The Project “Support to Disability Policy Development in Bosnia and Herzegovina (2005-2009)” (SDPD) is a bilateral project of Finland and Bosnia and Herzegovina implemented by: the Directorate for Economic Planning of Bosnia and Herzegovina, the Federal Ministry of Labour and Social Policy and the Ministry of Health and Social Welfare of Republika Srpska. The Supporting Agency is the Independent Bureau for Humanitarian Issues (IBHI), Šaćira Sikirića 12, 71000 Sarajevo, Bosnia and Herzegovina, 033 219 780/1, www.ibhibih.org, sdpd@ibhibih.org.

DISABILITY POLICY STUDY
Disability Policy Study
Research Team of the Project «Support to Disability Policy Development in Bosnia and Herzegovina» 2006-2009
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Publishers
Direkcija za ekonomsko planiranje Bosne i Hercegovine / Directorate for Economic Planning of BiH
Federalno Ministarstvo rada i socijalne politike / Federal Ministry of Labour and Social Policy
Ministarstvo zdravlja i socijalne zaštite Republike Srpske / Ministry of Health and Social Welfare RS
Nezavisni biro za humanitarna pitanja / Independent Bureau for Humanitarian Issues (IBHI)

Copy
2.000

Place and year of publishing
Banja Luka and Sarajevo
2007

Design and print
DES Sarajevo

Direkcija za ekonomsko planiranje BiH / Directorate for Economic Planning of BiH
Federalno ministarstvo rada i socijalne politike / Federal Ministry of Labour and Social Policy
Ministarstvo zdravlja i socijalne zaštite RS / Ministry of Health and Social Welfare RS
Nezavisni biro za humanitarna pitanja / Independent Bureau for Humanitarian Issues (IBHI)
Šaćira Sikirića 12, 71.000 Sarajevo, Bosna i Hercegovina 033 219 780/1, sdpd@ibhibih.org
Introductory Remarks

This Policy Study is prepared within the project „Support to the Disability Policy Development (SDPD) in BiH“.

The aim of this project is the establishment of an adequate and sustainable system of social protection, with full recognition of the rights and opportunities of persons with disabilities (PWDs) and civilian victims of war. It includes the harmonisation of legal and social protection of all persons with disabilities on the basis of inclusive standard rules for the equalisation of opportunities for PWDs, and establishment of a mixed system of social protection.

The Purpose is Disability Policy development. As Results 1) a comprehensive disability policy and strategy will be developed based on the new modes and types of services and mixed model of service provision; 2) integration of disability sensitive approaches in national policies, programmes and projects will increase; and 3) harmonised criteria of the level of disability i.e. standardised manual (and other tools) for centres for social work and other professionals will be developed.

In this framework, the aim of the Policy Study is to provide additional information (the best practices), clear recommendations and lessons learned for the purpose of development of policy and strategies in the area of disability, mainstreaming (action plans) as well as preparation of standardized Manual for centres for social work and other professional subjects.

In the preparation of the Study, the starting point was in some way uncommon method for research of this kind, which includes full participation of stakeholders in the area of disability. Based on this approach, research teams were formed consisting of beneficiaries, institutions (CSWs) and NGOs involved in this sector.

A principle “About us only with us” is fully respected.

This is the first Policy Study of this kind in Bosnia and Herzegovina. In particular, it is the first Study integrating an overview of EU policies, standards and practices in the area of disability. Therefore, it was very important to present a wide spectrum of EU experiences and describe in detail the mechanisms and policy instruments. For these reasons, the Study provides analyses of 26 instruments employed in EU countries and countries in the region (Croatia, Serbia and Slovenia).

The complexity of topics that have been analyzed in special chapters necessarily led to particular issues to be analyzed in several chapters, always from different points of view. It was the only way to achieve a comprehensive approach in the analysis of each particular topic.

The problem in the preparation of this Policy Study was that full and complete information was not available in certain segments. Research teams had to put in a great effort in order to solve this problem.

In the end, I would like to thank all members of research teams: Tamara Pribišev Beleslin, Anes Čehović, Mira Ćuk, Belma Goralija, Velma Tahmaz Pijalović, Alen Stjepanović and Sanja Zahirović for their great cooperation and for extraordinary effort and energy they invested in this „pioneer“ attempt.

Moreover, I would like to thank the Management Team of this Project: Azemina Vuković, Asim Zečević, Ljubo Lepir and Lejla Somun Krupalija, Heads of Advisory Boards: Suad Zahirović, Olivera Mastikosa and Fikret Zuko and the IBHI team: Maja Lukač Marjanović and Elma Zahirović for their valuable suggestions and cooperation in the preparation of this Policy Study, as well as Zemina Bahto and Zvjezdana Filipović for their technical support.

I would, especially, like to thank Pirkko Poutainen and Ritva Miekkoniemi for their valuable guidance and suggestions during the preparation of this Policy Study.

Žarko Papić
Team Leader of SDPD Research
# TABLE OF CONTENTS

## I  Executive Summary ................................................................................................................. 9

## SECTION ONE

### II  Dr. Belma Goralija "Overview of the existing policies and legislation in the region and the EU in the area of disability" (including the impact study) ........................................... 25

1. Introduction .......................................................................................................................... 25
2. Basic approaches to social inclusion and disability policies in the EU ................................. 25
3. Basic EU documents and policy instruments in the area of disability .................................. 27
   3.1. Main approaches to policies ...................................................................................... 28
   3.2. Inclusion of disability issues into the social mainstream ........................................... 28
   3.3. Goals and objectives ............................................................................................... 30
4. EU experiences in terms of disability policies ....................................................................... 34
   4.1. Joint projects implemented to date .......................................................................... 34
   4.2. Funding of projects at the level of the EU ............................................................... 36
5. Assessment of impact of legislation and policies (the concept of social inclusion) for persons with disabilities in the EU member states on realistic position of persons with disabilities .......................................................... 36
6. BiH in the process of stabilisation and accession into the EU and reform of disability policies .......................................................................................................................... 42
   6.1. Employment and social policy ............................................................................... 42
   6.2. Instrument for Pre-Accession Assistance (IPA), Multi-Annual Indicative Planning Document 2007 – 2009 ........................................................... 43
7. Conclusion ............................................................................................................................. 45
Annex 1 ..................................................................................................................................... 46
Annex 2 ..................................................................................................................................... 47
Annex 3 ..................................................................................................................................... 48
Annex 4 ..................................................................................................................................... 49
Annex 5 ..................................................................................................................................... 50

### III  Tamara Pribišev Beleslin, MA: "Overview of national action plans for social inclusion of EU member states and countries of the region with emphasis on disability policies" ................................................................................................................. 51

Introductory Note ....................................................................................................................... 51
1. Background of National Action Plans of EU Member States ............................................... 51
   1.1. Introduction .............................................................................................................. 51
   1.2. Experiences of EU member states on the role of NAP/Inclusion ............................... 54
2. Impact of NAP/Inclusion on legislation and policies .............................................................. 56
   2.1. All areas of political life – an integrative approach ...................................................... 56
   2.2. Impact of NAP/Inclusion on legislation and policies in the area of disability ................. 57
   2.3. Impact of NAP/Inclusion on cooperation and continuous dialogue (horizontal and vertical) .................................................................................................................. 67
   2.4. Impact of NAP/Inclusion on gender equality ............................................................. 68
3. Overview of mechanisms of disability policies ...................................................................... 69
   3.1. Mechanisms and measures of employment policy ....................................................... 69
   3.2. Mechanisms and measures in the area of social protection system, pension insurance system and health protection system ......................................................... 74
   3.3. Mechanisms and measures in the area of educational policy ....................................... 76
   3.4. Mechanisms and measures in the area of public transportation, housing, culture, sport and recreation .......................................................... 76
   3.5. E-inclusion ............................................................................................................... 77
4. Experiences in the region (Croatia and Serbia) ..................................................................... 78
IV Dr. Belma Goralija and Tamara Pribišev Beleslin, MA: "EU standards in assessment of remaining work ability and EU experiences in organisation of mechanisms of assessment of capacities to provide equal opportunities for participation in social activities for girls and boys, young women and men, adult women and men and elderly women and men with disabilities – experiences in the region (Croatia and Serbia)"

1. Key concepts and EU standards in assessment of the remaining ability .......................... 83
2. International classification currently in use ................................................................. 84
3. EU experiences in organisation of mechanisms for assessment of capacities for provision of equal opportunities for participation in social activities for girls and boys, young women and men, adult women and men and elderly women and men with disabilities ......................................................... 90
   3.1. Childhood .......................................................................................................... 90
   3.2. Juvenile Age .................................................................................................. 104
   3.3. Adulthood ...................................................................................................... 108

4. Experiences in the region: Croatia and Serbia .......................................................... 112
   • Croatia ............................................................................................................... 114
   • Serbia .............................................................................................................. 115

SECTION TWO

V Mira Ćuk "Analysis of the Existing System and Institutional Models and Recommendations for the Reform" ............................................................................................................. 119

Introduction .................................................................................................................. 119

1. Areas and legal framework ...................................................................................... 120
2. Basic features of legislative organisation of institutional models ............................. 120
3. Institutional models stakeholders ............................................................................ 121
   3.1. Entity level ...................................................................................................... 122
   3.2. Canton level ................................................................................................... 122
   3.3. Municipal level ............................................................................................... 122

4. Types and characteristics of institutional models ..................................................... 123
   4.1. Detection and registration ............................................................................ 123
   4.2. Assessment .................................................................................................... 124

5. Institutional models of assistance and support .......................................................... 127
   5.1. Financial assistance and in-kind assistance ...................................................... 128
   5.2. Treatment in specialised institutions ............................................................... 135
   5.3. Professional rehabilitation and employment ................................................... 141
   5.4. Education and inclusion .............................................................................. 143
   5.5. Community rehabilitation, day care and other services in the domain of social and health protection ................................................................. 143
   5.6. Accessibility, physical adaptations to the environment and access to transport ......................................................................................................................... 145
   5.7. Organising and self-organising ........................................................................ 145

6. New models: Systematisation and characteristics with recommendations for sustainability and suggested necessary changes to the existing models .......... 146
   6.1. Area of detection and registration .................................................................. 146
   6.2. Assessment and classification ........................................................................ 146
   6.3. Financial benefits and assistance ................................................................... 147
   6.4. Treatment in specialised institutions ............................................................... 147
   6.5. Labour and employment ............................................................................... 148
   6.6. Education and inclusion ............................................................................... 148
   6.7. Social services, community rehabilitation and community care ..................... 149
   6.8. Accessibility in urban environment and access to transport ............................ 149
   6.9. Organisations of persons with disabilities ..................................................... 150

* To be elaborated in more details in Chapter VI.
VI Anes Ćehović and Sanja Zahirović: "Analysis of Mechanisms for Assessment of the Remaining Abilities of Persons with Disabilities in Bosnia and Herzegovina" ................................................................. 155
1. Introduction .................................................................................................................. 155
2. Goals of the research ................................................................................................... 156
3. Methodology ................................................................................................................ 156
4. Comparative analysis of the existing mechanisms of assessment of the remaining work ability of persons with disabilities ................................................................. 156
   4.1. Federation of Bosnia and Herzegovina .................................................................. 156
   4.2. Republika Srpska ............................................................................................... 162
5. Final considerations ..................................................................................................... 165
   5.1. Children with disabilities ..................................................................................... 166
   5.2. Disabled war veterans and civilian war victims .................................................... 166
   5.3. Non-veteran disabled persons .............................................................................. 166

VII Anes Ćehović and Sanja Zahirović: "Overview of the best practices in the area of disability in Bosnia and Herzegovina" ........................................................................................................... 168
1. Introductory considerations ......................................................................................... 168
   1.1. Goals of the research .......................................................................................... 168
   1.2. Methodology ...................................................................................................... 168
   1.3. Criteria for selection of best practices in the area of disability ......................... 169
2. Overview of good practices in the area of disability in Bosnia and Herzegovina .... 169
   2.1. Awareness-raising ............................................................................................. 169
   2.2. Medical Care ..................................................................................................... 170
   2.3. Rehabilitation ................................................................................................... 171
   2.4. Additional services ........................................................................................... 172
   2.5. Accessibility ..................................................................................................... 173
   2.6. Personal development and education ................................................................. 175
   2.7. Employment ..................................................................................................... 176
   2.8. Support from Income Earned and Social Security Net ....................................... 177
   2.9. Family life and personal integrity ..................................................................... 177
   2.10. Recreation and sports ..................................................................................... 177
   2.11. Religion .......................................................................................................... 178
   2.12. Legislation ....................................................................................................... 178
   2.13. Associations of persons with disabilities ......................................................... 179
3. Final considerations/recommendations ....................................................................... 180

VIII Velma Pijalović Tahmaz and Alen Stjepanović: "Evaluation of the Financials Sustainability, Implementation of the Strategy, policies and New Standards in the Field of Disability" - Efficiency of the Existing System of Provision of Funding and Potential Reform ......................................................................................................................... 182
Introduction .................................................................................................................... 182
   1.1. Financial implications of the Medium Term Development Strategy .................. 183
2. Social inclusion of persons with disabilities ............................................................... 184
3. Financial sustainability of disability strategy .............................................................. 186
4. Analysis of differences in provision of financial assistance to civilian war victims and disabled veterans ......................................................................................... 186
5. Financial aspects and sustainability of the existing standards/criteria in the area of disability ......................................................................................................................... 187
   5.1. Amounts allocated for benefits to persons with disabilities in the FBiH ............ 188
5.2. Amounts allocated for benefits to persons with disabilities in the RS .......... 196
6. Financial effects of EU standards on financial sustainability of disability policies .. 201
7. Financial sustainability of potential reform in the area of disability .................... 203
   7.1. Scenario 1 – Equalising rights of all persons with disabilities .................. 203
   7.2. Scenario 2 – Equalising rights of persons with disabilities caused by the same reasons in the RS and the FBiH .......................................................... 206

IX Recommendations for disability Policy and strategies ................................. 214

X Sources ........................................................................................................... 221
I Executive Summary

The objective of the Policy Study is to provide analytical basis for the development of the Policy and strategies in the area of disability in BiH.

1. The first part of the Study provides extensive review and analysis of existing policies and legislation in the EU and the region, overview of national action plans for social inclusion in the EU member states focusing on disability policies and analyses of EU standards and mechanisms in assessment of remaining abilities.

Along with the wealth of information on experiences and mechanisms of disability policies relevant to the approach in preparation of the Policy and strategies in the area of disability in BiH, EU experience in social inclusion policies is also very important. Namely, social inclusion is the framework for disability Policy and strategies.

2. For those reasons, the following definitions should be kept in mind:

Social exclusion is a broader term than poverty, because it represents a process in which certain groups are marginalised in the society and prevented from full participation either due to their poverty, inadequate education, lack of essential skills or as a result of discrimination. This makes it more difficult for them to get employment, earn income, get educated, make social connections and take part in activities within the community. They have very few possibilities to access government institutions and decision-making bodies; they often have no power and are unable to control decisions that affect them in their everyday life. Socially excluded persons have difficulties to fully or partially realise their potential to ensure sufficient earnings and acquire certain goods and services of key importance to normal life.

Social inclusion is a process that enables persons at risk of poverty and social exclusion to access opportunities and resources necessary for their full participation in economic, social and cultural life and enjoy the standard of living and prosperity perceived as a norm in the society they live in. That implies higher extent of participation in the decision-making processes relevant to their life and access to fundamental rights.

3. The main instruments of social inclusion policies in the EU are National Action Plans/Inclusion.

Policies against social exclusion of Member States are based on the Open Method of Coordination, Common objectives, National Action Plans and Community Action Programmes, provided in the document which was adopted in December 2000 at the Council of Europe in Nice, and being developed to this day. Development of NAP/Inclusion was preceded by development of National Anti-Poverty Strategies (NAPS), which were passed in 1998 with the aim of reduction or, ideally, elimination of poverty by 2007.

In the process of harmonisation of their social inclusion policies with EU standards, countries - candidates for EU membership are signing Joint Inclusion Memorandum /JIM/Inclusion/ with the EU.

Detailed overview of NAP/Inclusion of EU Member States is given in the first part, in particular in Chapters II and III.

Social inclusion is one of the cornerstones of socio-economic growth, EU strategies and policies. At the same time, considering the size of socially excluded population, it is one of the
greatest problems in BiH. It was estimated that 50.32% of population in BiH was socially excluded\(^1\) in 2006.

### Six key priorities in the European Union in the coming period:

<table>
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<tr>
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<th>Promotion in the European Union in the coming period:</th>
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<tr>
<td>1</td>
<td>Promote investment in and create measures for active labour market which would be appropriate to those having most difficulties accessing employment;</td>
</tr>
<tr>
<td>2</td>
<td>Ensure that the scheme of social protection is adequate and accessible for all and that it ensures effective incentive for those capable of working;</td>
</tr>
<tr>
<td>3</td>
<td>Improve access for the most vulnerable and those at highest risk of social exclusion to provide them with decent housing, quality healthcare and opportunities for life-long learning;</td>
</tr>
<tr>
<td>4</td>
<td>Implement specific efforts in prevention of early termination of schooling and promotion of easy transition from school to work;</td>
</tr>
<tr>
<td>5</td>
<td>Focus on elimination of poverty and social exclusion among children;</td>
</tr>
<tr>
<td>6</td>
<td>Make efforts to decrease poverty and social exclusion of immigrants and ethnic minorities.</td>
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</table>

Therefore, reinforcement of social inclusion is the primary political objective in BiH, and defining of priorities in reinforcement of social inclusion is an important mechanism of EU accession, its standards, experiences and practice. Disability policies are one of the main directions in strengthening of social inclusion.

4. Two very important documents existing in BiH are “BiH Mid Term Development Strategy, 2004-2007 (PRSP)” adopted in 2004 and revised in May 2006 with the Action Plan and “Strategy of Integration of Bosnia and Herzegovina in European Union” adopted in 2006. With regard to reforms necessary for EU accession, these two documents are completely complementary.

It is important that MTDS BiH fully accepted BiH Millennium Development Goals provided in UNDP BiH, NHDR 2003 „Millennium Development Goals in BiH - 2015“. It also accepted all MDG indicators as indicators of monitoring of its own implementation.

In 2006, BiH Council of Ministers adopted the second Decision on priorities of European partnership. Within these priorities of European partnership, the lack of priorities concerning social sector, education, health, poverty reduction\(^2\) was noted, specifically lack of approach or indications of development of social inclusion policies. On the other hand, preparation of the Multi-Annual Indicative Planning Document (MIPD) 2007-2009 for Bosnia and Herzegovina that should ensure necessary coordination and competitiveness between various components in the Instrument of Pre-Accession (IPA) is currently underway by EU and DEI.

MIPD document emphasises certain issues the solution of which would directly benefit persons with disabilities.

- The issues of minorities and vulnerable categories will be integral part of all activities programmed by IPA instrument, especially in relation to public services, legislation and socio-economic growth.

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\(^1\) See: UNDP/IBHI "NHDR 2007-Social Inclusion in Bosnia and Herzegovina", Sarajevo, 2007

• Defining of active measures of labour market in order to combat unemployment, in particular long-term unemployment.

Achievement of the following results is expected by the end of the first cycle of IPA programming (2009):

• Policy for combating exclusion of returnees, minorities and persons with disabilities will be adopted and visible progress achieved in implementation of this policy.

• Depending on maturity of the project and outcome of projects implemented under current programmes, support can be provided in the following areas:
  a. Building of institutions and capacities of services in charge of return process and social inclusion of vulnerable categories.
  b. Support to economic and social integration of physically and mentally disabled persons.
  c. Economic and social inclusion of Roma community.

This is the framework in which disability Policy and strategies in BiH could find significant support as a result of the need of harmonisation of local policies with EU standards, as well as financial support of the EU.

