treated free of charge. (Ukraine)

## CHALLENGES

- ▶ The perception of disability exclusively from the perspective of the medical model in health care remains.
- ▶ Lack of specialist medical services, including primary and preventive services often connected with the absence of studies or surveys.
- ▶ Room for improvement of social and medical insurance mechanisms to cover the extensive costs of specialist treatment or long-term hospitalisation.

Mainstream healthcare systems are not always properly equipped to cater for persons with disabilities, in terms of physical accessibility and the awareness level of medical professionals.

In some cases, it may happen that due to limited co-ordination and links between health-care and social protection systems, and the lack of clear and comprehensive information, parents could be discouraged from keeping their child with disabilities in the natural living environment (family, school, community). The same causes could result in disincentives for persons with disabilities in other life situations.

Greater effort should be made to ensure that persons with disabilities take part to the greatest extent possible in the decision-making process regarding the medical care they

are given. Due attention should be paid to the choices and opinions of the persons concerned.

Persons with disabilities should be given the highest standard of health care, without discrimination.

# Action line No. 10: Rehabilitation

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## AIM

To ensure the provision of comprehensive, personalised and high-quality rehabilitation services as a tool for alleviating the effects of societal barriers and enabling persons with disabilities to attain their maximum potential and independence.

## IMPACT

- ▶ In most member states the legal frameworks on rehabilitation reflect the shift towards the social model of disability.
- ▶ The opinions, individual needs and aspirations of a person have increasingly become the basis of a rehabilitation plan or programme.
- ▶ The number and variety of support services providing persons with disabilities and their families with social and psychological support have increased.

## GOOD PRACTICES

A number of projects addressing the medical, professional and social rehabilitation of persons with disabilities are being implemented. Given that the Council of Europe Disability Action Plan encourages member states to use the ICF as a standardisation framework, the government of Armenia in



2014 approved the Concept Paper on the definition of disability based on ICF principles, which is now being implemented with the support of international organisations. The mechanisms by which disability is defined will help foster the rehabilitation opportunities and occupational activities of the person concerned, and ensure the delivery of appropriate social services geared to individual needs. **(Armenia)**

A holistic rehabilitation approach has been adopted offering support and guidance to persons with disabilities and their family members since their early age. The aim is to provide equal opportunities for inclusion and participation in society combining health care in fully equipped rehabilitation centres, social security provisions and employment incentives. It is achieved via increasing accessibility of services and opportunities for inclusive education and employment and creating a better environment in community, allowing equal participation of persons with disabilities without obstacles. **(Greece)**

The “Luca De Nigris Awakenings Home” in Bologna is a public neuro-rehabilitation facility promoting the “Coma to community” project for persons in comatose and vegetative states resulting from car accidents and other causes. The Home comprises a multidisciplinary team made up of professionals in the health-care, education, artistic and relational fields covering treatment, the educational approach, the use of theatre and music, the training of care-providers, the role of family members, and dealing with the long-term challenges when the person concerned returns home. **(Italy)**

## CHALLENGES

- ▶ Insufficient level of awareness and application of the social and human rights-based model of disability.
- ▶ Efforts to create a system of high quality and tailor-made rehabilitation services are not sufficient in many member states, especially with regard to rare types of impairments.
- ▶ In some member states not enough attention is paid to early intervention and rehabilitation based on the social model of disability.
- ▶ Poor provision of assistive technologies

Standardised rehabilitation services do not sufficiently take into consideration the individual abilities and aspirations of persons with disabilities. As a result, there is a failure to achieve the inclusion goals which could be ensured by person-centred and tailor-made approaches.

Holistic rehabilitation incorporating social and medical perspectives requires close co-ordination between stakeholders, involving health-care professionals, social workers, and the education, employment and cultural sectors, where appropriate.

The full use of early intervention techniques has to be carried out in close co-operation with the health sector. If appropriate and informed measures are taken at the earliest possible stage, the most ambitious outcomes could be achieved with a far-reaching positive effect resulting in enhanced independence and reduced support needs in future.