5. The framework for development of disability Policy and strategies demonstrates intensification of local efforts and reform in social and economic sectors which will treat the issue of social inclusion as a priority issue.

Therefore, orientation and proposals of MTDS to start with development of (BiH) National Development Plan (NDP) for the period beyond 2007, along with other candidates for EU membership, is very good. NDP would integrate current MTDS and Strategy of integration with the EU.

Particularly important is proposal to start developing the Social Inclusion Strategy by the end of 2006 and that it is one of the bases for NDP BiH3.

6. In this context, the following, concrete experiences of the EU4 are important for development of inclusive disability policies.

The general trend present in social protection system reforms, which is the foundation of inclusive disability policies, has following characteristics:

• **social protection system should be flexible** and respond to various needs of citizens in different stages of their life; ensure equal access to services; provide individualised services of support, improve harmonisation of costs in social sector and promote development of local capacities for assistance and self-assistance;

• **networking, linking and computerisation** of employment and social sectors; establishment of database and internal linkage of documents that would ensure transparency and improve monitoring of realisation of legally determined social rights, and enable better decision-making; this also presents preparation for the programme of e-social protection (e.g. in Slovenia);

• **inclusion of nongovernmental organisations and private sector** providing social services; changes in taxation and social policy systems, and comprehensive reform of

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3 See: MTDS, ibid, pg. 25
4 Analysed in different areas of experiences of EU members: Italy, Finland, Slovenia, Austria, Denmark, Germany, United Kingdom, Sweden, France, Holland, Ireland, Greece, Check Republic, Hungary, Latvia, Lithuania, Slovakia, Cyprus, Spain, Portugal, Belgium, Norway, Poland, Island, Estonia and Bulgaria. Special attention was paid to regional experiences in Croatia, Slovenia and Serbia.
social transfer, harmonisation of procedures and general governmental costs; social services are developed within communities and with primary purpose of deinstitutionalisation;

- development of services in the community is preceded by development of standards and norms for services within social sector and development of mechanisms of control.

In the process of modernisation of social services, EU experiences demonstrate the following:

- decentralisation and transformation of social services, and in particular, improvement of quality of social services through establishment of quality standard;
- development of such services that would enable beneficiaries to continue living in their natural environment (e.g. home support, family support); supply of services should match existing needs and demands and start in as short period of time as possible; the tendency is on increasing services of day care centres and decreasing of services in institutions and development of “all in one place” system that would ensure centres for social work have better access to information and monitoring of their realisation;
- services should be outlined in accordance with the principle of empowerment of the person, increasing abilities of a person to individually control his or her life, ensuring that everyday existence is simplified and quality of life improved;
- support and assistance based on responsibility of individual for himself/herself;
- simplification of the procedure in social protection.

With regard to disability, some of the changes are related to:

- procedure of identification of the type of disability which would create preconditions for better adjusted and more efficient implementation of social protection measures for persons with disabilities;
- defining the level of labour capacities which would effect more objective assessment of individual labour capacities and needs for services, rehabilitation and other benefits;
- employment and ability of a person to live independent life;
- basis for active support to persons with disabilities are individualised care plans for each person with disabilities, defining the rights to services of personal assistant, advisor for rehabilitation, adapted transportation, representative, etc (e.g. in Slovenia).
- development of interdisciplinary personal budgets for persons with disabilities and those in vulnerable categories, as a part of the social sector reform in Germany. In this way, persons with disabilities are given the power to decide for themselves and chose types of support most suitable to them, and select services and people they need at a particular time. The result of such approach is independent life and self-determination developed to the highest possible degree, as well as rationalisation and integration of expenditures and social contributions.

Within health protection system reform, the following experiences are important for disability area:

- legal defining of procedure for comprehensive rehabilitation, i.e. rehabilitation in the community with purpose of provision of efficient services in the fields of health protection and social welfare to provide support in return to work and employment;
- improvement of quality in the area of long-term health care with emphasis on strengthening of patients’ rights;
- integration of health and social welfare in case of patients suffering from chronic diseases and persons with disabilities, through integration of financial resources from the state budget, health insurance and private funds;
- interdependence of public and private sectors in healthcare enables provision of quality services (Cyprus); implementation of measures for improvement of open access to mental health and deinstitutionalisation and development of community services;
EU developed mechanisms and measures in the area of public transportation, housing, culture, information, sport and recreation that are important for persons with disabilities. The priorities are the following:

- **Elimination of various types of barriers**: with regard to transportation, elimination of technical barriers aiming to enable equal access to public transportation for persons with disabilities;
- Elimination of architectural barriers (construction of new elevators, ramps, reconstruction of existing buildings, including houses and apartments of persons with disabilities) and **communication barriers** (placing visual signalisation and information system accessible to persons with intellectual disability);
- Ensure **equal access to legal procedures** for all people, in particular those who are unable to represent themselves and exercise their rights; provide housing in protected apartments, the so-called “half way apartments” for persons with decreased ability to support themselves and persons leaving institutions or protected housing; provide promotional informative materials and, particularly, develop on-line services and barrier-free Internet;
- **Securing of interpretation assistance** (support in interpretation during parents-teachers meetings, election activities, going to the church, etc.);
- **Securing of access to cultural events** (ensure free of charge entrance to cinemas, museums, galleries; expand and enrich library holdings in all public libraries with books in printed in Braille script);
- **Elimination of barriers in sport centres** and adjustment of environment to disabled athletes and persons involved in recreational sports activities (e.g. supporters);
- **Adjust programmes for lifelong learning and hobby education programmes** to the needs of persons with disabilities;
- **Educate the public focusing on elimination of barriers in form of prejudices, attitudes and stigmas.**
- **E-inclusion** i.e. access to information and communication technologies (ICT) becomes necessity in modern, knowledge-based society. With regard to the ICT, the EU recommends that Member States take necessary action in order to prevent e-exclusion of vulnerable groups, in particular, persons with disabilities; on the other hand, it recommends development of programmes that would systematically lead to increase of computer and ICT literacy of their citizens starting at an early age. Special emphasis should be placed on existing gender digital gap.

Within pension insurance system, which was encompassed by the reforms in the past period in majority of Member States, some of the introduced measures are:

- **minimum pensions for everyone**, with special emphasis on women in the area of pension system reform;
- **anticipatory pensions** are available for persons aged between 18 and 67, whose working abilities are reduced to at least 50%, and the amount of such pension enables acceptable living standard (Denmark);
- **disability pensions which are increasingly replaced by different policy measures focusing at activation and employment** before a person becomes dependant on disability pension.

Within improvement of quality and accessibility of education for children and youth with disabilities, the following measures in the area of education policy are important:

- Particularly important are programmes for **early identification of children with developmental disabilities**, through multi-specialised, complex, coordinated and permanent support and assistance for children affected by disability or children with disabilities and their families (e.g. medical treatments, psychological support and support provided by other non-resident learning centres)
- **Elimination of barriers** in educational institutions to enable children with special educational needs to attend kindergartens, schools and colleges;
• Enable wider coverage of children with severe disabilities in education system;
• Enable children with disabilities to attend programmes for early education and join kindergartens;
• Establish and further develop adequate forms of education and support programmes for children with disabilities, with emphasis on quality of education, integrated education and children's educational needs (e.g. by defining the status of education assistants, personal assistants) increase the number of children and ensure systems of support for children, parents and teachers in a school and kindergarten (speech therapists, special education teachers, personal assistants, assistant teachers, sign language interpreters, rehabilitation services, organisation of transportation from home to school);
• Create the model of supplying technical aids for children necessary for their development; secure free of charge transportation for children with disabilities to their schools; increase the number of integrated and inclusive classes (by reducing the number of students in classes);
• Enable parents and children to have freedom of choice and opt for education in natural environment and neighbourhood;
• Develop flexible individualised curricula of studying for a specific child; develop support services and counselling within school centres for children with learning disabilities, behavioural problems and social problems and their parents; for children whose parents have mental health problems, organise psycho-educative interventions directed at needs of this group of children;
• Develop and improve programmes of vocational education for young people with disabilities; develop programmes of transition from education system to labour market;
• Secure equal access to ICT for all children and youth and make them computer literate;
• Enable persons with disabilities to enrol colleges and hence develop support system through scholarships in the form of social scholarships, accommodation and food allowances;
• Improve education system for adults and lifelong learning based on real needs and abilities, and develop it in the form of community centres for lifelong learning.

7. With regard to disability policies, it is important to keep in mind the experiences of the EU in understanding of disability. The Study provides broad review of EU standards in assessment of remaining abilities and mechanisms for assessment of capacities of persons with disabilities (Chapter IV); here, we are going to mention only the basis of EU approach in understanding disability.

Disability is "an obstruction or limitation of activities caused by modern social organisation which, either completely or significantly, neglects persons with physical disabilities thus excluding them from participation in mainstream social activities".

Social model vs. medical model of disability

Social model of disability, represents a theoretical framework and foundation for development of policies and practices in the area of disability and it is often explained in comparison with its opposite, which is medical model of disability, according to which disability is perceived as a personal problem directly caused by an illness, accident or some other health condition. According to such concept, the person affected needs constant medical and social interventions and modifications, such as, for instance, rehabilitation. According to the social model, disability is a product of combination of societal, political and social contexts a person with disabilities lives in, which are structured in such a way that prevents the person from enjoying public facilities and using public resources as personal rights, due to existence of physical barriers, obstructed or restricted access to information (architectural barriers, system of public transportation, public signalisation system etc.) and social constructs and beliefs which lead to discrimination of persons with disabilities.
The second part of the Policy Study analyses in details the existing system and institutional models in the area of disability in BiH, as well as mechanisms for assessment of remaining abilities; overview of best practices in the area of disability is provided, in addition to assessment of financial sustainability of implementation of disability Policy, strategies, and new standards.

8. Although it was not the topic of this Policy Study, it is important to keep in mind the real situation of persons with disabilities in BiH.

Persons with disabilities, as confirmed by experiences of many countries, are additionally affected by poverty and social exclusion.

Analyses carried out by the World Bank for BiH, on the bases of the LSMS results for 2001, show that disabilities, in particular special needs, increase the possibility of becoming poor by 18%. Hence, chances for a person with special needs to become poor are almost 1/5 higher compared to other persons.

Detailed conclusions of these analyses indicated the following:

- Persons with disabilities must visit health institutions more frequently and spend more money on health care.
- Costs of health services and problems of access, such as problem of mobility and transportation represent the main barrier to health care of persons with disabilities.
- Persons with disabilities have limited access to education; their level of literacy is lower.
- Possible arguments that could explain the differences in education are that potentials of children are not fully developed because schools (both in terms of school buildings and didactic materials) are not accessible; there are only several teachers with appropriate qualifications teaching children with disabilities at all levels.
- There is a lack in adaptation in higher educational system to the needs of persons with disabilities.
- School buildings are not adjusted to students with physical disabilities.
- There is a lack of adapted didactic material.
- Persons with disabilities have limited access to employment.
- Many persons with disabilities do not work although they are capable to work and are looking for employment.
- Unemployment also affects persons with disabilities.
- Many employment opportunities include manual labour and are not accessible for persons with disabilities.
- Many jobs could be accessible if workplace was adapted, but majority of employers do not want to use resources available for workplace adaptation.
- Employers have preconceptions about what persons with disabilities could or could not handle.
- According to the assessment of their own housing made by persons with disabilities, households with persons with disabilities are over-crowded and inadequate, described by persons with disabilities as "bad housing".
- Access to drinking water and central sewage system within housing unit is limited compared to other persons.
- Persons with disabilities spend less, but higher portion of what they spend goes to healthcare services.

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5 See for more details: Ž. Papić, with support of F. Zuko, Overview of socio-cultural, institutional, historical and political context, within the Project "Support to Disability Policy Development in BiH", IBHI, Sarajevo, April 2006.

• Poverty is more common among persons with disabilities, the degree of poverty and its
distribution are higher then among other persons.
• Disability is a strong determining factor of poverty; even if other characteristics such as
education level, age, gender and place of residence are the same, it is more likely that
persons with disabilities would be poor.

9. If we observe rights of persons with disabilities in Bosnia and Herzegovina, the findings of
the Study, in particular in Chapter VIII, indicate that there is a high degree of discrimination
among them – on several bases.

The first form of discrimination stems from the origin of disability. Disabled veterans both in the
FBiH and the RS are entitled to a personal disability benefit starting with 20% disability, while
civilian war victims and disabled civilians receive the entitlement only when the level of
disability equals or exceeds 60%.

In addition, there are differences in the amount of benefits paid to persons with the same level
of disability. So, disabled veterans with 100% disability in the category I in FBiH receive KM
734.00 per month, while persons with disabilities falling under the category of civilian war
victims receive KM 513.8 and disabled civilians receive KM 149.17 A person with 90% disability
who falls under the category of disabled civilians receives almost four times less in disability
benefits compared to the disabled veteran with the same level of disability.

In addition to differences in the amount of the personal disability benefit, there are also
differences in both realising the entitlement and the amount of the entitlement for care and
assistance provided by another person, orthopaedic benefits, etc.

The situation is similar in the RS. Persons in the same category of disability are entitled to
personal disability benefits of different amounts, with disabled veterans receiving higher
amounts of benefits.

The second form of discrimination is related to the place of residence of a person with
disabilities. In addition to differences that exist in the two entities, there is also further
differentiation within the FBiH. For example, during the course of 2005, mentally disabled
person in Sarajevo Canton was entitled to KM 117 per month in benefits for care and
assistance provided by another person. In Bihać in the Una-Sana Canton, this entitlement
equalled KM 39, while in Mostar, a person with the same disability was not entitled to this
benefit at all. The situation further deteriorates when data from different municipalities in the
same canton are factored into the analysis, reflecting significant fluctuations

As seen in the overview and analysis of EU experiences, all measures and mechanisms
implemented within disability policies in the EU focus on activating persons with disabilities and
are essentially multi-sectoral.

On the other hand, "care" for persons with disabilities in Bosnia and Herzegovina is reduced to
giving cash benefits with huge differences in amounts of benefits paid to disabled veterans and
other disabled persons.

10. Activities focusing at support to persons with disabilities are not efficient and do not yield
expected results.

The existing measures in the field of employment which are intended to employ as much
persons with disabilities in FBiH and RS include exemptions for salary contributions, adaptation
of working places, etc. So far, these measures did not give adequate results; this can be

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7 In the category of disabled civilians, all persons with disabilities with 100% disability receive the same amount,
while in other categories of beneficiaries these are split into two sub-categories.
explained by the fact that there are no developed programmes of evaluation of aforementioned measures. Projects of re-training and training of persons with disabilities that were so far organised mostly by nongovernmental sector also did not give expected results.

As far as measures in the area of education of children with disabilities are concerned, the programme the objective of which is inclusion of children with disabilities in schools is very slow. Furthermore, besides specialised schools, education institutions do not have necessary professionals that would assist children, teachers and parents. A few schools solved the problem of architectural barriers (examples of schools which took measures to remove those barriers could be found, but this was done inadequately e.g. lifts were made in which wheelchairs cannot fit, etc).

Since thorough reform of health sector was not yet realised, there are numerous problems in it as well. The greatest problem is in the fact that the main principle according to which everyone should have equal access to healthcare services is not respected (in BiH, access and quality of healthcare services is primarily determined by the place of residence). Inadequate health care, as already known, presents additional risk for increase of number of persons with disabilities. Furthermore, a large number of persons with disabilities (children in particular) are not covered with mandatory health insurance, i.e. does not have access to health insurance.

With regard to measures in the area of public transportation, housing, culture, sport and recreation, which are largely related to elimination of architectural and other barriers and inclusion of persons with disabilities in cultural, sport and recreational activities, it can be said that those measures are not implemented at all, or at the very best, they are implemented very slowly. Even those persons with disabilities who are active and successful experience lack of interest of the Government and sometimes of the broader public in these areas, which does not contribute to fulfilment of aspirations of persons with disabilities to become included in the mainstream society.

Poor E-inclusion of persons with disabilities could also be listed as a problem although there are positive examples of associations and individuals who implement their activities (even those activities related to contribution in development of disability policies) using Internet.

11. All of the aforementioned implies a conclusion that, in fact, there is no serious policy or strategy for social inclusion of persons with disabilities in BiH. MTDS lists the measures for elimination of poverty and improvement of quality of citizens' lives. Among others, there are measures in the area of social policy, but the main problem is that the issue of persons with disabilities is not part of the mainstreaming and it is not being solved within all other policies. One gets an impression that those measures deal with persons with disabilities only when it comes to provision of financial benefits for this population. Other measures that would promote social inclusion are almost non existent.

12. The Study dedicates a significant part to the analysis of the existing system and institutional models in the area of disability, in particular in the Chapter V.

In order to understand the existing institutional models in BiH society dealing with persons with disabilities, it is important to keep in mind political and social system of Bosnia and Herzegovina, established by the provisions of the General Framework Agreement for Peace (GFAP) in 1995, and the Constitution of Bosnia and Herzegovina. The entities (Republika Srpska and the Federation of Bosnia and Herzegovina) are responsible for the basic segments of social structure realising country's policy towards persons with disabilities, while the state of BiH has the mandate only in some central areas of economy and social development such as the Mid Term Development Strategy BiH 2004-2007. In the part of the Strategy which deals with the social sector, sub-strategies were developed in key areas dealing with disability issues, specifically: pension-disability insurance, protection of disabled veterans and social welfare.
At least two systems in the country (Entities) are responsible for organisation and functioning of institutional public capacities; going further down the organisational structure, the system is increasingly de-centralised: there are cantons, municipalities, local communities, institutions, funds, services, etc. Also, in organisation of civil society, at the level of entities, a number of associations (organisations) of persons with disabilities, joint bodies and networks are in place, which operate in cantons, regions, municipalities. Majority of organisations dealing with persons with disabilities are locally based i.e. their work is linked to certain territory of local community and needs of their members. Also, associations usually represent individual interests of different categories of PWDs they gather round, which often results in disharmonised attitudes and non-coordination in joint activities.

At all levels and within all institutional organisations, various models of care, support and assistance are developed for persons with disabilities, their family members, environment they live and work in and professionals who provide services. They practically represent a response and action of organised social structures of the society of Bosnia and Herzegovina aiming to address the issue of disability and needs and problems experienced by each person with disabilities.

The analysis was unable to deal with all new approaches that are not yet institutionalised (it was estimated there are several dozens) and it focused on models currently being developed at local or regional level which became part of the institutional system in their territory. Positive experiences in their application served the purpose of development of recommendations in order to apply them in as many communities and develop them into institutional systems in the areas they relate to.

The analysis particularly underlined differences in approaches and differences present in certain parts of procedures employed by entities and policies, because according to the dominating approach, the issue of disability is being observed from the perspective of social policy, not from the perspective of human rights, thus resulting in significant differences among persons with disabilities, their position, rights and living conditions within one entity and in particular between entities.

The analysis showed the following:

- There is no unique policy regarding disability issues in Bosnia and Herzegovina and common standards are not established to serve as a foundation for legislation in this area.
- The areas treating needs and rights of persons with disabilities are very broad and heterogeneous. Each area developed legislation for itself which and these are not mutually linked and harmonised. During the process of passing of the law, sectors do not have to give their opinions even if their competencies are being determined. Persons with disabilities also participate, though partially, in these activities, through their associations.
- There are no advisory bodies at national, entity and cantonal levels that would provide counselling to governmental bodies and advocate in the process of development of laws regulating policies in the area of disability and rights of persons with disabilities. The existing bodies of organisations of persons with disabilities (unions of associations and coordination bodies) do not have partner status and are not trained for social dialogue with the government in the process of development of laws.
- Communication and cooperation are not established between entity and canton legislators and entities and cantons, which results in differences in approaches in development of basic institutional models, different indicators, different conditions, inconsistencies with regard to planning and use of models, differences in treatment depending on the place of residence, differences in assessment, etc.
- Different legal systems have firm boundaries and are not open to initiatives from other territories. So, for example, social institutions cannot use resources from health funds for services which benefit persons with disabilities even if they have the character of
healthcare services because they are not part of the network of healthcare structures. Partnership among sectors is not regulated as an approach and method of work thus creating formal obstacles in development of a mixed model of services for persons with disabilities.