# Action line No. 11: Social protection

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## AIM

To guarantee an adequate level of social protection for persons with disabilities, while promoting policies which advance the shift from benefit dependency towards employment and independence.

## IMPACT

- ▶ The access of persons with disabilities to social protection either as employees or individuals under care has greatly improved.
- ▶ Protection provided in the event of illnesses or accidents has been harmonised and improved in most member states.
- ▶ In some member states, administrative mechanisms for disability recognition have been harmonised with international standards.
- ▶ The nature of social service delivery has been changed in some member states taking into account the social and human rights-based model of disability.

## GOOD PRACTICES

As from 2013, the Ministry of Labour, Welfare and Social Insurance implemented a new system for the assessment of Disability and Functioning based on the WHO International Classification of Functioning, Disability and Health (ICF). A citizen with a disability who requests social benefits or social services is referred to a Disability Assessment Centre where a multidisciplinary committee of doctors and health-care professionals assesses and certifies the type and extent of the disability and the needs to be supported in terms of social benefits, assistive technology, care and personal assistance, training and employment, and rehabilitation services. **(Cyprus)**

The “Eight Points” project aims to improve the living conditions of persons with autism spectrum disorders and their families through a professional approach focused on eight sub-goals. The project comprises a nation-wide network of specialists, an autism information system, a database of services and – to assist the development of service providers – has laid down quality standards and certification procedures. The quality standards have been introduced and tested in a number of different institutions. At the same time, training courses have been run for persons with autism and their families, and for professionals working in the field. The final outcome of the project was the establishment of the National Co-ordination Centre for Autism (OAKK). **(Hungary)**

In Sweden, persons with significant disabilities are entitled to a personal assistance budget (PAB). The National Social Insurance scheme provides a monthly sum that covers

100% of service costs, enabling individuals to purchase self-managed personal assistance services from public and private entities. The amount of the PAB is independent of the individual's or the family's finances. The PAB has created a demand-driven market for personal assistance where providers compete for customers on the basis of service quality. In 2013 approximately 19,500 people received a PAB and 98% considered personal assistance the most important factor for their quality of life. By 2014, 230 local authorities and over 800 private entities offered personal assistance services on a competitive basis. (Sweden)

## CHALLENGES

- ▶ Higher risk of unemployment and poverty compared with the general population.
- ▶ Lack of information on social protection rights, including services and benefits, related laws, policies and programmes.
- ▶ Insufficient guarantees of maintaining an adequate level of social protection.

Social protection should represent a minimum and reliable safety net, safeguarding persons with disabilities from additional risks resulting from the situation of disability itself and such aggravating factors as an unstable economic situation, the high competitiveness of the labour market and on-going discrimination. Social service delivery from the perspective of the human rights-based model of disability is a powerful tool for the empowerment of the persons concerned. The positive trend in reforming the social service systems with

a view to making them person-centred and individualised has to be continued.

At the same time, the focus should be placed on ensuring that persons could live as independent and self-sufficient life as possible and are not solely reliant on social protection. Consequently, while guaranteeing a decent standard of living and the prevention of poverty by addressing the issue of means-testing in the provision of social services, there must be ample incentives and opportunities for equal participation and self-fulfilment in the community.

# Action line No. 12: Legal protection

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## AIM

To ensure that all persons with disabilities are recognised in law, have equal access to justice and are provided with support to exercise their legal capacity, where necessary.

## IMPACT

- ▶ Most member states have made improvements to their general anti-discrimination and legal protection frameworks with particular attention to disability.
- ▶ The legal capacity issue is widely recognised as an area where significant progress should be made and a paradigm shift take place.
- ▶ Some member states have organised training for various members of the justice professions on the ways to address cases concerning persons with disabilities, particularly those with severe forms of disabilities or intellectual and psychosocial disabilities.

## GOOD PRACTICES

A pilot project entitled “Support for Self-determination” focusing on replacement of substituted decision-making with supported decision-making was initiated by the Austrian Ministry of Justice in 2013. It is being tested in 17 local

points in Austria and will end in 2015. The new element is the establishment of a clearing point, where professionals with specialist knowledge, such as psychologists and social workers, try to find an alternative solution by taking into account the whole social environment of the person affected. Their special task is firstly to find out why this process has been initiated, and by whom, and secondly to ascertain what could be done to improve the situation of the affected person without guardianship. **(Austria)**

In 2011 Iceland passed the Act on the Protection of the Rights of Persons with Disabilities, No. 88/2011, which outlines a mechanism for assisted decision-making for persons with disabilities with personal spokespersons and regional rights protection officers. The Act also restricts the use of coercive measures in dealing with persons with disabilities, which are defined as, for example, the use of physical force to prevent harm to themselves or others, restrictions on the freedom of the individual, restrictions of access to one's possessions and the application of force or compulsion in the activities of everyday life. **(Iceland)**

Norway has amended its Guardianship Act in order to fulfil its obligation under the UN Convention on the rights of persons with disabilities, which Norway ratified in 2014. The Norwegian Directorate for Children, Youth and Family Affairs has made a brief, easy-to-read version of the UN Convention on the rights of persons with disabilities and a booklet outlining their rights in general. **(Norway)**



## CHALLENGES

- ▶ There continues to be discriminatory legislation in some member states and discriminatory practice in most member states related to legal capacity, which often leads to deprivation of the fundamental rights of persons with disabilities.
- ▶ Poor access to legal protection mechanisms and lack of accessible information on legal protection in most member states.
- ▶ Lack of adequate practical implementation of the anti-discrimination legal framework.
- ▶ Prevalence of guardianship and substituted decision-making mechanisms and measures involving the full deprivation of legal capacity.

Equality before the law is a basic general principle of human rights and fundamental freedoms, i.e. the ability to hold rights and duties and to exercise those rights and duties is the key to the participation, in practice and not just in words, of persons with disabilities in society.

Although member states are continuously developing their national legislation which generally forbids discrimination on the grounds of disability, it would appear that this principle is not observed in relation to the legal capacity of persons with intellectual and psychosocial disabilities. In most member states, various forms of legal capacity limitation are applied to persons with these types of disabilities, impeding their access to a whole range of human rights and fundamental freedoms. Partial or full incapacitation leaves them without a voice and not only excludes them from political and public

processes but also prevents them from taking decisions in very personal matters. In some cases, persons with limited legal capacity are involuntarily placed in psychiatric hospitals in application of a decision taken by someone else, and have no means of appealing against being confined for life.

It is clear that such practices are a violation of basic human rights and fundamental freedoms. This has been confirmed in the decisions of the European Court of Human Rights (ECtHR), which has called on the relevant authorities to remedy such violations, but nonetheless this aspect still requires particular attention and targeted action.

# Action line No. 13: Protection against violence and abuse

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## AIM

To implement measures preventing and combating all forms of violence and abuse by developing safeguards and support services, enhancing detection of cases, disseminating information, promoting training of persons with disabilities and service providers and ensuring mandatory punishment for perpetrators.

## IMPACT

- ▶ The issue of violence and abuse is more often the subject of public debate as a result of the efforts of non-governmental organisations and victims.
- ▶ In some member states training for social workers, teachers, judges, police officers and physicians on how to prevent, combat and identify cases of violence and abuse including sexual abuse have been organised.
- ▶ Some member states have introduced entirely new legal frameworks and practices for legal assistance.
- ▶ Weaknesses of safeguarding and redress mechanisms have been identified and improvements in this connection have been made in some member states.