- Legislation in some systems does not recognise specific needs of persons with disabilities, as a result preconditions are not created for development of the model i.e. programmes appropriate for the needs. Such situation is present in the healthcare sector in which existing measures of healthcare are not available for all insured persons under the same conditions and are not adapted to specific conditions and needs of persons with disabilities.

- In social protection area, measures are focused on cash entitlements and provision of institutional accommodation and they enable community based rehabilitation and community based accommodation to a limited degree.

- Because of organisational structure and the way of functioning of executive authority in BiH (the issue of jurisdiction and financing of disability area) mutual use of resources from entity i.e. cantonal funds is not possible.

- Establishment and work of organisations of persons with disabilities is regulated within three systems (state and entities) through laws on associations and foundations. Activities of passage of special laws on organisations of persons with disabilities are currently underway. Some governments are passing regulations which establish criteria for award of the status of organisation of special social interest or passing decisions to award this status. In this way, the foundation is created for the authorities to be responsible for respecting and supporting these organisations and their sustainability.

- Regulations regarding financing of established institutional models are similar as for their definition. Institutions at all levels and all of the sectors involved have the responsibility for financial sustainability. As a consequence, this results in unequal access to financial resources and different degree of responsibility for implementation of the model. For example, in the RS, institutional models in social welfare are usually established by the Entity while municipality provides financial resources. The second example is that rights to benefits in the area of protection of veterans-disabled persons, pension system and child protection are realised depending on the amount of available resources.

- Existing legislation in the area of disability puts little or no emphasis on supervision or monitoring of the results and effects of some institutional models and consequences of their inapplicability and inefficiency. A number of proclaimed programmes are not implemented at all, others are implemented only partially, yet it is hard to change the laws and full application and sustainability is not provided.

- Legislation in all systems have their own procedures of registration and keeping records on persons with disabilities. These systems do not have common parameters which would enable the minimum of common data useful to all. Communication systems aiming at use of the data by all are not developed either, so the complicated administrative procedure prevents unobstructed and efficient system of exchange of information.

13. In the Chapter VI, during the analysis of mechanisms for assessment of remaining abilities of persons with disabilities, the starting point were three prevailing models of attitude of the community towards persons with disabilities:

- Charitable / Caritative model based on the belief that persons with disabilities were "punished" because of the "sin" committed by themselves or by their family member, and that those who believe to have sinned as well could protect themselves by helping persons with disabilities and in that way "deserve" absolution of the sin.

- Medical model is based on the progress of modern science and development of medicine and other sciences and understanding that disability is a "malfunction" an "error" that could be fixed, after which persons with disabilities would be able to take their place in the society and fulfil their social roles. This model is based on engagement
of "professionals" of various profiles without possibility for considerable impact by persons with disabilities or other interested parties on processes that aim at "training" of persons with disabilities in independent participation in activities in the community. Impairment, "disability of an individual", is the cause for inability of such individual to get involved in the society and, once remedied, the cause of exclusion will be eliminated or decreased.

- Social / inclusive model is based on full participation of a person with disabilities in all process in the society, which means full realisation of rights belonging to all members of the society. The main cause for exclusion of persons with disabilities is not the individual but the community which creates various barriers for complete inclusion of persons with disabilities.

Definition of disability in a society and mechanism for assessment of remaining abilities very much depend on prevailing model of attitude of the society towards persons with disabilities.

As pointed out by the analysis in the Study, several mechanism for assessment of remaining working abilities, i.e. degree of disability, are employed in Bosnia and Herzegovina, and their critical review indicated the following:

General characteristics of mechanisms for assessment of degree of disability are:
- There is no unique definition of disability in Bosnia and Herzegovina that would be accepted by the majority of stakeholders involved in various processes related to the phenomenon of disability;
- Despite the fact that common elements used in the process of assessment of certain categories of persons with disabilities have been identified, the minimum legal foundation for assessment of degree of disability for various categories of persons with disabilities is still not in place;
- With the exception of assessment of degree of disability and categorisation of children with disabilities, the assessment of degree of disability for all other categories of persons with disabilities is conducted with purpose of realisation of rights in certain areas in which the state ensures programmes for support to persons with disabilities;
- The capacities of institutions and commissions responsible for assessment of degree of disability and categorisation of persons with disabilities are limited and it often takes a while before a person can undergo such assessment;
- Administrative procedure (collection of all necessary documentation) is very demanding and mostly irrelevant for the process of assessment of the remaining working ability;
- Often, certain financial resources are required for collection of all necessary documentation for initiation of the procedure for assessment, which is a limiting factor for certain number of persons with disabilities;
- Apart from different local laws and by-laws, International List of Disabilities is used for the purpose of assessment of various categories of persons with disabilities and this could be a good starting point for harmonisation of the assessment criteria.

Children with disabilities

- Serious problems are present in the process of categorisation and assessment of degree of disability of children with disabilities;
- Legal framework for categorisation and assessment of degree of disability and necessary by-laws are not harmonised (Cantonal laws on basis of social protection, protection of civilian war victims and protection of families with children are not passed in all cantons), while by-laws used as the basis for appointment and operation of commissions for assessment are for the most part merely copied form the Rulebook of SR BiH from 1984;
- For that reason, the process of assessment of degree of disability is mostly based on professional medical model in the approach to the phenomenon of disability. This argument is best reflected in the composition of the commissions in which medical practitioners dominate;
Giving the competency in this area to cantons, the Federation of Bosnia and Herzegovina has led to an unequal institutional system of bodies responsible for the assessment. In some cantons, assessment commissions do not exist;

The method of categorisation and assessment of children with disabilities in Republika Srpska is more harmonised, due to centralised system of the Entity, although the commissions for assessment and categorisation are not fully staffed in all centres they operate in;

**Disabled veterans and civilian war victims**

Despite two assessment systems in place, it seems that the criteria for assessment of veterans' disability are almost fully harmonised;

It is evident that the minimum level of veteran disability of 20%, enabled the award of status of disabled veteran to a large number of persons whose working ability is almost completely intact. There are several reasons for this approach, but certainly the most evident are "buying" of social peace, recognised political power of disabled veterans and sensitivity of constituencies to problems of this category of citizens, economic motives of a large number of those who realised the right to entitlements on the basis of veteran's disability and lack of alternative attractive programmes.

**Disabled civilians**

The differences in mechanisms for assessment of degree of disability and institutional framework for implementation of assessment are evident between entities;

Legal framework for operation of institutions for assessment is different;

Centres for social work in BiH, as well as the Institute for medical opinion and the Ministry of Labour and Social Policy in Federation of Bosnia and Herzegovina lack capacities to complete the procedure of assessment and revision for all persons with disabilities in FBiH who initiated the procedure;

It is evident that lack of a unique definition of disability creates opportunities for a large number of people to realise certain entitlements by gaining the status of a person with disabilities, without real need for types of support designed for the benefit of persons with disabilities; It is indicative that in Republika Srpska little more than 6 thousand persons use the entitlement for care and assistance provided by another person, while based on Federal Law on social protection, protection of civil war victims and protection of families with children, by the end of 2006, this entitlement was realised by more than 10 thousand persons and twice as many persons are waiting for the procedure of assessment of degree of disability;

14. Good practices in the area of disability are analysed in Chapter VII and, as assessed, such good practices ensured that this issue became an important priority in the agenda of various BiH society development stakeholders. However, during the survey, it was found that available information about various forms of activities of either state institutions or organisations of persons with disabilities was not sufficient, making it very difficult to explore the examples of good practices. It was assessed that interested stakeholders either do not want or are not able to learn sufficiently from positive examples in the area of disability in our country. Therefore, the good practices, however valuable, usually remained isolated either within local communities in which they were developed or within programmes for work with certain categories of persons with disabilities.

Although disability is more often on the "agenda", it was assessed that competent authority institutions still do not have clear vision of their future activities in disability area, while on the other hand, organisations of persons with disabilities do not have enough influence and capacity to change current situation in terms of attitude of the society towards persons with disabilities for the better.
15. Considering the lack of overall Policy and strategies, survey of financial sustainability of disability Policy and strategies (Chapter VIII) faced numerous difficulties. Yet, the following conclusions were reached:

- Both entities (especially the Federation of Bosnia and Herzegovina) allocate substantial amounts from their budgets for financing of benefits of disabled veterans, while significantly lower amounts are allocated to finance benefits of other persons with disabilities;
- Regulations dealing with rights of persons with disabilities categorize potential beneficiaries by the level of disability with no consideration of real needs of beneficiaries;
- Discrimination between disabled veterans and other persons with disabilities occurs in several forms (in the number of categories, amount of benefits, scope and type of entitlements, etc.).

The assessment of financial effects of introduction of EU standards took into consideration a feature characteristic of BiH, specifically, a large number of disabled veterans and disabled civilians, which is a result of the war in BiH.

Although the Council of Ministers adopted the "UN Standard Rules for the Equalization of Opportunities for Persons with Disabilities" in 2003, this document is not implemented to a substantial degree.

The analysis showed that numerous rights of persons with disabilities are violated in BiH.

The most frequently and most harshly violated rights are exactly those rights that are in focus of disability policies in the EU:

- Social protection sector (cash benefits and other types of material assistance, services of social and other professional work, programmes of training for independent life and work, accommodation in social protection institutions, care at home, etc.);
- Healthcare sector (right to healthcare, right to benefit for care and assistance provided by another person, orthopaedic aids, right to treatment, lack of health insurance coverage for children and mentally disabled persons);
- Education sector (right to education and educational tools, right to inclusive education, lack of choice of professions in special education institutions, lack of conditions for education of persons with disabilities in general education schools, inappropriate level of training of teachers, right to higher education);
- Right to receipt and dissemination of information (lack of accessibility options for transfer and receipt of information for persons with disabilities of all kinds, limited number of papers and magazines for persons with disabilities);
- Area of employment and appropriate working engagement (lack of national strategy for stimulation of entrepreneurs for employment of persons with disabilities, limited choice or no choice in selection of profession, lack of system of retraining persons with disabilities);
- Area of the status and financing of organizations which deal with disability (lack of national strategy of development of such organizations, insufficient and irregular co-financing by entities, and complete absence of financing by the state).

16. General finding of the Study is that disability problems are not mainstreamed which has a significant impact on social exclusion in BiH and results in inefficient resolution of problems of persons with disabilities. Therefore, the need to adopt EU standards and policies is not only required for the purpose of the process of integration of BiH into the EU, it is something that the society of BiH needs, not only persons with disabilities.

Development of disability Policy and strategies through SDPD project is, at this moment, assessed as the main catalyst of mainstreaming of disability issues in BiH.
SECTION ONE
II  Dr. Belma Goralija "Overview of the existing policies and legislation in the region and the EU in the area of disability" (including the impact study)

1. Introduction

Over the past decades, one of the challenges that the European Union faced, was the one that concerns disability. Directives and programmes that relate to disability share the basic goal of removal of cultural and material barriers to true social integration of persons with disabilities, through projects funded by the EU itself.

All member states have initiated, though in different ways and at different time, social policies to improve conditions of living for citizens with disabilities and gradually create increasing opportunities for their inclusion into everyday life.

A commitment that different member states shared was to progressively create forms of institutionalisation followed by gradual inclusion of persons with disabilities into their society.

In early 1950s, the so-called "state of public assistance" emerged in several European states, which lead to establishment of large institutes that focused more on provision of assistance to the family then to the individual itself. These later evolved in what could be described as "small towns" built for persons with physical and mental disabilities integrating facilities for leisure time, workshops, health services etc.

Later on, especially in the early 1980s, a change in policy to persons with disabilities was noted, which lead to assuming the responsibility by the society. Such behaviour triggered a shift from the attitude of "protection" to the philosophy of "independent living" in many EU member states. This process faced difficulties of different nature in the past, and is still facing them today, but it is now unstoppable. However, at the level of the European Union, a lot of differences are still present in how these issues are dealt with, because they are conceived to be dealt with at the national level.

2. Basic approaches to social inclusion and disability policies in the EU

When it comes to provision of assistance, over the past twenty years or so, we can note the general tendency towards the philosophy and practice of provision of assistance within the community, or more precisely provision of assistance at home with or without support of territorial services. This type of service is a precondition for integration into the society for the majority of persons with disabilities.

At the moment, provision of services to persons with disabilities is facilitated through non-profit organisations with support of the state and use of public tenders at local or national level in many EU member states. Other member states keep provision of those services solely in the area of public sector, while some combine voluntary services with public services. At the same time, a lot has been changed in the policy and activities of public services, volunteers and the society in general, when it comes to persons with disabilities.

When it comes to persons with severe disabilities, one can note an unspoken tendency to resort to smaller structures instead of the large traditional institutes in many member states. Movements developed that were supported by associations, voluntary organisations and NGOs which favoured different solutions in line with the philosophy of independent living. Many examples can be found in different countries where psychiatric hospitals and institutes were closed down and communes for accommodation created based on the principle of living in the group integrated in the particular area.

However, it needs to be noted that in different member states many procedures and innovative experiences, although legally regulated, are still not fully implemented. In addition, inconsistencies are present both in the operational approach and in the political strategies.
In the process of integration into the social life, one had to consider the **area of education** as well, including the deep changes and innovations to be introduced in the system of education to work for the benefit of children with disabilities.

All member states approached different levels of education aiming to identify solutions best fitted to persons with disabilities. Solutions identified to date are multiple and there are still differences among member states. In some states, Italy for example, the process of integration of children with disabilities into regular schools at all levels is in place for over twenty years, while in some states transfer from special schools into regular schools is still in the phase of transition, or subject to clearly defined conditions.

There are at least three different options of schooling for children and youth with disabilities in the EU:
- Inclusion into special schools,
- Integration into regular schools,
- Solutions in between, with special classes within regular schools or part-time special education occurring at the same time with the regular schooling,

Comparative examples for blind and partially sighted persons are presented in the Annex 1.

However, some encouraging developments emerged as a result of the fact that serious review of the best educational options that work in favour of persons with disabilities was underway in each of member states.

In addition, exchange of information and experiences occurred between different member states and different environments and expert meetings intensified in search of the most adequate and the most appropriate strategies to meet educational and didactic needs of students with disabilities.

The sector of **professional training and employment** of all EU member states did not lack intervention, which aimed to create conditions for access to the labour market. It turned out that professional training and relevant work experience were useful instruments of efficient integration into the society.

Education and training are believed to be the most important tools for successful professional inclusion. Different and varied options of training are in place in different countries. However, difficulties present in this area strongly limit the process of integration into the work environment.

As for employment, all member states passed specific laws long ago. Norms are in place, as is the case in Italy for example, according to which a certain percentage of staff of any given company has to come from the group of persons with disabilities. Such systems did not turn out to be successful in practice, partly due to the bureaucratic procedures and partly due to other problems that mainly have to do with the work conditions. In almost all member states, control mechanisms for companies required to hire workers with disabilities are not in place. Regulations are constantly violated either by filing requests for exemption or by payment of regulated fines. In many cases the employer would rather pay the fine then hire a person with disabilities. The reasons are many: the society perceives persons with disabilities as sick persons, accessible transport is not available, housing is not appropriately adapted, modifications to the workplace are necessary in order to meet the needs of a person with disabilities, and these problems persist despite the fact that almost all EU member states have funds that could be used to cover the potential cost.

Measures taken in this sector are not consistent enough throughout EU member states, not even after having programmes adopted and specific laws passed, because those programmes were not yet fully operational and laws were not yet fully implemented. Over the past several years no shortage of plans was noted in particular member states to deal with the labour market.
The provisions passed earlier, as well as those about to be passed, stipulate inclusion of specialist consultations, integration of non-discrimination clauses into the national regulations, programmes of decentralisation of responsibility in the protected workshops, professional training regulations, introduction of contributions for assistants or educators or demand targeted laws to be passed to serve the purpose of protection from discrimination.

The following two requirements surface when it comes to employment:

1. Opening new jobs designed solely for persons with disabilities
2. Identifying possibilities for employment opened to them as well, in the free labour market.

In some member states, establishment of social enterprises and cooperatives was perceived as a measure of integrative employment, because it enables creating new jobs, often in innovative sectors. Such is the case in the situation when these social enterprises were defined as trading companies funded in the same manner as the traditional companies, but having an additional goal of creating jobs for specific groups, including persons with disabilities.

There is a notion in the EU that there are not enough decently paid jobs for all. To create equal opportunities, member states have to define a coherent political line to deal with the issue of employment of their citizens.

These brief observations lead to a conclusion that the processes of integration of persons with disabilities in Europe today noted a significant breakthrough, but that difficulties are still present that caused delays in accomplishment of the goal of full employment in the society. All member states need to intensify their ongoing efforts. In addition, relationships and forms of cooperation need to be intensified to come to coherent and homogenous policies in all EU member states as soon as possible. This process is underway for several years and it is strongly supported by the EU.

3. Basic EU documents and policy instruments in the area of disability

At the level of the European Union, there is no unique framework document relating to the policy concerning persons with disabilities. There are many non-binding documents that discuss and deal with the issues of disability and social inclusion.

The Charter of Fundamental Rights of the European Union was proclaimed in Nice on 7 December 2000, summarising the common values of the EU member states. Its purpose is expressed in its preamble, as follows:

"It is necessary to strengthen the protection of fundamental rights in the light of changes in society, social progress and scientific and technological developments by making those rights more visible in a Charter."

The Charter was signed and officially proclaimed by the Chairmen of the European Parliament, the Council of Europe and the European Commission, on behalf of these three institutions. Nevertheless, it was decided in the meeting of states and governments held in Nice, that no references to the Charter would be made in the Nice Treaty. That means that although the Charter was recognised for its political value, as a document that integrates the treatment of the traditional civil and political rights and social and economic rights for the first time, it is still not binding and legally mandatory.

For persons with disabilities, this document is of utmost importance. The Chapter III Equality, Article 20 Equality, stipulates that all citizens are equal before the law, while Article 21 Non-Discrimination, discusses all types of discrimination and ban of discrimination on any ground, as follows:
"Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited."

The most important to the population of persons with disabilities is Article 26, which deals with integration of this population, as follows:

"The Union recognises and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community."

In the meeting held in March of 2000 in Lisbon, the Council of Europe agreed to make decisive steps to root out poverty by 2010. It was agreed in the meeting that member states would coordinate their activities and policies to combat poverty and social exclusion employing open method of combination of common goals, national action plans and community action programmes. (For more details on this subject, see Chapter 3).

3.1. Main approaches to policies

Approaches to policies identified in action plans could be roughly divided into two categories:

1. In the first category are those policies which increase access for all,
2. In the second category are those policies which relate to specific measures targeting those in the situation of social exclusion.

- Member states mainly approach disability as a matter of human rights: They perceive persons with disabilities as passive recipients of assistance, acknowledging as legitimate at the same time, demands of persons with disabilities for equal rights. They are making efforts to develop policies that would aim at full inclusion of persons with disabilities into the economy and the society. This includes equal opportunities, empowerment of persons with disabilities and their active participation in mainstream of the society.
- A positive trend was noted among EU member states to come up with accessible policies to provide goods, services and infrastructure aiming at inclusion of all, including persons with disabilities, into the social and economic life.
- Nevertheless, some barriers remain, especially those of psychological, legal and administrative nature, in addition to new technologies and attitudes, and a lot is yet to be done.
- In order to combat poverty of majority of persons with disabilities, all member states made promotion of social inclusion through employment of persons with disabilities their main priority. Attention also needs to be focused on importance of cooperation with business sector and introduction of the concept of social responsibility.
- Only "modern" policies favour independent living at home as opposed to living in specialised institutions. A general tendency is noted in member states to promote provision of long term care at home or in the family environment. In any case, an adequate or costly system of provision of care results in families still being required to provide assistance to persons with disabilities.