## GOOD PRACTICES

Since 2008 there has been a national hotline, 3977, providing assistance to the elderly and persons with disabilities who are being abused. It is a central number for all calls and offers a listening service, advice and follow-up for the abuse cases reported. Where necessary, the relevant files are sent to the appropriate judicial and administrative authorities. The 119 hotline for the prevention of and protection against child abuse for children at risk or likely to become so, is open to all children and teenagers, including those with disabilities. **(France)**

The “Significativo Azul” programme was initiated in September 2013 through a partnership between the National Federation of Social Solidarity Co-operatives, the Police, the National Confederation of Solidarity Institutions and the National Rehabilitation Institute. Its aim is to help ensure the safety of persons with intellectual disabilities through raising awareness and training the staff of Disability and Rehabilitation NGOs in order to prevent situations of violence and abuse towards persons with disabilities. **(Portugal)**

Under the Government Emergency Ordinance No. 48/2014 amending and supplementing Law No. 35/1997 on the organisation and functioning of the Ombudsman, and amending and supplementing certain specific acts, a national mechanism to prevent torture in detention was established for the purposes of the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, adopted in New York on 18 December 2002. Accordingly, the powers of the Ombudsman institution

were extended to cover the protection of persons deprived of their liberty in places of detention. A place of detention is defined as any place where persons are deprived of their liberty by a decision of an authority, at the latter's request or with its explicit or tacit consent, and this includes a place which is part of the health-care and social assistance system. (Romania)

## CHALLENGES

- ▶ High level of violence and abuse against persons with disabilities.
- ▶ Legal frameworks establishing effective penalties against perpetrators as well as safeguard mechanisms for victims and their practical implementation require further development.
- ▶ High probability of cases of violence or abuse being overlooked or not reported.
- ▶ Lack of awareness and skills for the prevention of and response to cases of abuse or violence by law enforcement, social and medical professionals, as well as a lack of information about the rights and possible support services for victims.

Evidence shows that persons with disabilities, particularly persons with complex needs, are faced with a higher risk of violence and abuse of various types (whether sexual, financial or psychological) than the general population. The rate of violence and abuse against women with disabilities is higher than that of men with disabilities.

There have been cases where foreign persons with disabilities are brought into a country to engage in begging, exploiting their disability.

Forms of exploitation are also observed in the workplace, despite legal protection regimes, in, for example, occupational structures which force persons with disabilities to work for no remuneration whatsoever (miscellaneous maintenance, craft and artistic production, etc.).

Finally, in certain institutional or hospital surroundings, there continue to be instances of physical or chemical means of restraint.

The difficulty in combating violence and abuse is that it often goes unnoticed. Victims do not report for different reasons, including being intimidated or convinced that such conduct is normal. People from the victim's personal environment may be unwilling to admit that violence and abuse could happen or be carried out by someone they know.

On the other hand, social workers, teachers, judges and physicians are often not given the opportunity to attend multidisciplinary training sessions on all forms of abuse, including sexual abuse, against persons with disabilities (particularly women and children) in order to be able to recognise abuse and prevent and help victims in the most appropriate manner.

# Action line No. 14: Research and development

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## AIM

To promote research and the collection of comparable data for the development of evidence-based and targeted policies.

## IMPACT

- ▶ Increased awareness of the importance of the research and data collection conducted by the authorities, universities and NGOs of and for persons with disabilities in the development of new disability policies and strategies.
- ▶ Intensified exchange of good practices, sharing of information and co-operation between relevant bodies at national, regional and international level.
- ▶ Member states examine the interrelation between situations of vulnerability and disability and publish data to redirect certain policies.

## GOOD PRACTICES

Statistics Denmark has begun collecting information relating to a wide range of municipal services, treatment and benefits in the disability area. It is anticipated that this will

produce more detailed and valid data/statistics to support nationwide decisions relating to policy developments, service delivery, and major life activities. The data will also provide an improved framework for local leadership and benchmarks between municipalities. **(Denmark)**

Ireland's National Disability Authority was established, by the National Disability Authority Act 1999, as the independent statutory body to provide information and advice to the Irish government on policy and practice relevant to the lives of persons with disabilities. The functions of the Authority include research; developing and collaborating on the development of relevant statistics; and the development and monitoring of standards and codes of practice. **(Ireland)**

In 2011, an NGO Association of Youth with Disabilities of Montenegro 2011 conducted research on the challenges faced by women with disabilities. The selection of the survey target group took into account gender, age, education, sociocultural, and other characteristics. In addition, research was carried out on a cross-disability basis, and included all types of disabilities. The study was published in November 2012 and is available at: [http://pdf.usaid.gov/pdf\\_docs/pnadz326.pdf](http://pdf.usaid.gov/pdf_docs/pnadz326.pdf). **(Montenegro)**

## **CHALLENGES**

- ▶ Insufficient knowledge about the effects of the measures undertaken, the policies pursued and the services available.