3.2. Inclusion of disability issues into the social mainstream

Exclusion of persons with disabilities from full participation in the society is a result of a number of different factors and it requires activities in many fields.

Although in some member states (mainly in the Scandinavian region) development of state policies to deal with disability demonstrate a tendency of inclusion of this issue into the social mainstream, such programmes, nevertheless, lack visibility in action plans for inclusion. In Sweden, the national plan for disability policy is based on the concept of inclusion of disability issues into the social mainstream and it therefore involves all social sectors and requires that
the central government services take this issue into consideration. It is for that reason difficult
to make member states do more in this field, as noted in the Resolution of the Council of
Europe of 15 July 2003 on promotion of employment and social integration for persons with

Inclusion of disability issues into the social mainstream in all relevant sectors of policy making
requires careful consideration of needs of persons with disabilities in the process of
development of general policies. Such approach requires action in the early phase of the
process, in cooperation with relevant key stakeholders in the process, including those that
would be affected by the policy. Special structures are in place in many countries, aiming to
ensure cohesion among activities implemented at national level. They often favour
participation of NGOs. These structures, however, focus more to provision of assistance to
persons with disabilities, making the "mainstreaming" approach their secondary priority. A
Committee for Disability is put into place in Sweden to deal with issues of persons with
disabilities and establish cooperation with organisations that represent this population. The
"National Committee for Disability Issues" is in place in Italy.

- Development of policies and provision of services of promotion of social inclusion of
  persons with disabilities is getting more attention in most EU member states, especially
  in the area which deals with integration into the business sector. Results of measures
  aiming at employment vary.
- In most member states, active policies were made to respond to needs of individuals.
  Some member states set goals in the area of participation of persons with disabilities
  and persons with severe disabilities in professional life: In Germany, a decrease of
  number of unemployed persons with disabilities of approximately 24% was noted (initial
  goal was 25%). Ireland set a goal to decrease the number of unemployed in the
  category of vulnerable groups to bring it to the level of the national average by 2007.
- Innovative legislation was introduced for persons with disabilities with emphasis on their
  employment and income (Luxembourg).
- Policies of social security and social protection which relate to persons with disabilities
  are again in the spotlight in some member states, especially those policies in favour of
  employment of persons with disabilities. Belgium: New method of calculation of total
  earned income and sickness benefits.
- Education of children with disabilities in regular schools substantially improved in most
  member states. In Ireland, programmes for increase of participation of vulnerable
  groups in higher education were expanded and they now include a special fund for
  students with disabilities.
- Policies based on independent living were developed in many member states.

They raise the issue of family and the issue of rights and possibilities of individuals to live in the
same way as other citizens. Austria developed services for persons with disabilities and
improved the situation for those persons requiring long term care: The weight pulled by the
families persons with disabilities live with, which mainly related to women, now decreased,
which in turn increased their opportunities for employment.

Goals which related to services provided to persons requiring long term care originally set to be
accomplished by 2010, are partially already accomplished.

Although employment is an important factor for social inclusion of persons with disabilities, it is
now more and more evident that social exclusion goes beyond unemployment. Some member
states have not yet paid enough attention to this issue in terms of policies to be developed in
key areas such as: education, training, information society, care and housing, transport or
inclusion into cultural and sport life. Generally speaking, member states have not yet identified
goals concerning disability clearly enough. In addition, issues relating to poverty and social
exclusion are so complex that the period of two years is way too short to determine whether the
measures that were taken were indeed effective. In addition, indicators and data are generally
not available. For that reason, it is necessary to define specific goals and objectives that would
provide direction for the assessment and systematic evaluation of national policies.
3.3. Goals and objectives

Almost all member states present a wide variety of measures that need to be taken in order to ensure social inclusion of persons with disabilities, but those measures are not clearly defined and lack of cohesion of goals is evident. Main goal is in most cases employment which is recognised by the majority of countries as the main factor of social inclusion. Nevertheless, hardly any country specifies the amount allocated for those purposes and activities. Some countries present data on how much money was allocated for measures of employment funded by the European Social Fund (ESF) and EQUAL.

In order to improve social inclusion, priorities were identified and guidelines given to ensure its full implementation. These guidelines do not only relate to persons with disabilities, they relate to all groups at risk of exclusion.

<table>
<thead>
<tr>
<th>Six key priorities in the European Union in the coming period:</th>
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</thead>
<tbody>
<tr>
<td>1. Promote investment in and create measures for active labour market which would be appropriate to those having most difficulties accessing employment;</td>
</tr>
<tr>
<td>2. Ensure that the scheme of social protection is adequate and accessible for all and that it ensures effective incentive for those capable of working;</td>
</tr>
<tr>
<td>3. Improve access for the most vulnerable and those at highest risk of social exclusion to provide them with decent housing, quality healthcare and opportunities for life-long learning;</td>
</tr>
<tr>
<td>4. Implement specific efforts in prevention of early termination of schooling and promotion of easy transition from school to work;</td>
</tr>
<tr>
<td>5. Focus on elimination of poverty and social exclusion among children;</td>
</tr>
<tr>
<td>6. Make efforts to decrease poverty and social exclusion of immigrants and ethnic minorities.</td>
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</tbody>
</table>

These priorities include other activities as well, such as promotion of employment, assistance in getting social apartments/houses, initiation of services for the most vulnerable groups, creation of conditions for education, life-long learning and opportunities for training, provision of legal assistance, accessible transport, prevention of risk of exclusion, promotion of access to resources, rights, goods and services, provision of assistance to the most vulnerable groups and mobilisation of all relevant bodies.

"Promotion of employment"

Employment is the highest priority in the European Union today. For that purpose, a number of guidelines were given to member states to instruct them in how to promote employment. The European strategy of employment includes implementation of the following guidelines:

a) Promote access to steady and quality employment for women and men capable of working, especially:
- By creating paths towards employment for the most vulnerable groups in the society and mobilising policies of training for that purpose;
- By developing policies to bring balance between employment and family life, including needs of children and other persons cared for;
- By using opportunities for integration and employment provided by the social economy.

b) Prevent exclusion from the world of business, improve opportunities for employment, organisation of work and life-long learning.
"Creating conditions for education, life-long learning and opportunities for training"

To create a framework to ensure life-long learning and opportunities for training that would contribute to building social inclusion in the knowledge-based society of Europe, the following elements proved to be significant to a comprehensive approach:

- Provide all levels of education and training to all without discrimination on the ground of gender, age, disability or culture, religion, tradition or national background;
- Encourage participation of all who want to learn and protect their rights during all phases of the learning process;
- Include social inclusion in the social mainstream and integrate into it the entire process of life-long learning;
- Ensure that everyone has access to literacy training and new basic skills recognised as such by the knowledge-based society;
- Expand the network of special guidance and consultancy services, including those that would provide assistance to individuals in making transition from one level of education to another, and
- Create an environment for free learning in the society and at work.

"Preventing risk of exclusion"

Basic guidelines and approaches to preventing risk of exclusion are:

a) Fully utilise the potential of the knowledge-based society and the new information and communication technologies and ensure that no one is excluded, putting special emphasis on persons with disabilities.

b) Implement policies designed to prevent major crises in life that could lead to the situation of social exclusion, such as excessive debt, termination of schooling and loss of home.

c) Implement activities to maintain family solidarity in all its forms.

"Promotion of E-inclusion"

E-inclusion was recognised by many member states as an important factor in the modern society which is more and more based on the knowledge and information-communication technologies that could be of importance to inclusion. This approach is not equally important to all member states, depending on their rate of development of information-communication technologies, (for instance availability of the Internet, especially among low income groups) and possibilities of use of those technologies for the purpose of social inclusion.

"Accessible transport"

Limited access to transport, either due to cost or due to availability, may increase social exclusion by:

- Limiting access of the unemployed to work or opportunities for training;
- Limiting access to key services such as healthcare, life-long learning, culture, sport and recreation;
- Limiting ability of some groups such as persons with disabilities and elderly persons or women with young children to access structures and disabling social contacts;
- Weakening of social capital and forcing persons with low income to a life of restriction exclusively limited to local areas;
- Taking inappropriately large share of income from low income persons or those receiving social benefits;
- Limiting possibilities for a more flexible employment and balance between professional and family life;
- Decreasing opportunities for immigrants and ethnic minorities living in remote areas to get integrated into wider areas;
Lack of good transport infrastructure can also limit possibilities for economic and social revitalisation of the most vulnerable communities and may lead to continuous weakening of marginalised rural areas. Poor communities often suffer more serious consequences caused by traffic because they are most frequently situated in the vicinity of the main transport networks that may isolate them from the neighbouring communities, lead to more severe air pollution and noise pollution and increase the risk of accidents, especially among children. Given the fact that the rift between those who own cars and those who do not keeps getting bigger in the EU, unless positive policies are introduced to improve access to transport for all citizens, transportation will remain a factor that deepens social exclusion and inequality in the society.

"Assistance in provision of social apartments/houses"

The following needs to be provided:
  - Subsidies for social apartments organised by public or private non-profit organisations;
  - New subsidies for public or non-profit bodies for construction of social apartments, especially in those geographic areas where lack of such housing was noted, for construction of small apartments for single persons, apartments for young persons, elderly persons, persons with disabilities and immigrants.

Assistance for persons and families with low income, disabilities, health problems or problems in social integration.

The problem of housing, integrated into policies of social protection of persons and families with low income, disabilities, health problems or problems in social integration represent yet additional justification for state intervention in this area. This problem is made a priority, with emphasis on assistance to vulnerable groups. Recently adopted directives for gas and electricity require member states to ensure protection of vulnerable clients, including the measures for prevention of their exclusion.

In addition, member states also have to ensure protection of end beneficiaries in remote areas. To that end, implementation of the noted measures would contribute to prevention of social exclusion.

In addition, there are numerous additional measures of prevention of social exclusion, which are implemented at the local level.
  - The programme of cooperation between agencies for provision of social housing, social services and services of provision of care to persons with disabilities, elderly persons, immigrants, refugees, Roma, homeless persons (Finland, Great Britain).
  - Refocusing policies of urban development to target vulnerable groups and regions experiencing most difficulties (Denmark).
  - Covering additional cost of housing for persons with disabilities (Austria, France, and Luxembourg).
  - The programme of local consultants for coordination of social initiatives, provision of support to development of residential network and implementation of measures of social prevention (Denmark, Finland).
  - Development of intermediary bodies (public agencies, non-profit organisations and cooperatives) which provide information for lease of accommodation, affordable even to the most vulnerable persons (Belgium, France, Luxembourg).
  - Development of subsidised housing (which includes support provided by social and health workers) for elderly persons, persons with disabilities, homeless persons, etc. (Denmark, France, Germany, Luxembourg, Holland, Sweden, Great Britain).

"Creating services for the most vulnerable groups"

Establishment of organisations for provision of medical care for the most vulnerable groups of persons is a second priority goal of policies aiming to enable all individuals to have access to
appropriate healthcare institutions. That relates to institutional building of the existing mechanisms, specifically:

- Medical care for children and youth (Germany);
- Disability, dependence of elderly persons (Greece, Italy, Holland, Spain, Sweden);
- Mental difficulties (France, Greece, Holland, Spain, Sweden, Great Britain);
- Treatment of alcohol and drug abuse (Denmark, Germany, and Sweden).

"Provision of legal assistance"

The problem of access to legal services and justice, especially for particular vulnerable groups is generally recognised in action plans of most of the member states (Belgium, Denmark, France, Ireland, Luxembourg, Holland, Portugal, Spain, Sweden and Great Britain). These states propose measures to improve access to the legal system and justice.

Groups identified in action plans include ethnic minorities, immigrants, asylum seekers, former and current convicts and persons with low income living in rented apartments.

Legal protection is also necessary, among others, to victims of domestic violence, children, persons with disabilities, victims of trafficking, transsexuals, unmarried couples and prostitutes.

Action plans put emphasis on:

- Expansion of the system of free of charge legal assistance to include persons with low income, making the conditions more flexible for those eligible to this type of assistance, on the grounds of the amount of income.
- Access to quality information, including informative campaigns in connection with the existing services, recognised as a foundation for debate and effective application of the law;
- Mediation on behalf of the population facing critical situation, used to initiate debate, including the debate between the administration and citizens;

Spain, for example, plans creating a judicial system to deal with complaints and claims of persons with disabilities, as a part of establishment of measures of legal representation. In addition, they plan adopting the law to protect the rights of persons with disabilities.

"Promotion of access to resources, rights, goods and services"

a) Organise a system of social protection in a way that it provides assistance, especially by:

- Guaranteeing that everyone has resources necessary for dignified life;
- Overcoming obstacles to employment by ensuring improvement of results of employment through increase of income and by promotion of employment;

b) Implement policies which aim to provide access to decent and clean (sanitary) housing for everyone, as well as provide basic services necessary for normal life under the local circumstances (electricity, water, heating, etc.).

c) Create policies that will ensure that all citizens have access to the healthcare system appropriate to their situation, including those dependent on other persons.

d) Develop services and other measures for the benefit of persons at risk of exclusion that will provide them with the effective access to education, justice and other public and private services such as culture, sport and recreation.
"Assistance to the most vulnerable groups"

a) Promote social integration for women and men at risk of poverty or constantly confronted with poverty due to disability or membership in a group experiencing particular problems with integration, such as...

b) Move towards elimination of social exclusion among children and provide them with opportunity for social integration.

c) Develop comprehensive positive activities in those areas considered to qualify as exclusion. These goals can be further developed by being integrated into other goals and/or by introduction of specific measures and policies.

Promotion of integration of persons confronted with persistent poverty.

"Mobilising all relevant bodies"

a) Promote, depending on the national practice, participation and self-expression of persons suffering from exclusion, especially in terms of the situations, policies and measures that affect them.

b) Include the issue of elimination of exclusion as the central issue into all policies, especially:
   - By mobilising public authorities at national, regional and local levels, depending on their competencies;
   - By developing appropriate structures and procedures of coordination;
   - By creating administrative and social services for needs of persons experiencing exclusion and by ensuring that staff in direct contact with beneficiaries is sensitive to their needs.

c) Promote dialogue and partnership between relevant bodies, both public and private, for instance:
   - By involvement of social partners, NGOs and providers of social services, depending on their scope of activities, in the combat against different types of exclusion;
   - By encouraging social responsibility and active participation of all citizens in the combat against social exclusion;
   - By building social responsibility of businesses.

4. EU experiences in terms of disability policies

4.1. Joint projects implemented to date

As early as 1970, the Commission of the European Union focused part of its activities on the social sector, with special emphasis on persons with certain disabilities. These activities were implemented both through the European Social Fund and through studies prepared by special working groups appointed for that particular purpose. During the course of the 1970s, interventions in the area of professional training and education for the benefit of youth with special physical and psychological needs were introduced and supported through the European Social Fund. The first phase of engagement of the Union was marked by institutional action in the area of social action programme adopted by the European Council in 1974. In 1981, the department was established under the name "Actions for the benefit of persons with special needs". In 1983, the first programme of the Union was adopted and other special initiatives for the benefit of persons with special needs were implemented as a part of the programme. Implementation of this first programme enabled continuous comparison between different states and their realities, favouring definition of general goals to be embraced by all member states. Implementation of the programme also highlighted necessity of continuous effort at the European level. While at the beginning, the role of the Union was directed, with efforts made by individual member states, focusing primarily on the exchange of experiences, during the mentioned period, orientation shifted towards defining a joint and harmonised policy, by
development of a certain number of instruments of the Union for the benefit of persons with disabilities. As a result, the European Council adopted the recommendation which related to employment of persons with disabilities in 1986. During the course of 1987, the programme of the European Union on establishment of cooperation in integration of "the disabled" into the school environment and the programme of the European Union for cooperation in school integration were adopted. The new phase began in 1988 with the adoption of the second action plan of the Union covering the period between 1988 and 1991 by the European Council. The programme was entitled HELIOS I (Handicapped people in the European community Living Independently in an Open Society). The main goal was to extend and expand activities implemented under the previous programme, also putting emphasis on the segment that deals with autonomous living of persons with disabilities. Helios programme operated in three priority sectors, namely, school integration, economic integration (professional training and employment) and social integration.

The Programme of the Union continued towards accomplishment of the following specific goals:

- Identify approaches and innovative provisions that could be promoted for the purpose of improvement of convergence and coordination of action implemented by EU member states for the benefit of persons with disabilities;
- Provide added value to the Union in the integration sector through exchange of information and experiences;
- Improve participation of persons with disabilities at the level of the Union.

During the course of 1990, another programme of the Union was adopted through the European Social Fund: It was the Horizon Programme, which aimed to improve perspectives in the area of employment of persons with disabilities and other persons with difficulties.

In making decision to approve funding, the EU gave the advantage to those projects having the inter-state character, with special emphasis put on exchange, cooperation and dissemination of information at the European level (involving into partnerships the underdeveloped regions or the regions affected by the decline of industrial growth).

Implementation of HELIOS and Horizon programmes was completed in 1993 and 1994 respectively. At the moment, further activities are being implemented, which, along with other specific programmes of the Union, offer a series of opportunities for EU member states to improve and coordinate responses to needs of persons with disabilities. HELIOS II programme was conceived to be implemented as the second phase of the original programme. Compared to the first phase, the programme was expanded primarily in the area of protection and provision of timely assistance and truly effective professional re-orientation. It was planned that the following general activities would be implemented under the programme: promotion of innovation and making the exchange easier (through study seminars, conferences, research work, etc.), dissemination of information about those experiences that had the most positive impact and initiation of the system of gathering, updating and exchange of information at the level of the Union, with full use of new technologies.

Therefore, a lot of emphasis was put on inter-state relations between EU member states by encouraging joint development.

With HELIOS II, a joint forum was established at the level of the European Union for persons with disabilities, consisting of representatives of associations and non-government organisations and those segments of the society representing the social power (employers, trade unions). The forum was responsible for proposing initiatives and new provisions and was asked for the opinion on social projects that the European Commission intended announcing. Another project, HandyNet, was conceived to design a data bank (also available on CD) containing useful addresses and information on technical resources and prosthetic products manufactured in Europe. Finally, the project under the title TIDE was about the initiative of the Union in the area of technology designed for the benefit of persons with disabilities (per the decision of the Council of CEE n.93/512). The specific goal of this project was to stimulate the internal market of the technology for rehabilitation in Europe, in order to simplify the social and
economic integration of persons with disabilities and elderly persons. Having done that, the Commission assumed a more decisive role in pushing for the development of a global and unique policy of the European Union to benefit persons with disabilities and promoting the process of improvement of their integration.

4.2. Funding of projects at the level of the EU

The European Social Fund (ESF), along with the European Regional Development Fund and the European Orientation and Agricultural Guarantee Fund, represents one of the three systems in the structure of the Union, capable of providing funding for particular activities. The ESF, which operates within the legal framework regulated by the provision of CEE n. 4255/88 of 19/12/89, may take part in funding projects which relate to activities of professional training, intervention in the area of working integration, creating autonomous jobs, initiatives that relate to professional orientation and consultation in working engagement of the unemployed. Beneficiaries could be young persons awaiting employment and the unemployed. Special emphasis was put on those categories of persons experiencing problems in the labour market. In terms of these criteria, projects conceived for the benefit of persons with disabilities, promoted by public institutions (regions, provinces or even municipalities) and by other institutions and organisations, even in the private sector, may apply for funding by the European Social Fund.

Funding provided by the ESF is subject to certain restrictions, and is separated into categories in line with the following criteria:

- Special interest that the activities have in terms of the perspective of the community;
- Special interest that the activities have in terms of the perspective of the region;
- Particular features of the observed activities.

The European Regional Development Fund implements its activities in the sector of healthcare and education in certain regions of the Union and may be efficient in integration of the activities which commenced within the Union's programmes designed for the benefit of persons with disabilities.

5. Assessment of impact of legislation and policies (the concept of social inclusion) for persons with disabilities in the EU member states on realistic position of persons with disabilities

5.1. It is very difficult to assess the impact that the legislation and policies conceived for the purpose of combat against social exclusion have in the EU member states. One of the reasons is that definitions that relate to disabilities differ from one member state to the other, depending on its approach to the issue of disability, cultural approach and general social situation in the particular society. In addition, most research papers and data mainly refer to the population capable of working, while children and persons cared for by institutions are excluded from the analysis.

Nevertheless, it is known that in 2002, nearly 19% of persons aged between 18 and 24 either terminated schooling or did not continue it further. Children are in particularly sensitive situation because 19% were at the threshold of poverty in 2001, which could have negative impact on their development and their opportunities in the future. It is of particular concern that in the EU, 10% of children lived in families with no adult members employed, which had no connection with the world of business in 2002. (Data quoted from the Joint Report of the Council of Europe and the European Commission on the subject of social inclusion, published in 2004).

Nevertheless, the system of harmonised methodology for gathering of data in the EU, used by the EU Statistics on Income and Living Conditions (SILC) and the Labour Force Survey (LFS) - the 2002 ad hoc disability module, provided valuable assessment of the progress made. About 44.6 million persons aged between 16 and 64 believe that they have long term health problems or disabilities, which represents about 16% of the total population fit to work in
the EU. However, there is no distinction made here between persons with disabilities and those with long term health problems. Persons with disabilities, who require personal assistance and providers of services of personal assistance, make a segment of the population which imposes a significant burden to the economy of a particular country. In many cases, these persons are capable of working, which makes the need to make adaptations to the work environment exceptionally important.

**There is a strong correlation between disabilities and aging.** In 2002, almost 30% of persons aged between 55 and 64 stated that they had some kind of long term health problem or disability. That puts new requirements to families and raises the issue of efficiency and provision of care and services to persons with disabilities, including elderly persons with disabilities and those with long term health problems. In addition, the survey (made under the share project: [http://www.share-project.org](http://www.share-project.org)) indicated that disability also had impact on early retirement. For that reason, specific action also needs to focus on prevention of early retirement.

The numbers indicate a difference between the rate of employment among persons with and without disability: in 2003, 40% of persons with disabilities were employed, compared to 64.2% of those without disabilities (2003 KOK Report "Jobs, jobs, jobs"). The number of persons with relatively mild form of disability which affects their everyday activities was at 50% (Eurostat statistics in focus, theme 3-26/2003). Despite that, less then half of persons with disabilities has employment. That indicates that employment of persons with disabilities still needs to be considered very seriously.

The ratio between employed persons with and without disability is presented in the Table No. 1.

**The rate of inactivity of persons with disabilities** is double the rate of inactivity of persons without disabilities, which indicates low level of integration due to long term health problems or disability and due to poor education and lack of professional training. The reasons of inactivity could be different in different countries. The most serious hindrance, in many cases, is a risk of loss of privileges and financial benefits. Another possible cause could be that employers are reluctant to hire persons with disabilities out of concern that necessary modifications to the workplace to adapt it to the needs of employees with disabilities would result in excessive cost.

43.7% of persons with disabilities believe that they would be able to work if the appropriate assistance was provided. These numbers differ among member states. Nevertheless, depending on the type of work, only 15.9% of persons with disabilities receive this assistance.

The statistics also indicated that **there was a connection between long term health problems or disabilities and the level of education.** Persons who had disabilities at birth, or persons who acquired disabilities in the childhood, may experience difficulties during the course of schooling. In addition, workers with poor education are forced to work under difficult conditions, which may lead to increase of risk of disability or severe health condition.

The relationship between the level of education and long term health problems or disabilities is presented in the Table No. 2.


For the purpose of this research, we made a comparative analysis of the situation in three EU member states, specifically in Italy, Finland and Slovenia.

We selected these countries to be able to make comparison between the country with very good system of support to the social inclusion (Finland), the country with relatively good system of support to the social inclusion (Italy) and the country which emerged following disintegration of former Yugoslavia, which is now a member of the EU and which has the same basic social protection that Bosnia and Herzegovina had.

We considered four categories of entitlements, as follows: education, employment, provision of services to persons with disabilities and gender aspect.
## Comparative Analysis

<table>
<thead>
<tr>
<th>Rights of persons with disabilities</th>
<th>Italy</th>
<th>Finland</th>
<th>Slovenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique framework in place</td>
<td>Yes, Regulation No. 104</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>All children with disabilities from birth to the age of 3 years are guaranteed admission into kindergarten. All children are guaranteed education in primary and secondary schools and universities, depending on their preferences and abilities. Children may attend regular schools, be placed into special classes within regular schools, or attend special schools. Professional training and retraining are adapted to needs and abilities of persons with disabilities.</td>
<td>At all levels of education, students have the ability to attend regular classes, provided their condition allows them to do so. Part-time special classes are set up for those students who require more intense one-on-one work (behavioural problems, learning difficulties etc.). For students who require special education, such education would be organised within school. Students may use interpreters or other specialised staff free of charge and such assistance is provided by the school. Professional training is organised within the centres of the Employment Bureau. A worker with disability may try several jobs before he/she finally makes a choice of his/her future career.</td>
<td>The Law on Inclusive Education of Children with Disabilities is in effect since 2000. It represents the basic principle in education of these children. Since 2001, different programmes were initiated to ensure quality education for these children. At the same time, the process of reorganisation of schools and institutes for special education of children with disabilities is also underway.</td>
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<tr>
<td><strong>Employment</strong></td>
<td>Separate lists are kept by employment bureaus and priority is given to persons with disabilities, if they meet other requirements for employment. Tests for recruitment have to be adapted to persons with disabilities. Special cooperatives are in place to hire persons with disabilities, former convicts, rehabilitated former drug and alcohol addicts and other vulnerable groups. Most</td>
<td>For employment of persons with disabilities, employer may receive subsidies from the state for no more then two years. Adaptations to the workplace to meet the needs of employees with disabilities are made with the assistance of the state. Protected workshops (with minimum of 30% of staff being persons with disabilities) are in place, the Fund of Pension and Disability Insurance will provide funds for workplace adaptations to adapt the workplace to the needs of workers with disabilities. The Fund can also allocate certain amount for the purpose of promotion of employment of unemployed persons with disabilities. The criteria and procedures are to be determined by the Fund.</td>
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<tr>
<td>persons with disabilities work in cooperatives.</td>
<td>but they do not represent a primary means of employment of persons with disabilities. These enterprises are supported by the state.</td>
<td>Persons with disabilities who were employed prior to becoming disabled may take part in the professional rehabilitation and following the process of rehabilitation, they have to be reinstated either to their position or another position that matches their qualifications and abilities. Employers are required to hire a certain number of persons with disabilities. Those in violation of these requirements will pay the fine to the account of the Fund for Stimulation of Employment of Persons with Disabilities. Protected employment provides protected jobs, planned to be introduced in line with the Regional Plan by 2006.</td>
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<tr>
<td>Quota system – each company is required to hire a certain number of persons with disabilities, which depends on the total number of employees. Fines are stipulated for failure to comply with this requirement.</td>
<td>a) A person may hire a personal assistant to perform everyday activities, provide help in the house or outside the house, if such person does not require to have constant medical care in a specialised institution. The cost of engagement of personal assistants is covered by the state.</td>
<td>Current activities develop towards the concept of assigning the provision of services to non-government organisations which would cooperate closely with the state institutions in the process of identification of needs.</td>
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<td>a) + b) Persons with temporary or permanent disabilities can have personal assistant provided by the municipality or the local health institutions, subject to available funding, for the purpose of their easier integration. This service also includes services of interpreter of sign language.</td>
<td>a) Services of interpreters of sign language are provided for persons with severe vision or hearing impairments for a minimum of 240 hours per year, while other categories (persons with severe hearing and speech impairments) are entitled to such assistance for a minimum of 120 hours per year. For the purpose of schooling, a) + b) Services of interpreters of sign language are provided for persons with severe vision or hearing impairments for a minimum of 240 hours per year, while other categories (persons with severe hearing and speech impairments) are entitled to such assistance for a minimum of 120 hours per year. For the purpose of schooling, a) + b) Services of interpreters of sign language are provided for persons with severe vision or hearing impairments for a minimum of 240 hours per year, while other categories (persons with severe hearing and speech impairments) are entitled to such assistance for a minimum of 120 hours per year. For the purpose of schooling,</td>
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<tr>
<td>Services:</td>
<td>Services:</td>
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<tr>
<td>a) Personal Assistant</td>
<td>a) Personal Assistant</td>
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<tr>
<td>b) Services of Interpreter of Sign Language</td>
<td>b) Services of Interpreter of Sign Language</td>
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<td>c) Transport</td>
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</tr>
<tr>
<td>1. Public</td>
<td>1. Public</td>
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<tr>
<td>2. Individual</td>
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<tr>
<td>d) Housing</td>
<td>d) Housing</td>
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<tr>
<td>1. Some kind of public transportation in urban areas, adapted to the needs of persons with disabilities needs to be provided in each community (taxi, minibus, buses or trams with low floors, etc.) subject to available funding. In regional transportation, trains are available which are fitted for persons in wheelchairs, with the price</td>
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</table>
of fare being very reasonable, for owners of membership cards.

2. The state subsidises 20% of the cost of installation of manual commands to operate personal vehicles. Tax benefits are also available for car purchases.

d) Municipalities have social housing that could be awarded for use to persons with disabilities. Municipalities also cover the cost of adaptation of social housing to the needs of tenants with disabilities. Municipalities also cover part of the cost of adaptation of private residences and houses to meet the needs of persons with disabilities.

services of interpreters are provided depending on the requirements of beneficiaries and the number of hours is not included into the number cited above.

c) 1. Transport services are provided for persons unable to use public transportation, with 18 one-way trips being provided per month, in addition to transport arrangements required for going to work or school.

d) The municipality covers the cost of house adaptations (wider doors, renovations of bathrooms and toilets, construction of ramps leading to the house and in the immediate vicinity of the house), provided the housing adaptations are intended for represents a permanent housing of person with disabilities. Provision of appropriate equipment, alarm and other necessary facilities required by a person with severe disabilities can be provided free of charge by the municipality.

As anticipated, persons with disabilities receiving most benefits are those in Finland. Solutions offered there are the most specific ones and they are in effect throughout the country.

In Italy, the solutions available are satisfactory and very promising, but only on paper. Given the fact that rights are granted through local units of the healthcare system and municipalities, they greatly depend on the funding available to those institutions, as well as on the number of beneficiaries that would use a particular type of assistance. For that reason, the situation often occurs that smaller communities having adequate budgets grant their beneficiaries all of the cited rights, while that is not the case in larger communities.

In Slovenia, it is not clear what specific measures were mandatory, with failure to comply leading to sanctions, because even the formulation of those measures leaves enough room for the relevant institutions to assess the degree to which those rights would be granted.

Sources of research: www.giustizia.it Legge 104 - Italy
http://ec.europa.eu/employment_social/social_protection/missoc_info_en.html#01/2003 SOCIAL PROTECTION OF PEOPLE WITH DISABILITIES Finland
http://www.mol.fi/english/employment/services.html#Employment%20subsidy Finland
www.edu.fi/english/pageLast.asp?path=500,4699,4847,58364 Finland
en.wikipedia.org/wiki/Education_in_Slovenia#Special_needs_education Slovenia
Table 1: The ratio between employed persons with and without long term health problems or disabilities (LSHPD)

<table>
<thead>
<tr>
<th>Country</th>
<th>Persons without LSHPD</th>
<th>Persons with LSHPD</th>
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<tbody>
<tr>
<td>AT</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>BE</td>
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<td>40%</td>
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<tr>
<td>CH</td>
<td>75%</td>
<td>55%</td>
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<tr>
<td>CRO</td>
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<td>45%</td>
</tr>
<tr>
<td>DK</td>
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<td>50%</td>
</tr>
<tr>
<td>EL</td>
<td>80%</td>
<td>55%</td>
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<tr>
<td>ES</td>
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<td>40%</td>
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<tr>
<td>EU25</td>
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<td>60%</td>
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<tr>
<td>FR</td>
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<td>IT</td>
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<td>LT</td>
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<tr>
<td>SI</td>
<td>70%</td>
<td>40%</td>
</tr>
<tr>
<td>UK</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Legend: Persons without LSHPD, Persons with LSHPD

Table 2: The relationship between level of education and disability

Legend: Primary school graduates, Secondary school graduates, College or university graduates

Source: Labour Force Survey (LFS 2002 ad hoc disability module)

Table 1 clearly indicates that the percentage of employment among persons with disabilities is highest in Finland, considering the type and scope of support persons with disabilities are provided by the state. In Finland, that percentage is at 60%.

When we consider the relationship between education and disability, presented in the Table No. 2, again in Finland we find the highest number of children with disabilities attending primary school, the highest number of children attending secondary school and the highest number of persons attending university or college.
In Italy, fewer persons with disabilities have employment, somewhat less than 40%, while the percentage of children with disabilities attending school is below 10%. Given disproportion between the percentage of employed persons and those attending the formal educational system, it is likely that informal forms of education, trainings, seminars etc. are used as an alternative adequate for employment of persons with disabilities in social cooperatives.

In terms of the level of employment of persons with disabilities, Slovenia is at the level of the EU average, while the percentage of education is somewhat higher than the EU average, especially in the domain of primary education.

As for the gender aspect of our research, it was very difficult to get data that separates population of women with disabilities from the total number of women and we therefore presented an overview of the entire population compared against the female population in the categories of life-long learning (Annex 3), payroll differences (Annex 4) and rate of employment (Annex 5).

6. BiH in the process of stabilisation and accession into the EU and reform of disability policies

The process of stabilisation and accession is underway in BiH since 1999. Initial reaction of BiH to the process was slow and vague. BiH had difficulties even in meeting relatively simple requirements of the Road Map. In some cases, adopted laws were not adequately implemented. It seems that new determination emerged recently. It seems that BiH took seriously annual reports on the process of stabilisation and accession and recommendations relating to priority areas that need to be focused on.

After Bosnia and Herzegovina made substantial progress in implementation of 16 key priorities, the Commission made recommendation to the Council in October of 2005 to open negotiations on the Stabilisation and Accession Agreement. The Council adopted directives for negotiations in November of 2005 and the negotiations were officially opened in Sarajevo, on 25 November 2005.

The report the Commission presented to the Council on the subject of preparedness of Bosnia and Herzegovina to negotiate the Stabilisation and Accession Agreement with the European Union (Brussels, 18.11.2003.COM (2003) 692), states the following:

The social and economic rights of BiH citizens remain limited by continuing economic debility. Officially, up to 40% of the population is unemployed. Around 20% live below the poverty threshold, with a further 30% close to it. In part, this reflects a failure of (admittedly rudimentary) social security systems to address the needs of the economically most deprived. The right to belong to independent trade unions is respected, but trade unions have been weakened by war, ethnic division and high unemployment. Numerous strikes have been organised, reflecting mostly grievances over unpaid wages or pensions.

The health sector in both entities remains weak with inadequate funding. Large numbers are not covered by health insurance, and even for those who are, coverage is unreliable. Many rural areas are without effective medical cover. Parallel health systems persist in the FBiH.

6.1. Employment and social policy

Cooperation in this area should aim to provide support to BiH in reform of the employment policy, the labour law and the social insurance. The emphasis should be put on improvement of services of guidance and counselling in seeking employment and career choices and in promotion of the local development. Additional measures should be taken to stimulate functioning social dialogue at all levels. The labour law should facilitate industrial restructuring and improve health protection and industry safety for workers. In terms of social security, BiH should adapt its social security systems to the emerging economic situation and the new social needs.
Cooperation between the EU and BiH in this area serves the purpose of improving the level of health protection and industry safety for workers in BiH, using the level of protection in place in the EU as a reference. Another important reference would be the development strategy document of BiH. Although a number of actions were taken already, the future cooperation could concentrate on creating conditions to stimulate integration of currently unregulated activities into the formally registered sector. Gradual regularisation of employment would enable collection of payroll taxes (which would result in funding for social programmes) and implementation of minimum social norm. That would also provide a coherent overview of the situation in the area of employment in BiH and enable employment and career institutions of BiH (which are still on rudimentary level) to concentrate their limited funding to address the most important issues.


The Multi-Annual Indicative Planning Document (MIPD) 2007 – 2009 for Bosnia and Herzegovina provides necessary coordination and cohesion among different components of the Instrument for Pre-Accession Assistance (IPA). The MIPD is based on needs, challenges and priorities set forth in the European partnership and the Strategy for integration of Bosnia and Herzegovina into the EU.

The MIPD consists of two components of IPA instruments that relate to Bosnia and Herzegovina, specifically:
- The component of assistance in the phase of transition and institutional building;
- The component of cross-boundary cooperation.

The component of assistance in the phase of transition and institutional building converts the priorities determined within the European partnership, that is political conditions, economic conditions, compliance with the European standards and European sector policies, into specific areas to be supported.

The component of cross-boundary cooperation supports regional cooperation with member states and neighbouring countries with candidate status and potential candidates for membership into the EU.

In its session in Thessaloniki in June of 2003, the European Council indicated that the process of stabilisation and accession would create a comprehensive framework of the European course for the countries of the Western Balkans in their path towards accession into the EU. The Council acknowledged the fact that each of the countries of Western Balkans was moving forward in the path of accession, but it also insisted that each country be evaluated separately in accordance with its own accomplishments. The Instrument for pre-accession assistance (IPA) is a new unique instrument for pre-accession assistance to candidate countries and potential candidates in the period between 2007 and 2014.

The MIPD document further specifies issues the resolution of which would directly benefit persons with disabilities.

6.2.1. Horizontal issues

The main inter-sector issues that need to be addressed in Bosnia and Herzegovina, are:

Civil society will be supported within the European initiative for human rights and democracy and IPA financial framework. Civil society includes associations of employers, trade unions, associations of local governance as well as non-government organisations. Reasonable balance will be maintained between regional activities of the Western Balkans focused on civil society and special activities implemented in Bosnia and Herzegovina simultaneously with IPA programmes.
Assessment of effect of the environment is mandatory in line with the new legal and financial investment proposals.

Equal opportunities will be respected in the context of gender as well as minorities, in the phase of programming and implementation, particularly in connection with programmes of social and economic support.

In addition, issues of minorities and vulnerable categories will be integrated in all activities programmed in accordance with the IPA instrument, particularly in connection with public services, legislative issues and social and economic development.

6.2.2. Main priorities and goals

Political conditions

Democracy and rule of law

Support civil society in order to promote establishment of true partnership between the authorities and the civil society in democratic stabilisation and economic and social development of the country.

Support demining and provide assistance to landmine victims in order to improve humanitarian situation and resolve inter-sector issues of demining as a tool to encourage the process of return as well as to boost economic development.

Economic conditions

Education and employment

Promote reform of education in order to support development of economy and society.

Determine active measures in the labour market in order to curb unemployment, especially long term unemployment.

6.2.3. It is anticipated that the following results would be accomplished by the end of the first cycle of IPA programming (2009):

Political conditions

Human rights and protection of minorities

The policy will be adopted to curb exclusion of returnees, minorities and handicapped persons and visible progress will be made in implementation of the policy.