- ▶ Lack of comprehensive and internationally-comparable data as a basis for development, implementation, monitoring and evaluation of disability programmes.
- ▶ The need for support and dissemination of research into the technical aids and resources present on the mass market in order to improve their availability.

Evidence-based data and information could serve as a background for accurate and meaningful decisions, saving funds and time and bringing about change. The collection and analysis of statistical data and information is a means of identifying problematic areas and demands, and of planning, implementing, monitoring and evaluating policies.

To date, our communities still lack sufficient information on disability. This concerns data on widespread and rare impairments or diseases, comparative statistical data, broken down by gender, impact assessments of policies and measures undertaken, and other key factors.

It is often observed that each authority, whether private or public, has its own definition of disability, according to the objectives pursued. Consequently, comparisons at European level are difficult to achieve because no “common language” is used. The medical definition of disability in diagnosis and assessment is still widely used to the detriment of a social model based on human rights, particularly with regard to children with disabilities. This can lead, amongst other things, to the inappropriate provision of services or measures encouraging segregated education.

# Action line No. 15: Awareness raising

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## AIM

To tackle attitudinal barriers, prejudice and stereotypes by promoting realistic images of persons with disabilities and information consistent with the social and human rights-based model of disability.

## IMPACT

- ▶ Wider groups of people in all member states have been informed about the rights of persons with disabilities, the existing barriers and their origin, reducing the levels of stigmatisation.
- ▶ The number and variety of awareness raising campaigns, including the use of mass media have increased, websites, brochures, guides on the importance of fully-fledged participation of persons with disabilities, their potential and contribution to society have been created.
- ▶ The number of advocates and organisations of and for persons with disabilities promoting the rights of persons with disabilities has increased significantly, bringing about a change in mind-set.

## GOOD PRACTICES

Trends over the last few years have shown that Georgian media channels are more committed to covering the full range of disability-related issues as a powerful means of changing public opinion, raising awareness and consequently changing incorrect and deeply-established stereotypes. In this context, the “Imedi Heroes” TV series highlights the personal stories of persons with a high sense of civic responsibility, focusing on those who work on issues relating to persons with disabilities. **(Georgia)**

Lithuania organises National Equality and Diversity Awards. This annual ceremony is dedicated to those persons or initiatives that promote equal opportunities and non-discrimination. The categories are: annual business community dialogue, journalist of the year, human rights lawyer of the year, photograph of the year and the Overcome Obstacle Award. This ceremony is one of several essential measures of awareness raising, reducing discrimination on all grounds and fostering respect for human rights. The Overcome Obstacle Award in 2014 was given to social “DisabledEnabled” website <http://disabledenabled.eu/>. It is a unique social network, designed to help persons with disabilities to avoid difficulties that may be encountered in a journey due to barriers and to help drawing attention of institutions which are responsible for social inclusion. **(Lithuania)**

The “Persons with disabilities-friendly municipality” project is a project run by the Slovenian Federation of Workers with Disabilities, whose purpose is to encourage local communities to carry out specific and permanent activities leading to a

better quality of life for persons with disabilities in their community. The “Persons with disabilities-friendly municipality” certificate has already been awarded to 19 local authorities. It represents recognition for a local community/municipality that has undertaken to provide as high a quality of life as possible for persons with disabilities by means of a specific programme and an undertaking to create new opportunities for the social inclusion and non-discrimination of persons with disabilities, substantiated by the practical measures taken. (Slovenia)

## CHALLENGES

- ▶ Lack of awareness of positive and realistic images of persons with disabilities in all sectors and strata of society.
- ▶ Lack of targeted, long-term and systemic awareness-raising inclusion campaigns and strategies, especially for children at the earliest possible age.
- ▶ Failure to make use of innovative technologies and approaches in awareness-raising campaigns and in disseminating good practices.
- ▶ Insufficient use of the potential for personal participation of persons with disabilities in promoting a realistic and positive perception of the persons concerned based on real-life experiences.