6.2.4. Programmes to be implemented to accomplish these goals and types of assistance to be provided

Depending on maturity of the project and outcomes of projects implemented under the existing programmes, assistance may be provided in the following areas:

Political conditions

- Building institutions and capacities of bodies responsible for the process of return and social inclusion of vulnerable categories,
- Provision of support to economic and social integration of physically and mentally challenged persons,
- Economic and social inclusion of Roma community.
7. Conclusion

Based on all of the above, one may conclude that there is no serious policy or strategy for social inclusion of persons with disabilities in place in BiH. The MTDS specifies measures for elimination of poverty and improvement of quality of living of citizens. Among others, these include measures in the domain of foreign policy, but the basic problem is that the issue of persons with disabilities is not integrated into the social mainstream and that it is not treated within other existing policies. One gets the impression that these measures treat persons with disabilities only in the domain that deals with financial benefits allocated for this population. Other measures that would improve social inclusion are almost completely ignored.

In the area of education, the reform of educational system and introduction of inclusive education are underway. However, the process is making a slow progress and it is merely just being discussed in most schools, while its implementation is delayed.

There are special schools in BiH for education of children with special needs, for visually and hearing impaired children, but the curricula in use in those schools are not adequate to provide sufficient knowledge for continuation of schooling in college or university. In addition, professions the children in those schools are trained for are often outdated and there is no longer demand for them in the labour market.

In the area of employment in the FBiH, certain measures are in place in the form of projects which aim to improve chances of employment of persons with disabilities (such as tax benefits and adaptations to the workplace), but these are insufficient to make a significant impact on the level of employment among persons with disabilities.

Projects of retraining and professional training are organised in most cases by NGOs, and in rare cases by the government and are sporadic.

In the area of health protection, there is a great deal of inconsistency in the scope of rights that the policy holder may exercise, which greatly depends on his/her place of residence. Insufficient and inadequate health protection can lead to increase of number of persons with disabilities in the future.

Persons who do not have health insurance coverage represent a special problem, with large number of persons with disabilities falling under this category because they are not full-time students nor are they registered with the employment bureau. Some of them are insured by a family member, and the most difficult situation is found in those families where the head of the family is a person with disabilities.

To address these and other issues, policy and strategies need to be designed to address these problems from the perspective of human rights, just as they are addressed in the European Union. Disability policies need to be integrated into the social mainstream. Given the fact that great emphasis is put on employment in the EU, which includes employment of persons with disabilities, we should put more emphasis on this problem as well. Due to aging of the population of the EU and the decrease of birth rate, more attention is focused in the EU to full use of all individuals capable of working. Such future awaits BiH as well. Persons with disabilities, subject to certain modifications to the workplace, are capable of working to some degree, and that resource should be fully utilised. Assessment of the ability to work needs to focus on the remaining abilities of the person.

In addition, financial benefits paid to a part of the population of persons with disabilities (disabled veterans, some civilian war victims) discourage them from seeking employment. Additionally, there is no provision of transport for persons with disabilities, or other forms of assistance at work and at home, which discourages those willing to work.

Employers need to be additionally encouraged to hire persons with disabilities, by providing tax benefits for such employment initiatives.

Good education represents a precondition for employment and competition in the labour market, which is also a basic problem preventing inclusion and equal status of persons with disabilities.
Annex 1

Number of blind and partially sighted students by locations and countries, shown as a percentage in the total population of blind and partially sighted students in primary and secondary schools.

1. Data for France and Germany relates to compulsory education,
2. Data for Germany and Spain on special classes are integrated into the data relating to special schools,
3. Data on regular classes in Belgium (Fl.) relates to primary and secondary education,
4. Data for France on the number of regular classes could indicate lower values than reasonable, because the numbers presented here include only data provided by the Ministry of Education.
Annex 2

Number of blind and partially sighted students by levels of education and by countries, as a percentage of all student populations in those levels of education

1. In Belgium (Fl.), data for junior secondary education in regular classes also includes senior secondary education,

2. In Belgium (Fr.), data for junior secondary education in special schools also includes senior secondary education,

3. In Germany, data presented only relates to full-time students.

### Life-long learning: women

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Legend:  
(,:) Data not available  
(e) Assessment  
(b) Interruption in the series

The percentage of adult female and male population aged between 25 and 64 which participate in education and training.

Life-long learning relates to persons aged between 25 and 64 who stated they received education or training over the course of four weeks prior to being included in the survey (numerator). Denominator is a total population of the same age, excluding those who did not answer the question "participation in education and training". Both numerator and denominator are taken from the EU Labour Force Survey. Information presented here relate to overall education regardless of its relevance to current or future professional engagement of the respondent.

Data is quoted from Eurostat.

### Life-long learning: men

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Annex 4

Differences in payroll between women and men

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Legend:
- (s) Data not available
- (b) Interruption in the series
- (p) Approximate value

The difference between average total hours worked by men and women as a percentage in comparison with the average total hours worked by men.

The difference in payroll of men and women is shown as the difference between the average total hours of paid work done by male and female employees, as a percentage of total hours worked. The population consists of all paid employees aged between 16 and 64 who work 15 or more hours per week.

Data is quoted from Eurostat.
Annex 5

Rate of employment: Total population %

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Rate of employment: Women %

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The rate of employment is calculated by division of number of persons aged between 15 and 64 who are employed with the total number of the population in this age group.

The rate of employment of women is calculated by division of number of women aged between 15 and 64 who are employed with the total number of the female population in this age group. The indicator is based on the EU Labour Force Survey. The survey covers the entire population living in private households and excludes those in collective households such as boarding houses, residential buildings and hospitals. Employed population consists of those persons who had any paid job for at least one hour during the week the survey was made or persons who did not work at the moment the survey was done but who had employment they were temporarily absent from.

Data is quoted from Eurostat.
Introductory Note: Analysis of National Action Plans/Inclusion encompassed all EU member states which submitted their NAP/Inclusion documents in English. For that reason, the analysis does not include NAP/Inclusion documents of Luxembourg and Belgium (2001-2003; 2003-2005; 2006-2008), as well as some documents from the first round (Italy, Spain, Greece) although NAP/Inclusion documents from the subsequent rounds were analysed for these countries. The analysis also included NAP/Inclusion documents of Bulgaria and Romania, as well as related documents posted on the web sites of relevant ministries of Serbia and Croatia. Other countries in the region (Macedonia, Montenegro and Albania) did not post on their web sites appropriate documents or sources that could be analysed.

Definition of key concepts

Poverty is a multidisciplinary term. It is said that people are living in poverty if their income and resources are inadequate to such an extent that prevents them from having the standard of living considered as acceptable in the society they live in. They may experience different difficulties as a result of their poverty, such as unemployment, low income, poor housing standard, inadequate healthcare and obstacles in education, culture, sport and recreation. They are often marginalised and excluded from participation in different activities (economic, cultural and social) which are considered to be the norm for other people. Their access to fundamental human rights could be limited.

Social exclusion is broader term then poverty, because it represents a process which puts certain groups on the margin of the society, preventing them from full participation either due to their poverty or inadequate education, social skills, or as a result of discrimination. This puts them further away from opportunities to get employment, earn income, get education or build social connections and participate in community activities. They have few opportunities to access institutions of power and decision making bodies. They are often powerless and unable to control decisions that affect their everyday life. Socially excluded persons have difficulties in fully or partially realising their potential to provide adequate income and get certain benefits and services of crucial importance to normal living.

Social inclusion is a process which enables persons at risk of poverty and social exclusion to reach possibilities and obtain resources necessary for full inclusion in economic, social and cultural life and enjoy standards of living and wellbeing which represent the norm in the society they live in. That implies that they have higher rate of participation in the decision making processes that affect their lives and their access to fundamental rights.

1. Background of National Action Plans of EU Member States

1.1. Introduction

In the meeting of the Council of Europe, held in Lisbon in March of 2000, the decision was made that EU member states were to develop national action plans on the subject of inclusion (NAP/Inclusion), for the purpose of development of a global strategy for the Union, to effect prevention of poverty, that is, promotion of social cohesion, over the period between 2000 and 2010, as one of central elements of modernisation of the European social model, in order to create an European region and within it, competitive and dynamic knowledge-based economy.

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8 (according Joint Report on Social Inclusion 2003, European Commission)
Policies against social exclusion of EU member states are based on the open method of coordination of the sustainable European common objectives, national action plans and community action programmes presented in the document adopted by the Council of Europe in Nice in December of 2000 and they are still being developed today. Development of NAP/Inclusion was preceded by the development of national anti-poverty strategies (NAPS), adopted in 1998 aiming to decrease, or ideally eliminate poverty by 2007.

After NAP/Inclusion 2001-2003, the revised version of appropriate objectives followed, developed on the basis of the report of the first round of NAP/Inclusion (Joint Council/Commission Report on Social Inclusion), presented in December of 2001. It was noted that the priority objectives, set in the first version were balanced, powerful and reliable and that the focus for the future period should be on their continuation, consolidation and further development in order to ensure further progress of the process of social inclusion. Particularly important was the objective of inclusion of the issues of gender equality to be integrated in the foundation of all policies of EU member states.

For the purpose of combat against poverty and social exclusion, the following methodologies were recognised as useful: multi-dimensional approach and experimental approach which triggers a number of policies within the overall EU strategies, including, among others, employment policies as the best factor against social exclusion (promotion of quality employment and promotion of development of professional skills and life-long learning were recognised as important) and social policy (where development of modern integrated system of social protection was recognised as the system which promotes social assistance and guaranteed minimum wage, based on active state of well-being, employment, sustainable pension system and access to the system of medical protection as key elements in combat against social exclusion). In addition, other factors were also recognised as significant, including: housing, education, health, information and communication, mobility, security and justice, leisure and culture.

The revised version puts special emphasis on promotion of equality between women and men and expresses the need to make the issue of gender equality mainstream in all actions, measures about to be taken and those already being taken, in order to fulfil priority objectives for social inclusion. Another priority area recognised in the revised version relate to actions for prevention of poverty and social exclusion experienced by immigrants in EU member states.

What is important in the methodology is to promote experimental learning among EU member states and dedication to resolution of issues of poverty and social exclusion across the EU. There are no official sanctions, instead peer pressure and the spirit of competition make each of EU member states strive to perform well and not to be the last in its region.

Such methodological approach enables cohesion on one side and diversity of action at national and regional level on the other.

The European area develops in the direction of the knowledge-based society, which creates possibilities for decrease of social exclusion opening opportunities for economic prosperity and new ways of participation in the society, with information and communication technology playing the leading role. The risk of growing formal and substantial digital gap is also clearly recognised and special attention needs to be focused on prevention of exclusion of persons with disabilities from the digital world. It was recognised that Europe is entering a new age, much better adapted to individual choices of women and men. The Action Plan under the title "eEurope 2002 – An Information Society for All" is a strategic document, the foundation that needs to be build upon in realisation of these objectives.

National action plans, differing from one another depending on the key challenges member states are confronted with and their target groups, which would be reflected in solutions and priorities of each of EU member states, need to integrate specific objectives (priority
objectives, targets) and **measures** (political mechanisms) for their implementation, including development of indicators and mechanisms of oversight, monitoring and evaluation of progress of fulfilment of priority objectives specified in NAP/Inclusion documents. The combat against social exclusion is primarily the responsibility of each of the member states and their authorities at national, regional and local levels, which implies cooperation with a range of different bodies and institutions, including different social partners and non-government as well as voluntary sector.

The following common objectives were highlighted:

1. Increase participation in employment and access to all resources, rights, goods and services, specifically:
   1.1. In terms of *increase of employment*, promote a stable and quality employment of women and men who are qualified to work, through development of policies for vocational training, strengthening of resources and powers of families and family life and development of social economy; prevent exclusion from the professional domain by management of resources, organisation of work and promotion of lifelong learning.
   1.2. In terms of *access to resources, rights, goods and services for all*, organise a system of social protection which would guarantee each individual a dignified life, adequate housing with basic facilities necessary for normal living in local, natural conditions, equal access to sector of health protection, education, judicial system and other public and private services, including culture, sport and leisure activities.

2. Prevent risk of exclusion, which can be accomplished if the potential of the society based on knowledge and information communication technology is put into full use, putting special emphasis on needs of persons with disabilities; if policies are developed for provision of assistance in critical situations that could lead to social exclusion, such as for instance, termination of schooling or loss of home; and by encouraging family solidarity in all forms.

3. Assist the most vulnerable groups at high risk of permanent poverty, by promoting equal involvement of women and men, struggling against social exclusion of children and developing comprehensive actions in order to eliminate causes of poverty.

4. Mobilise all relevant bodies, which implies, on one side, promotion of inclusion and expression of persons who were excluded, and on the other side, mobilisation and harmonisation of action of public administration at different levels, administrative and social services; promote dialogue and partnership between different public and state bodies, that is, involve other social partners, such as NGOs, providers of services in the social sector and all citizens in combat against social exclusion.

On the basis of the first version of NAP/Inclusion 2001-2003, EU member states from the first round of accession submitted their National Action Plans to combat poverty and social exclusion during the course of June of 2001, demonstrating their priorities and methods of promotion of social inclusion. The same member states got the opportunity to, along with new member states which joined in 2003, update their NAP/Inclusion documents for the period covering 2003-2005, while the new member states were suggested to develop their NAP/Inclusion documents taking into consideration lessons learned and weaknesses noted in NAP/Inclusion documents of the first round. It was also suggested that NAP/Inclusion 2003-2005 documents (which are still in effect for most member states) incorporate certain structures, consisting of the following elements: 1) Main trends and challenges; 2) Overview of the progress made in 2002/03; 3) Strategic approach, main objectives and key targets; 4) Policy measures; 5) Institutional arrangements; 6) Good practice.

Joint review of NAP/Inclusion documents of EU member states indicated that the open method of coordination represented a good foundation for further action, and that member states needed to take the following recommendations into consideration in the further process of development of the European social model:

- Establish stronger correlation between economic policy and employment policy (by ensuring transparency of budget resources significant to accomplishment of specific
objectives); strengthen implementation capacities (which implies strengthening of administrative and institutional capacities, including system of social protection, guaranteed minimum wage, social services for gender mainstreaming, improvement of mechanisms for involvement of all interested stakeholders);

- Focus needs to be placed on key issues and more ambitious targets need to be set (which means that EU member states need to identify issues of key importance to them and set quantifiable outcomes of targets, in order to be able to perform monitoring and reporting activities);

- Strengthen monitoring and evaluation activities (for the purpose of better implementation of plans, create more efficient systems of monitoring and evaluation and develop data that would be quantifiable in terms of timelines of implementation and more relevant, involving in the process all stakeholders and social partners).

Development of third round of NAP/Inclusion 2006-2008 is currently underway. As a recommendation, the following items are specified for the report and the updated version of NAP/Inclusion documents. Joint review which needs to contain assessment of the social situation and present an overall strategic approach to combat against poverty and social exclusion; thematic plans focusing on three pillars of social inclusion: NAP/Inclusion 2006-2008, national pension system development strategy and national health protection and long term care development strategies.

1.2. Experiences of EU member states on the role of NAP/Inclusion

In order to accomplish the EU goal to significantly decrease the number of persons living in poverty and social exclusion and the number of those at risk of poverty, using the open method of European strategy coordination, integrative and effective national policies of social inclusion were developed using inter-sector and multidimensional integrative approach. That means that national action plans, relying on national strategic documents, are related to the comprehensive strategy which refers to all areas in which persons may become socially excluded or impoverished. Strategic recommendations do not focus on one segment of an isolated policy only; they expand to cover all relevant policies including active policies of the labour market, economic, social, educational and tax policies, policies in the domain of information and communication technology, corporate, regional and other relevant policies. That way, NAP/Inclusion becomes linked with structural changes occurring in the area of economy, promoting, among other things, employment which is considered the best protection against social exclusion. Strong emphasis is put on the long term strategy, such as the process of networking of institutions and activities at all levels (national, regional and local) with cooperation with the government and non-government sectors, social partners, private sector and particular individual initiatives. Participation of universities, research centres and mass media in the research of social inclusion is recognised as important.

The process of involvement thus becomes a basic trend of the comprehensive policy, a trend of particular, independent and intentional ambition of the society. For that reason, the issue of national action plans for social inclusion not only represented, but is also being perceived as the matter bigger then the sum of its parts and individual actions, becoming equally important to the government, social partners, non-government organisations and civil society. In that context, the highest possible degree of synergy needs to occur among different actions and results of individual actions need to multiply the effects. In some member states, combat against poverty became an integral element of the constitutional law, as well as the new institutional framework for implementation of measures of decentralisation towards development of local democracy and guaranteed financial independence of local governments (positive examples can be found in NAP/Inclusion documents of Czech Republic, Latvia, Cyprus and France).
Some member states direct their strategy as a plan which represents ethnically and
economically sustainable model of society in which the shared responsibility constructively
supports individual initiatives and control over one’s life. (Finland, for example).

The process of combat against poverty and social exclusion incorporates some key elements:

- **Transparency** in the decision making process, as well as in the process of policy
development, provision of consultancy, implementation and monitoring, with
involvement of all interested parties and individuals a certain policy targets (which then
becomes a requirement mandated by the law);
- **Harmony between activities implemented by different institutions** responsible for
measures of implementation, which puts an end to the tradition of domination in a
particular domain; coordination and synergy of activities;
- Performing **continuous control of the process** of implementation; mutual correlation
between activities implemented by the state level and local level administrations;
- **Informing** citizens.

The process of open policy making, which involves all those affected by social exclusion, and
policy implementation integrating new units (for instance for children, homeless persons etc., as
a response to challenges a particular country is confronted with), **overcome the boundaries of competencies of one ministry only**, and make partnership between agencies providing
assistance in all sectors at the local level an important precondition.

Additionally, **clearly defined outcomes with quantifiable targets and clearly specified timeliness of implementation**, in addition to clearly specified goals and objectives and clear
chain of responsibility for their implementation, provide sustainable framework for action,
through the approach based on the concept of “rights and responsibilities”, which requires
contribution of both the community and the individual, and at the same time, the contribution of
the government as well (which can be observed in the examples of England, but also examples
of Bulgaria and Romania, which adapted the principles on the basis of the experiences of
“older” member states).

An important lesson that could be learned is encouragement and appreciation of **participatory approach** which involves interested groups into the policy making process (persons with
disabilities, for instance), where one activity leads to a comprehensive reform of different
segments of society (the example of Austria demonstrates that the reform of healthcare system
was initiated in cooperation with associations of persons with disabilities).

Being binding in their nature, NAP/Inclusion documents need to represent a well
focused plans built upon long term objectives, clearly defined outcomes and
quantifiable goals, as well as specific actions that need to be taken to
accomplish them. Strategic approaches need to be harmonised with the EU
legislation, policies and social practice. On the other hand, national action plans
should also represent an inseparable element of the general national policy (in
terms of employment, pension insurance, education, child protection, health
protection, gender policy, etc.). Integrated approach is a foundation of national
strategic documents in the area of combat against poverty as well as national
action plans for different groups and domains of social life (NAP for children, for
women, for employment, for disability policy, etc.). In addition, official strategic
programmes are closely connected with priority objectives specified in the
Memorandum of Accession for each member state, which ensures coordination
in provision of funding from national budgets and EU funds.

Member states recognised that poverty and social exclusion were strongly related with rapid
social changes and structural changes in the domain of labour. It was the responsibility of the
society to ensure rights to its members, so they could live in dignity. For that reason, to serve
as the best method in combating poverty, a **proactive economy**, employment and the policy of
well-being need to be adapted to the general political strategy, which is designed to promote
competitive knowledge-based economy, on the basis of full employment and social cohesion (Sweden, Austria, Germany).

However, what can be taken as a recommendation, is that the developmental model integrating qualitative growth characteristics, without clearly defined quantitative and quantifiable outcomes and without clearly specified institutional mechanisms for intervention, cannot fully lead to accomplishment of social objectives, especially in the conditions where there are no sufficient mechanisms for recording, monitoring and evaluation of the rate of unemployment and poverty.

2. Impact of NAP/Inclusion on legislation and policies

2.1. All areas of political life – an integrative approach

Representing specific plans of strategic direction of EU member states and the European Union as a whole, focused on the process of development of the European social model, national action plans reflect on and become the mainstream of a comprehensive national policy, encompassing and linking all relevant aspects of individual policies, and on the other hand, they initiate, bring into motion, update and establish new fundamental strategic documents and directions of development.

As a direct consequence of NAP/Inclusion in Czech Republic, which could be considered an example, the national reform programme for 2005-2008 was adopted, which provided a unique framework for the entire process and eliminated overlapping and duplication between the EU and the national strategy. Additionally, the Development Law, the Taxation Law, the law which establishes structure in the process of establishment of connection between public and private sector, the law which supports medium scale and small scale enterprises and the Law on Principles of Equal Treatment in terms of racial or ethnic origin, religious and other belief, disability, age and sexual orientation, prohibiting discrimination of any kind were adopted, and specific actions were taken to either tackle the issue of or directly deal with persons with disabilities, in connection with implementation of UN 22 Standard Rules.

Additional funds were established for implementation of strategic objectives (for instance: The National strategic budget for 2005-2008 in Lithuania), and along with the existing funds, these were also harmonised with complementary EU funds (European Structural Fund, European Social Fund). In line with that, national plans for implementation of structural funds were developed, for the purpose of providing strategic direction for the activities and harmonise them to lead towards social inclusion (for instance in Estonia).

In the area of national legislations, progress is being made in the direction of harmonisation of legislation with recommendations of the EU (amendments to the existing laws as well as adoption of new laws), especially in areas recognised as factors of importance in combat against poverty and social exclusion (laws and regulations in the area of employment, taxation, pension insurance, education, social protection and healthcare, regulations relating to non-government and private sectors, housing and public transportation as well as regulations in the area of construction and urban planning, information, access to public and cultural facilities, sport and recreation). At the same time, national white papers were developed to deal with main policies and standards in particular areas (such as healthcare, social protection, education etc.).

On the other hand, national action plans initiated a number of coordinated actions and programmes as a consequence of the process of reform in different sectors, involved all interested groups (persons with disabilities, for instance), and encouraged dialogue and cooperation among all important bodies at the federal, that is, national, regional, local and individual level. That enabled all interested parties (social partners, NGOs representing
interests of particular groups in the society or local communities) to participate in the policy making process. As a result, new bodies were established having the basic objective to coordinate, initiate, monitor and supervise implementation of priority objectives set forth by the Memorandum of Accession and other national strategic documents. In Bulgaria, for instance, the National Council for Coordination of Policies and Programmes of Prevention of Poverty and Social Exclusion was appointed in 2005, with the intention of networking interested groups at different levels. In Romania, the government appointed the Committee of Directors, to run institutions responsible for social inclusion. In Denmark for instance, as a result of NAP/Inclusion 2001-2003, the social initiative was started in 2002, under the title "Our Collective Responsibility", in order to define local and regional responsibility for certain groups of persons in vulnerable position. Social initiatives focused on providing a meaningful life to the most vulnerable groups, to reflect and respect desires and needs of these groups and strengthen their abilities to get integrated and give contribution within the community. In Romania, the first International Conference for Social Inclusion was organised in November of 2005. It was followed by the second international conference under the title: "The Path from Good Practice to Social Policies – Premises of Inclusive Society", organised a year later, following signing of the Memorandum of Accession.

Influence of a comprehensive process of development of social cohesion on urban policy in Holland could be highlighted as an example of a specific impact on national policy. It integrated five key goals for the purpose of development of a better environment for life, cooperation of citizens, businesses and local organisations, and cooperation at national, regional and local level. These five key goals were: to improve objective and subjective security; to improve quality of the environment; to improve social quality in the environment; to act towards building firm connections between groups of medium and high income to city; and to strengthen city economy. Responsibility for implementation of urban policies lies on cities, while the state needs to ensure financial security for the following five years.

2.2. Impact of NAP/Inclusion on legislation and policies in the area of disability

Generally speaking, member states which entered the process of development of the European social model with raised awareness and the practice of harmonisation of their legislations with the demands specified in the conventions dealing with fundamental human rights, rights of children and women, as well as with clear disability policies and clear methods of implementation of those policies (such as Finland, Denmark, Sweden, UK, Germany and others) focused on perfecting and improving the existing situation, during the course of the first three rounds of NAP/Inclusion (for instance, in Denmark an amendment was voted on the Act on Construction, in 2004, which mandated necessary works to ensure adaptation of the existing facilities to improve accessibility and recommended that owners create areas free of physical barriers in their buildings).

In other member states, the process of adoption of disability legislation and policies is still underway since it started unfolding intensely at the end of XX century. In parallel with the process, certain government bodies for coordination of action in the area of disability were established.

The following data focusing on disability legislation and policies (as illustrated by member states) were integrated in NAP/Inclusion 2001-2003, NAP/Inclusion 2003-2005, NAP/Inclusion 2006-2008:
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<td>In 2003, a comprehensive report on the subject of position and life of persons with disabilities was created to serve as a foundation for initiation of a parliamentary procedure for adoption of legislation which would create equal opportunities for persons with disabilities. The act on employment of persons with disabilities was passed aiming to create steady jobs and establish the quota system providing financial incentives for employers. The Disability Equality Act entered into force at the beginning of 2006, aiming to eliminate discrimination in all areas and create equal opportunities for persons with disabilities. The law stipulated legal sanctions for violations of its provisions. The report from 2005 indicated that measures to counter discrimination at workplace were introduced, as well as the EU directive requiring equal treatment in employment and at workplace. Disability Ombudsman was appointed to act at the federal level. Sign language was formally recognised in the constitutional law as the speech of communication among persons with speech and hearing impairments.</td>
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<tr>
<th>Country</th>
<th>Denmark</th>
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<tr>
<td>Policy Area</td>
<td>Accessibility</td>
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<td>During the period between 2003 and 2005, the objective of the Government was to start initiatives to improve accessibility and provide opportunities to persons with disabilities to the highest degree possible. The Government initiated the programme to make it easier for persons with disabilities to find information on accessible buildings.</td>
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<tr>
<td></td>
<td>Disability policy</td>
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<td>Based on the following three principles:</td>
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<td>• The principle of equal treatment and equal status of persons with disabilities;</td>
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<td>• The principle of sector responsibility, according to which the person responsible for a particular sector is also responsible to make the area under her/his responsibility accessible to persons with disabilities;</td>
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<td>• The principle of compensation, according to which, persons with limited functional capacities need to be provided with a compensation of consequences of their disability.</td>
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<td></td>
<td>Influence on legislation and general political situation in the country</td>
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<td>In 2004, the Minister of Labour presented the Government strategy of employment for persons with disabilities, which resulted from the action plan for 2003. The law on social protection mandated the following services to be provided to persons with disabilities: consultancy services; coverage of necessary additional expenditures; personal assistance, care etc.; social care through services of care for persons of decreased functional capacities; technical resources and expendable material, if such resources can be of significant assistance; assistance in purchase of vehicles to enable persons with disabilities to get and maintain employment or complete training, or to improve everyday life; adaptations to the home, if necessary, in order to ensure that the living area is better suited to the needs of the person with disabilities; assistant for leisure activities and maintenance of personal relationships (friendship etc.); free of charge transportation to treatment, activities and gatherings for the purpose of personal interaction. By 2006, between 700 and 1,200 apartments for persons with disabilities is planned to be constructed as a part of implementation of the housing policy.</td>
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<td>Country</td>
<td>Germany</td>
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<tr>
<td>Policy Area</td>
<td>Government research on position and quality of living of persons with disabilities and their impact on legislation</td>
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<td>Disability policy</td>
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<th>Country</th>
<th>United Kingdom</th>
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<tr>
<td>Policy Area</td>
<td>Disability policy</td>
<td>Act against discrimination in the area of disability is in place since 1995. It requires that appropriate institutions ensure equal treatment to all citizens in provision of their services and ensure consistent quality of services they provide, that is, not provide services of poor quality to clients with disabilities. In 2004, the new act introduced the provision which requires adaptations to access to meet the needs of persons with disabilities. In terms of dealing with the problem of discrimination, by 2025, persons with disabilities in Britain should have full ability to improve the quality of living and be respected and included in the society as equal citizens.</td>
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<td>Policy Area</td>
<td>Description</td>
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<tr>
<td>Participation of persons with disabilities in policy management</td>
<td>Particular emphasis was put on political measures to improve equal opportunities for persons with disabilities, specifically, establishment of the Office for Disability Issues, with the following four key areas of operation: provision of assistance to persons with disabilities in living independently; improvement of support provided to families with young children with disabilities; making transition into adulthood easier for youth with disabilities and improvement of support to enable persons with disabilities to enter the labour market and maintain employment. In addition, the new measures include the new requirement for equal opportunities, introduced in December of 2006 which will enable public services to consider needs of persons with disabilities in order to decrease unfavourable conditions they often encounter. One of the programmes is reorganisation of public transportation to ensure equal accessibility for all citizens. About GBP 20 million was transferred to the Council for Rights of Persons with Disabilities to cover the cost of elimination of discrimination and promotion of equal opportunities.</td>
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<tr>
<td>Government research on position and quality of living of persons with disabilities and their impact on legislation</td>
<td>The research focusing on attitudes and behaviours towards persons with disabilities is currently underway as a new project presenting experiences and expectations of persons with disabilities. For instance, CONCEPT is a test project initiated by the Royal National Institute for the Blind in Birmingham, aiming to develop a sustainable project which could be replicated in other regions and geographical areas. The project provides paid employment for the team conducting training as well as paid work experience for those undergoing training. It enables blind and partially sighted persons to acquire professional experience as well as particular experiences and skills in specific areas (cooking, paying bills, balanced diet). Indicators were conceived to monitor impact of the Anti-discrimination act in the area of disability, the way it is implemented and the effect is has on changes to attitudes and behaviours.</td>
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<tr>
<td>Raising awareness of citizens of the UK</td>
<td>About GBP 6 million were expended over the past period on activities of raising awareness of employers and service providers, especially those in the category of small and medium scale businesses. Over the period between 2006 and 2007, a total of GBP 346 million is planned to be expended on employment of persons with disabilities and programmes of training, particularly through provision of funding for the project entitled &quot;Paths to Employment&quot;.</td>
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<tr>
<td>Country</td>
<td>Sweden</td>
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<tr>
<td>Policy Area</td>
<td>Disability policy</td>
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<td>The disability policy comprises measures that help persons with disabilities to accomplish full participation and equality in the society. It is aimed to eliminate differences in conditions of living among persons with disabilities and the general population. Equal rights and equal dignity for all human beings, regardless of their ethnic origin, political views, religion and other beliefs, sexual orientation or disability is a fundamental principle of all policies. Integration of policies need to expand to all social sectors and the purpose of the integrative approach is to help a person to make a living and play a role in the society, defending fundamental democratic values and promoting equal rights and opportunities for women and men.</td>
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Girls and boys, women and men with disabilities wish to have control over their lives. Objectives of the national disability policy are related to accomplishment of the ideal of respect for diversity in communities, to build a society which will welcome full participation of persons with disabilities of all ages in the life of the community and create equal opportunities for girls and boys, women and men with disabilities. The government directs its disability policy making it mainstream in all sectors, thus creating accessible society and improving access to persons with disabilities.

In 1994, the reform was initiated in the area of disability, which gave the right to special support and services to persons with severe physical and/or mental disabilities. The reform of psychiatry which commenced in 1995, increased responsibility of local administration for persons with difficulties caused by mental health problems. This reform intensified the process of closure of institutions, which was already underway. The houses for care and specialised hospitals for persons with intellectual impediments were closed down and over 6,000 persons were transferred to residential housing or to their own homes. The number of beds in psychiatric hospitals and psychiatric wards decreased from 14,000 to 6,000 between 1990 and 1997, and the total national allocations for the purpose of provision of support and services to persons with severe disabilities increased by 40% between 1993 and 1997.

<table>
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<tr>
<th>Participation of persons with disabilities in policy management</th>
<th>The rights for persons with disabilities: Responsibility for implementation of disability policy is shared between several bodies and significant resources are shared between particular institutions and organisations, specifically: the Disability Ombudsman, the National Agency for Special Educational Support and the Swedish Handicap Institute.</th>
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**Country** France

**Policy Area** Disability policy

In 2003, the Law on Equal Opportunities for Handicapped Persons was adopted, mandating rights to personal assistance and making the social and professional integration priorities.

**Participation of persons with disabilities in policy management**

The National Council for Handicapped Persons, along with the ministries dealing with disability issues, work on the reform which relies on the principle of right to life free of prejudice, independence and autonomy, full participation in the life of the community and increase of choices.

**Country** Holland

**Policy Area** Disability policy

The reform of Disability Insurance Act provided financial benefits to be added on income in the event of full or partial working disability, and continuation of employment is the basic element that the new system of employment policy in the area of disability rests upon. The system ensures payment of wages in cases of full long term disability also including plans for social activation for those persons with partial disability (over 35%), as well as for those who are fully but not permanently disabled. Persons with disabilities of below 35% remain employed, and in the event of termination of employment, they are entitled to benefits.
### Finland

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<tr>
<th><strong>Country</strong></th>
<th><strong>Finland</strong></th>
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<tbody>
<tr>
<td><strong>Disability policy</strong></td>
<td>The Finnish Constitution guarantees all citizens right to basic services integrated in the basic rights to living and care provided in the event of unemployment, illness or disability. Municipalities and the state guarantee all citizens adequate social protection, healthcare and medical services.</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>Following the review of physical barriers and review of prevailing attitudes, the Service and Assistance for the Disabled Act was passed to regulate services and assistance for disabled persons. The Act now represents a legal framework for equal opportunities. The challenge now ahead is to provide equal participation and quality services and measures of assistance and support regardless of the place of residence, type of disability and age. The Service and Assistance for the Disabled Act promotes equal opportunities and full participation in the society, which means that persons with disabilities participate in the business life as well.</td>
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<tr>
<td><strong>Employment policy in the area of disability</strong></td>
<td>As a part of promotion of employment of persons with disabilities, the Employment Act gives persons with disabilities equal status that the young persons and persons unemployed over the extended period of time have. The system enables disbursement of grants for financial benefits for employment to those entitled to disability pensions, which are put on hold during employment, to encourage persons to seek employment and experiment with employment.</td>
</tr>
<tr>
<td><strong>Participation of persons with disabilities in policy management</strong></td>
<td>Organisations of persons with disabilities implement their activities to highlight the need for persons with disabilities to participate in the process of making decisions that affect their lives and advocate removal of physical, functional, interactive and social barriers preventing full participation.</td>
</tr>
<tr>
<td><strong>Participation of Church in the disability policy</strong></td>
<td>Unlike other member states, in Finland, Church is involved in disability issues through its programme of disability policies (Church for All), aiming to surmount physical and social barriers to participation of persons with disabilities.</td>
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### Ireland

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<th><strong>Country</strong></th>
<th><strong>Ireland</strong></th>
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<tr>
<td><strong>Disability policy</strong></td>
<td>In 2004, the disability strategy was adopted as a fundamental document which supports participation of persons with disabilities in the society. The strategy includes the following four elements: the draft in the area of disability of 2004; amendments to the draft of 2004; six schemes of sector plans and multi-annual programme of investment in the area of disability aiming to improve the level of services. The strategy is complemented by the Equality and Employment Act, the Equality Act, the Act on Education of Persons with Special Educational Needs and the Policy of Integration of Services for Persons with Disabilities into the state services provided to all citizens.</td>
</tr>
<tr>
<td><strong>Impact on education</strong></td>
<td>The Minister of Education and Science appointed the National Council for Special Education in 2004, under the Education Law passed in 1998. The Law on Education of Persons with Special Educational Needs was passed the same year.</td>
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<td>Country</td>
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<td>Policy Area</td>
<td>Accessibility</td>
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<td>The problem of architectural barriers in public institutions is present (for instance, 48% of museums are accessible).</td>
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<td>Impact on legislation and the general political climate</td>
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<th>Country</th>
<th>Czech Republic</th>
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<tr>
<td>Policy Area</td>
<td>Impact on legislation and the general political climate</td>
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<td></td>
<td>In 1991, the strategic document under the title National Plan on Equalisation of Opportunities for Persons with Disabilities was adopted, and in 1998 the Plan on Equalisation of Opportunities for Persons with Disabilities was adopted to cover all areas of concern to labour and conditions of living, specifically: health insurance, social services, removal of barriers, education, employment, opportunities to earn income, social security, family life and personal integrity, culture, sport and recreation, religion, information and research, economic policy etc. This Plan requires that the Czech Republic launches a new programme every year in order to ensure social inclusion of persons with disabilities (in 2004, it launched the programme of promotion of civil society associations and humanitarian organisations). Based on that, the following documents were passed: Medium Term Strategy of National Disability Policy in 2004; Employment Act and National Employment Plan in 2003 and in 2006, the area of comprehensive rehabilitation was regulated. In 2003, the National Observatory for Persons with Disabilities was established. It is still in the initial phase of its operation. In 2005, the Programme of Full Access was signed between government agencies and the national union of persons with disabilities.</td>
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<td>Participation of persons with disabilities in policy management</td>
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<td>A special government body was established under the name: &quot;Government Board for Persons with Disabilities&quot;, to enable participation of persons with disabilities at the state level, open for participation at all management levels.</td>
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<td>Policy Area</td>
<td>Impact on legislation and the general political Climate</td>
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<td>In 1999, the Act on Equal Rights of Persons with Disabilities was passed as well as the National Programme for Persons with Disabilities, to be implemented until 2010. Priorities are: physical accessibility and access to information, public transportation, health protection, education, employment as well as to cultural, sport and leisure activities.</td>
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<td></td>
<td>Government research on position and quality of living of persons with disabilities and their impact on legislation</td>
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<tr>
<td></td>
<td>In 2004, a comprehensive research was initiated to review the needs and develop expenditure projection in order to provide an all-encompassing overview of implementation of disability policy.</td>
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<td>Policy Area</td>
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<tr>
<td>Impact on education</td>
<td>Latvia</td>
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<td>Impact on legislation and the general political climate</td>
<td>Latvia</td>
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<tr>
<td>Participation of persons with disabilities in policy management</td>
<td>Lithuania</td>
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<tr>
<td>Accessibility</td>
<td>Slovenia</td>
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### Impact on legislation and the general political climate

Aiming to improve conditions of living of one of the most vulnerable groups, the Law on Professional Rehabilitation and Employment of Persons with Disabilities was enacted in 2004, along with the Strategy for Training and Employment of Persons with Disabilities for the period 2003-2006. As a result of adoption of the Law, different institutions became responsible for implementation of certain measures and provision of certain rights (protected workshops, NGOs). The Law specifies the following measures and priority objectives: professional rehabilitation to be provided in regional centres for rehabilitation; protected employment to protected jobs (which means employment under certain conditions and under the provisions of the regional plan covering the period to 2006); assisted employment with professional, technical and material assistance to workers with disabilities and their employers; payroll benefits for persons with disabilities; quota system (requirement for employers to hire a certain number of persons with disabilities); the Fund for Promotion of Employment of Persons with Disabilities (funded from fines paid by employers in violation of the quota system and from other sources). Preparations are underway for development of the National Action Plan in the area of Disability for the period between 2007 and 2013. The aim of this programme is to set new objectives for protection and care of persons with disabilities. The focus will be put on wellbeing of these persons and will equally include social issues as well as the issues of employment, education, health, culture, tax, pension and other objectives.

### Participation of persons with disabilities in policy management

The Council for Implementation of Equal Treatment Principles was established in 2005, with emphasis on gender equality, cultural and ethnic diversity.