Prejudice and negative attitudes towards persons with disabilities originate from unfamiliarity, erroneous information and widespread stereotypes focusing on charity or sometimes negative attitudes. The medical model of disability is still deeply rooted and prevalent in the public consciousness.

This leads to psychological barriers for the full inclusion of persons with disabilities which affect and hamper all other efforts. This is why it is essential to begin inclusion from the earliest possible age in school and pre-school facilities, where living in diversity will come naturally to children and will not subsequently be seen as problematic in their life as adults.

Nonetheless, appropriate information has to be promoted and made accessible by all means available and it must be taken on board that the mass media have a vital role to play which needs to be exploited.

# Cross-cutting aspects

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This section was included in the Action Plan in order to focus particular attention on the specific situations of certain groups of persons with disabilities who may face a risk of multiple discrimination. These aspects should be taken into account in the framing of any disability-related policy or approach; in addition, the disability perspective has to be borne in mind in policies geared to the groups of people listed below.

Some of the cross-cutting aspects have been considered in greater detail in certain texts adopted by the Committee of Ministers, and in a number of publications.

## Women and girls with disabilities

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Gender inequalities could be exacerbated by a situation of disability. Additional safeguards should be put in place in order to guarantee safety from discrimination in the areas of life covered by the Plan for women and girls with disabilities. This concerns, in particular, the employment and economic situation, sexual and reproductive rights and family life, protection from violence and abuse, etc. Special services and legislative measures have been introduced in some member states in response to these risks. The internationally agreed principles and measures for the protection of women and girls with disabilities are given in a separate recommendation:

Recommendation CM/Rec(2012)6 of the Committee of Ministers to member states on the protection and promotion of the rights of women and girls with disabilities<sup>4</sup>.

## **People with disabilities in need of a high level of support**

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It often remains a challenge to ensure that persons with the most profound disabilities are supported in a dignified manner with respect to their human rights. It is a responsibility of society and governments to provide high quality medical and social services, so that persons with complex needs achieve the best possible quality of life and that the care responsibilities do not rest solely on their families. While the availability, variety and quality of services have improved since 2006, many persons still do not receive the appropriate support.

## **Children and young people with disabilities**

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It is of vital importance to adopt a continuous and co-ordinated approach to the protection of the rights of children with disabilities, from the first months of life and years to school age and youth. Inclusion has to be a guiding principle at all stages and especially during the transition periods (e.g. from school to employment). More and more services, education establishments and care facilities are meeting the requirements of the human rights-based model of disability in member states. The number of recommendations adopted with regard to this cross-cutting aspect in recent

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4. [http://www.coe.int/t/dghl/standardsetting/equality/03themes/gender-equality/Rec\\_CM\\_2012\\_6\\_en.pdf](http://www.coe.int/t/dghl/standardsetting/equality/03themes/gender-equality/Rec_CM_2012_6_en.pdf)

years illustrates its comprehensive nature and also the determination to improve, which has to be continued in order to achieve substantial and extensive results.

Recommendation CM/Rec(2013)2 on ensuring full inclusion of children and young persons with disabilities into society<sup>5</sup>. and its accompanying Report on social inclusion of children and young people with disabilities (Helmut Heinen, 2013).

Recommendation CM/Rec(2010)2 on deinstitutionalisation and community living of children with disabilities<sup>6</sup>.

Recommendation CM/Rec(2009)9 on the education and social inclusion of children and young people with autism spectrum disorders<sup>7</sup>.

## **Ageing of people with disabilities**

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The changes in the composition of society and the steady increase in the number of older and ageing persons with disabilities mean that the capacity to deliver and the availability of services geared to these population groups need to be enhanced and this remains to be the work in progress. However, greater attention has been focused on this aspect at both national and international level in the light of the demographic trends that are now well-established and is also reflected in a separate Committee of Ministers recommendation.

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5. <https://wcd.coe.int/ViewDoc.jsp?id=2115367&Site=CM>

6. <https://wcd.coe.int/ViewDoc.jsp?id=1580285>

7. <https://wcd.coe.int/ViewDoc.jsp?id=1580285>



Recommendation CM/Rec(2009)6 on ageing and disability in the 21st century: sustainable frameworks to enable greater quality of life in an inclusive society<sup>8</sup>.

## **People with disabilities from minorities and migrants**

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The modern world is facing unprecedented migration levels and a significant part of the European population is represented by minority groups. The support measures available should take into account cultural and language backgrounds, so that services for persons with disabilities are fully accessible for such minority groups. Again, disability should be further mainstreamed in migration and minority policies and vice-versa.

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8. <https://wcd.coe.int/ViewDoc.jsp?id=1526657&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383>

# General Recommendations

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## Universally apply and promote the social model of disability

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The social model of disability, viewing the issue from the perspective of human rights and fundamental freedoms is a key concept that should underpin any legislation, policy or measure. The corresponding change in the societal mind-set can open up new prospects for removing barriers and moving towards full and equal participation.

## Ensure accessibility by means of reasonable accommodation and the Universal Design principle

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It has been proved that intelligent and not necessarily costly solutions to accessibility challenges can be found through the application of the Universal Design principle or, where appropriate, the reasonable accommodation concept. Clearly, it requires knowledge and commitment spreading across a wide range of professions and measures, but once it becomes an integral part of any project from the beginning, the benefits of this modern approach will be experienced by all.

## **Guarantee adequate funding of disability-related policies and initiatives**

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Funding is vital for maintaining the smooth running of programmes. It is especially important in times of economic downturn for the programmes that have been initiated to be carried through to completion. Inadequate funding not only undermines respect for the human rights and fundamental freedoms of persons with disabilities, but also poses the risk of higher expenses to address conditions of deterioration.

## **Ensure close collaboration and co-ordination between the various stakeholders**

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The success of any programme, project or service greatly depends on how it is supported, informed and followed-up by all the stakeholders involved. The reliability of any complex mechanism is ensured by the proper, interconnected functioning of all its parts, and the implementation of the best initiatives is sometimes impeded as a result of poor co-ordination of actions.

## **Provide human rights-based training for professionals**

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The training of professionals engaged in any sphere, whether social work, health care, education, law enforcement, culture or tourism, etc. is essential to guarantee that persons with disabilities are delivered high quality services that comply with international standards. Training of staff is necessary not only to ensure they have the requisite skills and knowledge, but to support them in fulfilling their duties in an inclusive way.

## **Guarantee the participation of persons with disabilities in the decision-making process**

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Persons with disabilities, as capable members of society like any other person, have to be provided with the opportunity to influence decisions affecting their own life, as well as decisions of common interest. This should be achieved by consulting, whenever appropriate, the person concerned in order to take into account his/her aspirations or opinion. It is essential to ensure close co-operation with the representative organisations of persons with disabilities and to benefit from their experience and expertise, in accordance with the very pertinent motto “Nothing about us without us”.

## **Take into account the specific situation and needs of persons with disabilities at risk of multiple discrimination**

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Some persons with disabilities face the risk of multiple discrimination. This concerns women and girls, children and young people, older people, persons from a minority or migrant background, persons in need of intensive support, lesbian, gay, bisexual, transgender and intersex persons (LGBTI), etc. Addressing these challenges could be done through specific programmes, e.g. on gender mainstreaming.

# Appendix

Signature and ratification of the United Nations Convention on the Rights of Persons with Disabilities by Council of Europe member and observer states<sup>9</sup>

Member State	Signature		Ratification	
	Convention	Protocol	Convention	Protocol
1. Albania	22/12/09		11/02/13	
2. Andorra	27/04/07	27/04/07	11/03/14	11/03/14
3. Armenia	30/03/07	30/03/07	22/09/10	
4. Austria	30/03/07	30/03/07	26/09/08	26/09/08
5. Azerbaijan	09/01/08	09/01/08	28/01/09	28/01/09
6. Belgium	30/03/07	30/03/07	02/07/09	02/07/09
7. Bosnia and Herzegovina	29/07/09	29/07/09	12/03/10	12/03/10
8. Bulgaria	27/09/07	18/12/08	22/03/12	
9. Croatia	30/03/07	30/03/07	15/08/07	15/08/07
10. Cyprus	30/03/07	30/03/07	27/06/11	27/06/11
11. Czech Republic	30/03/07	30/03/07	28/09/09	
12. Denmark	30/03/07		24/07/09	23/09/14
13. Estonia	25/09/07		30/05/12	30/05/12
14. Finland	30/03/07	30/03/07		
15. France	30/03/07	23/09/08	18/02/10	18/02/10
16. Georgia	10/07/09	10/07/09	13/03/14	
17. Germany	30/03/07	30/03/07	24/02/09	24/02/09
18. Greece	30/03/07	27/09/10	31/05/12	31/05/12
19. Hungary	30/03/07	30/03/07	20/07/07	20/07/07
20. Iceland	30/03/07	30/03/07		
21. Ireland	30/03/07			

9. As at 10 September 2015

Member State	Signature		Ratification	
	Convention	Protocol	Convention	Protocol
22. Italy	30/03/07	30/03/07	15/05/09	15/05/09
23. Latvia	18/07/08	22/01/10	01/03/10	31/08/10
24. Liechtenstein				
25. Lithuania	30/03/07	30/03/07	18/08/10	18/08/10
26. Luxembourg	30/03/07	30/03/07	26/09/11	26/09/11
27. Malta	30/03/07	30/03/07	10/10/12	10/10/12
28. Moldova	30/03/07		21/09/10	
29. Monaco	23/09/09			
30. Montenegro	27/09/07	27/09/07	02/11/09	02/11/09
31. Netherlands	30/03/07			
32. Norway	30/03/07		03/06/13	
33. Poland	30/03/07		25/09/12	
34. Portugal	30/03/07	30/03/07	23/09/09	23/09/09
35. Romania	26/07/07	25/09/08	31/01/11	
36. Russian Federation	24/09/08		25/09/12	
37. San Marino	30/03/07	30/03/07	22/02/08	22/02/08
38. Serbia	17/12/07	17/12/07	31/07/09	31/07/09
39. Slovak Republic	26/09/07	26/09/07	26/05/10	26/05/10
40. Slovenia	30/03/07	30/03/07	24/04/08	24/04/08
41. Spain	30/03/07	30/03/07	03/12/07	03/12/07
42. Sweden	30/03/07	30/03/07	15/12/08	15/12/08
43. Switzerland			15/04/14	
44. "The former Yugoslav Republic of Macedonia"	30/03/07	29/07/09	29/12/11	29/12/11
45. Turkey	30/03/07	28/09/09	28/09/09	26/03/15
46. Ukraine	24/09/08	24/09/08	04/02/10	04/02/10
47. United Kingdom	30/03/07	26/02/09	08/06/09	07/08/09
<b>Total CoE Member states</b>	<b>45</b>	<b>35</b>	<b>41</b>	<b>30</b>

Member State	Signature		Ratification	
	Convention	Protocol	Convention	Protocol
Observer State				
1. Holy See				
2. United States of America	30/07/09			
3. Canada	30/03/07		11/03/10	
4. Japan	28/09/07		20/01/14	
5. Mexico	30/03/07	30/03/07	17/12/07	17/12/07
<b>Total CoE Observers</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>1</b>
Regional Integration Organisation				
1. European Union	30/03/07		23/12/10	

The Convention and the Protocol received the required minimum ratifications for their entry into force on 3 April 2008.

The Convention and the Protocol entered into force on 3 May 2008.





Promoting the rights of  
people with disabilities:

independence, freedom of choice,  
full participation, equal access  
to political and public life,  
equality and human dignity.

[www.coe.int](http://www.coe.int)

The Council of Europe is the continent's leading human rights organisation. It comprises 47 member states, 28 of which are members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

COUNCIL OF EUROPE



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