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<th>Country</th>
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<td>Policy Area</td>
<td>Impact on legislation and the general political climate</td>
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<td>Within the social protection law and reform of the system of social protection, a form of compensation of social consequences of disability is planned for persons with severe health problems causing disability, as a part of support to social integration, in addition to provision of social services and financial benefits. In 2004, special regulations were adopted to deal with compensation of social consequences of severe health problems leading to disability, through provision of financial assistance. In addition, it was planned that social services would be regulated, especially in the area of education, labour and civil society.</td>
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<th>Country</th>
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<td>Policy Area</td>
<td>Impact on legislation and the general political climate</td>
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<td>Under the provisions of the law for persons with disabilities, of 2000, which relies on international conventions and standards, the principles of non-discrimination and equal treatment were highlighted to ensure full participation. The law sets forth the following rights: right to independent living, right to full integration into the community and equal participation in economic and social life.</td>
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<td>Policy Area</td>
<td>Participation of persons with disabilities in policy management</td>
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<td></td>
<td>Pan-Cyprus Council of Persons with Disabilities was established in 2000. The Council is chaired by the Minister of Labour and Social Security and its permanent members are secretaries of relevant ministries, social partners, representatives of NGOs of persons with disabilities and two independent members.</td>
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<td>Policy Area</td>
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<tr>
<td><strong>Impact on legislation and the general political climate</strong></td>
<td>Numerous measures were taken relating to the Action Plan for Persons with Disabilities 1997-2002. Specific measures were taken in the area of mediation at work, as a part of the Second plan of employment of persons with disabilities, which lead to the National Plan for Access for Persons with Disabilities 2003-2010. New Action Plan for Persons with Disabilities includes certain measures, specifically: independent living for persons with severe disabilities who live with families in their own houses; social insurance and health protection for persons with severe disabilities and support to families caring for persons with disabilities. The measures for promotion of the Law on Equal Opportunities and Non-Discrimination of Persons with Disabilities include: definition of equal opportunities criteria, universal accessibility, measures against discrimination and conditions for real, efficient participation of organisations representing persons with disabilities and their families; implementation of sensitivity campaigns, training and innovation as well as development of new technologies; development of a system of arbitration in appeals and claims of persons with disabilities, court representation and representation of juvenile persons; development of measures for adaptations to homes and buildings to improve accessibility. In order to update the Law on Protection of Property of Persons with Disabilities, the following measures need to be taken: create possibilities for children with disabilities to inherit the entire estate of their parents; establish guarantees for fair management over the inheritance of persons with disabilities and create tax benefits for companies and families that will contribute to protection of inheritance of person with disabilities.</td>
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<tr>
<td><strong>Accessibility</strong></td>
<td>In order to improve the National Accessibility Plan, the following needs to be done: guarantee basic conditions for accessibility and non-discrimination in public services and other services of public interest; guarantee accessibility and non-discrimination in terms of goods and services related to new technologies, social communication media and types of transportation; improve compliance with the quota of employment (4%) and establish alternative measures for assistance to persons with disabilities when entering the labour market; provide assistance in entering the labour market through different programmes; develop experimental programmes in the area of training and employment for persons with disabilities, through cooperation with local and regional administrations and national organisations of persons with disabilities; implement programmes for independent living which encourage social integration of persons with disabilities through cooperation with NGOs; organise social healthcare programmes for early assistance to children with disabilities below three years of age in all areas of healthcare; develop public system of signalisations (messages and warnings) adapted to persons with visual impairments and pay special attention to the gender factor.</td>
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<tr>
<td><strong>Gender</strong></td>
<td>Within the National Accessibility Plan a need was recognised to pay special attention to issue of gender equality.</td>
</tr>
<tr>
<td><strong>Equality of minorities</strong></td>
<td>Within the National Accessibility Plan, the importance of development of programmes for promotion of adaptation of minorities with disabilities was emphasised, to be implemented through technical and financial cooperation with NGOs.</td>
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</table>
The National Council for Persons with Disabilities was established by the Law of 2003, which deals with equal opportunities, non-discrimination and access for all. The Council is a consultative body, associated with the Ministry of Labour and Social Issues, which works with organisations of persons with disabilities and their families and enables them to participate in planning, monitoring and accessing to policies affecting persons with disabilities. The Council has a permanent specialised office.

In 2003, the Law on NGOs of Persons with Disabilities was enacted to set legal framework for prevention, academic heritage, rehabilitation and participation of persons with disabilities.

The Ministry of Labour and Social Policy developed a database which includes a set of indicators characteristic for social policy, which contributes to improvement of access to information, sorting of data for specific purposes and reporting needs, analyses and monitoring of effects of social policy.

The National Council for Integration of Persons with Disabilities was appointed in order to provide more efficient management of the process of social inclusion of persons with disabilities.

2.3. Impact of NAP/Inclusion on cooperation and continuous dialogue (horizontal and vertical)

Cooperation and continuous social dialogue represent a common objective, a responsibility which results from the open method of coordination and it is the responsibility of each of member states to successfully and efficiently regulate this segment, of crucial importance for implementation of NAP/Inclusion, fully considering existing and future (planned and unplanned) resources. It was recognised that one of the most important methods to accomplish success in the combat against poverty and social exclusion was involvement of all interested stakeholders, from national to individual level on the vertical axis, and inter-ministerial, inter-institutional and inter-sector networking and cooperation at horizontal level. Special emphasis was put on involvement of groups of persons in the process of making decisions which affect their lives and the processes of planning, establishment, implementation, monitoring and assessment of policies. Transparency, equal opportunities, non-discrimination and the culture of partnership are certainly the fundamental principles.

One of the outcomes is reflected in strengthening of responsibility at the local level and community building. It is typical of Malta, for instance, that it opted for a holistic approach to the community, with emphasis on good practice, which is reflected through initiation of programmes of interdisciplinary nature and wider orientation; implementation of preventative programmes focusing on raising awareness and enabling early intervention; introduction of the new legislation which protects the most vulnerable populations; implementation of practical measures which represent direct investment into human capital, such as the measures in education and generation of employment opportunities.

The mechanism of mobilisation of all stakeholders and interested parties, implies, among other things, establishment of (networked) working groups at different levels, consisting of representatives of the government, NGOs, social partners (associations of workers, employers,
companies etc.), experts, representatives of local administrations, aiming to develop reports on processes of implementation of strategic goals and make plans and decisions related to the future steps. In Lithuania, for instance, one of the measures that the Ministry of Labour and Social Protection took to establish social dialogue, specified in the report for 2005, was to introduce a Secretariat of the Non-Government Sector against Poverty, which stimulated and encouraged civil and community initiatives. It was concluded that the Strategy to combat poverty and social exclusion was no longer exclusively under the competency of the Government and relevant ministries and that it evolved into an important national issue, requiring increasing involvement of all interested parties in all processes. In addition, the Council for Disability Issues was established as a body consisting of representatives of organisations of persons with disabilities and government institutions to assist in the development of social policy, with emphasis on needs of persons with disabilities and coordinate programmes of social integration implemented by particular NGOs, government institutions and other organisations. Networking can effect promotion of mechanisms of flow of information between institutions and maintain continuous dialogue between experts from state and local administrations, social partners and non-government sector, civil sector and individuals that decisions and plans refer to. One of the measures highlighted by Cyprus is the increase of statistical capacities of the non-government sector, in order to increase its competence in the process of monitoring and evaluation and provide it with opportunities for better planning of interventions and programmes for social inclusion of vulnerable groups.

An important segment of the social dialogue is raising awareness of citizens of NAP/Inclusion and general strategies which deal with or focus directly on prevention of poverty, through public campaigns, programmes of education, seminars, public debates on the phenomenon of social exclusion and discussions, to get the citizens to become active and responsible participants in the process of development of the European social model for their own benefit and the benefit of others. One of the ways to encourage civil society to get involved is through strengthening of the voluntary sector, which requires clear and positive legal framework (both coherent and comprehensive) and fiscal framework for voluntary organisations and foundations to operate within. Potential of information and communication technology has to be used in development of e-democracy and e-management (for instance, e-social protection in Slovenia). What is characteristic for Finland is that strong emphasis is put on the importance of participation of religious institutions (Church and church organisations) in the process of social inclusion of vulnerable groups, through charity work in soup kitchens, provision of food for the unemployed, provision of financial benefits, etc. The work sponsored by the Church is becoming a kind of addition to public services and it goes all the way to detection and prevention of problems.

Specific feature noted in Romania, is the establishment of the government body under the name of social inspectorate, which aims to ensure adequate implementation of legislation, ensure quality social benefits and services as well as oversee institutions involved in provision of social benefits and services.

2.4. Impact of NAP/Inclusion on gender equality

Gender equality and the necessity to integrate gender policy into all segments of political life emerged as a strong recommendation / request specified in the guidelines for development of NAP/Inclusion 2004-2006. After two years of implementation, the following difficulties were noted which prevented unobstructed introduction of gender policies as the foundation of all policies of EU member states (Joint report 2006:15-16):

- Gender issues of exclusion and poverty were covered in most member states in a very restricted manner and to a very limited degree in the area of trends and challenges;
- Statistical monitoring indicates divisions and inequality in terms of gender;
- Starting in 2003, improvement of quality of data was noted in all areas, although precise statistical gender indicators are still not available (profiles, with different varieties in
different countries) for underprivileged groups (homeless women and men, women and men with disabilities in the labour market and the healthcare sector, boys and girls and young women and men with disabilities who terminated schooling, etc.);

- Statistical analyses indicate that participation of women is higher in certain target groups (women are single mothers to a higher degree, percentages of unemployed women are higher, they are more often victims of domestic violence, women do most of the household chores, they more often encounter poor conditions in the labour market, they are more often exposed to sexual discrimination etc.);
- In situations where indicators suggest domination of men (for instance, statistical data on convicts, or life expectancy data, abandonment of education data, etc.), women are almost completely excluded from consideration;
- Statistical data are often not used (to adequate degree) to create conditions to develop a perspective of gender equality as a foundation for the text of national action plans and it is notable that statistical analyses are not available to serve as foundation for development of strategic goals and objectives to be integrated in NAP/Inclusion documents; In addition, the use of gender neutral language is also notable in texts of national action plans, which is particularly obvious in objectives / targets and measures which are elaborated in the gender neutral manner;
- Holistic understanding of the problem of exclusion of women has still remained hidden and it does not truly reflect on policy priorities;
- Comprehensive review and assessments of implementation of plans also lack elaboration of influence which resulted from setting priorities of gender equality; In some countries, a system of monitoring is being put into place and the process of gender mainstreaming is noted (Belgium, Greece, Ireland and Luxembourg);

3. Overview of mechanisms of disability policies

3.1. Mechanisms and measures of employment policy

Situation:

Women and men with disabilities, regardless of whether they are young or adults in the age of full working activity, in almost all EU member states represent one of the groups of socially excluded persons or persons at high risk of poverty and social exclusion in general, which also includes exclusion from the labour market. Depending on statistical resources and degree of technical advancement of a society, statistical indicators of social exclusion from the labour market can be monitored. In Czech Republic, for example, although it is a country with low rate of unemployment, persons with disabilities make 13% of the total employed population and the trend of their long term unemployment is also very notable (in Lithuania, for instance, as much as 86% of persons with disabilities are unemployed). It needs to be added that the rate of employment of women, women with disabilities in particular, is below the rate of employment of men. Difficult position of women with disabilities if further exacerbated by their inability to successfully combine professional career with household work and parenting. Persons with disabilities often receive lower wages and are unlikely to maintain employment over extended period of time (in the form of durable employment).

In addition, poor education, combined with poor professional knowledge and skills, which mark women and men with disabilities in the labour market (if they even get into the labour market), cause further deterioration of the situation persons with disabilities are confronted with in Europe.

Some of the causes of low rate of employment of women and men with disabilities are in inadequate work conditions and work environment which are inappropriate for persons with disabilities, poor motivation of employers and effects of prejudice and misconception on employment of persons with disabilities. Additionally, although in some countries the law mandates the quote of employment of persons with disabilities, the state often leaves it up to
employers, without specifying mechanisms of pressure and sanction (however, in Germany, pursuant to the provisions of the Law on Persons with Severe Disabilities, certain instruments were conceived: entities in public and private sector having the staff of a minimum of 20 workers are required to hire persons with disabilities in line with the quote of 5%. In the event of failure to comply, the employer is required to pay additional tax. The law also mandates special protection against termination of employment after the period of six months as well as additional benefits to facilitate workplace integration. In addition, employers are required to provide additional technical facilities and make adaptations to the workplace and machinery to meet the needs of persons with disabilities, hired to positions which enable them to fully use their knowledge, skills and capacities. In addition to the cost of workplace adaptations, additional jobs in protected workshops (in 2001 there was about 190,000 protected jobs) and cost of additional training are all covered from the Fund which generates funds from additional taxes. In Austria, employers are required to hire one registered person with disabilities (with a minimum of 50% disability) to each 25 workers. Failure to comply results in collection of additional tax, which is transferred to a compensatory tax fund, designed for integration of persons with disabilities.

Dependence (long term dependence) on social benefits, lack of equal opportunities and lack of independence in selection of adequate job as well as passivity (or circles of failure) in the process of employment, cause exclusion of women and men with disabilities from the labour market. Reform of the taxation system in the United Kingdom aimed to establish tax loans for persons with disabilities, designed to assist them in their transition from social benefits to the labour market, providing minimum wage available to persons with or without children. In addition, active measures were taken as a part of the employment policy, under the name: "New Deal", which put emphasis on rights and responsibilities, interventions to avoid dependence on benefits and counselling immediately at the beginning of the process of application for benefits to activate the person and enable continuation of employment as soon as possible.

In some countries (Slovakia, Malta, Italy) it was recognised that persons who care for their family member with severe disabilities were also at high risk of exclusion from the labour market. In Italy, which puts emphasis on strengthening of powers and social cohesion of families in its NAP/Inclusion document, the state budget was revised to provide parents of preschool children with severe disabilities with the right to paid leave of absence for the duration of two years.

Mechanisms and measures in the area of employment policy:

| All member states move towards development of inclusive labour market in the social environment, to enable socially excluded groups or groups at risk of social exclusion to receive integrated services in the form of better education at secondary level, advisory services, mediation, professional training and life-long learning, workplace adaptations etc, to enable them to get and maintain well paid employment reflecting needs, desires, capabilities and capacities of specific women and men. That means that promotion of employment is to be conducted through integrated programmes in the labour market combining different services, training and other types of assistance prior to transition to the labour market, during the course of active search for employment and during the employment, in order to maintain it (through provision of professional training, implementation of literacy training programmes and programmes adapted to certain groups of persons, including persons with disabilities, subsidized employment, incentive for employers to hire persons in vulnerable categories, provision of better access to workplace for persons with disabilities, measures to stimulate self-employment, development of life-long learning, raising awareness of employers through the use of media advertising and campaigning, seminars, training etc, provision of support to establishment of sustainable model of social enterprises as well as creating opportunities for protected employment). |
Online services are developed in the form of information centres for persons with disabilities and employers, where they can find relevant information (instruction as to how to enter into contractual arrangements, instructions related to workplace adaptations and modifications, etc.) and the synergy of action was noted among previously separated services and bodies (groups for rehabilitation are engaged to operate in employment centres, information and rehabilitation centres are established to provide comprehensive services, etc.).

Reform of employment policies and employment services responsible for development of the labour market are underway in all member states. In Greece, for instance, centres for promotion of employment are established to operate within public employment institutions, to implement activities focusing on adaptation of services to meet the requirements of vulnerable groups of unemployed persons, ensure modernisation facilitated through computerisation of infrastructure, network all centres for promotion of employment with local services, develop strong partnership with social partners and businesses at the local level and create links between social support and employment network.

Development of individual action plans for particular individuals aims to increase chances of employment, in combination with increase of assistance in mediation in employment and improvement of conditions for transition of students with disabilities from the educational system to the labour market to help them avoid unemployment (Czech Republic, Hungary). In Germany, the model under the title “interdisciplinary personal budget” is developed as a new form of benefits to be developed over the period of the next five years. Promotion of the process of employment of persons at risk of social exclusion will focus on the following: specification of budgeting procedures; responsibility and cooperation of service providers; introduction of procedures of needs assessment and entering into of targeted agreements.

Activation, as one of the measures, represents a wide variety of activities, such as vocational training, additional education, etc., which need to provide development of capacities, skills and potentials of individuals to ensure social and economic participation and decrease dependence on material benefits. Action usually needs to be taken within the specific time since the person received the first benefit. Some of the services include assistance in communication in interviewing for employment (Austria, Germany, Holland, Denmark). In Germany, one of the mechanisms includes establishment and strengthening of therapeutic and educational day care centres and development of models of cooperation between schools and social sector to assist young persons with disabilities. Preventative measures were conceived for the benefit of children with learning difficulties in vocational educational institutions to decrease the rate of early termination of schooling through better cooperation between regular and special secondary schools on one side, and labour market and companies on the other. Special schools need to enable integration of young persons with disabilities through implementation of special measures (such as development of social work with emphasis on young persons). In Holland, some of the activities of activation of the unemployed fall under the domain of the local administration (for instance, in the area of assessment of the existing situation in the area of unemployment; organisation of social programmes of activation etc.).

Making flexible work arrangements and provision of protected employment with financial benefits, implemented unless there are no other alternatives for employment and provision of other measures of social economy (protected jobs with time, pace, working process and productivity adapted to persons with decreased physical and mental capacities, as for instance in Denmark). A network of social centres was developed including cafés, centres for sport and leisure activities and guidance and employment centres.

In Lithuania, case management began developing successfully, which provided unemployed persons and persons with disabilities much needed coherent and efficient assistance through networking and joint activities undertaken by different agencies (provision of assistance at work, additional transportation allowance), while employment bureaus were modernised to become more appropriate and more responsive to the needs of their clients and more capable of providing service as promptly as possible.
Participation in voluntary work, as one of the measures of social inclusion in the labour market at local and regional level (Holland): local administrations cover the cost of voluntary work and overheads of organisations working with volunteers, pursuant to the provisions of the Welfare Act. Professional organisations can hire experts of specific professional orientation, such as, for instance social and cultural workers, to provide specific services through provisions of professional support, administrative support etc. That ensures mutual benefits, on one side, persons with disabilities are activated and they develop necessary professional knowledge, experience and work routine while the community, municipality and region, on the other side, further their development.

Comprehensive system of rehabilitation and simple access to social and health services (as a measure which provides opportunities for persons present in the labour market over an extended period of time to get and maintain employment), is one of the goals of particular importance to the process of establishment of an integrated labour market. That implies development of legislation regulating comprehensive rehabilitation, establishment of certain bodies and services to coordinate measures for implementation of comprehensive rehabilitation and monitoring and development of personalised plans (Czech Republic, Austria). These programmes are funded and implemented by the Labour Market Bureau in cooperation with services and institutions in the social sector at the federal level, in addition to programmes of professional rehabilitation which would be based on the requirements of the labour market. Another opportunity at the state level is in development of integrated rehabilitation service which was previously fragmented into advisory services and other services provided by different institutions, which will lead to provisions of services better suited to needs of beneficiaries.

Promotion of development of small scale and medium scale businesses and generation of new jobs is an active political measure, which could efficiently lead to a decrease of the rate of unemployment of persons with disabilities. Several options can be observed: incentive to employers to hire persons with disabilities in the private sector; incentive and support to persons with disabilities to encourage them to start their own businesses and incentive and support in self-employment. System of incentive to employers and employees and incentive for generation of protected jobs for those unable to participate in the open labour market are some of the measures that fall under the competencies of the state. In most member states, employers are encouraged to create jobs for persons with disabilities, through special monetary benefits. The amount of such benefits depends on severity of disabilities (for instance, in Czech Republic, employers receive 0.66% of the average monthly pay determined at the national level for each employee with severe disabilities and 0.33% of the average monthly pay determined at the national level for other employees with disabilities). Employers are also provided access to all information on measures of support available for employment of persons with disabilities as well as options of workplace adaptations and adaptations of work conditions to meet the needs of specific persons. Employers are required to hire certain percentage of persons with disabilities under the Law (through mandatory quotes for employment of one person with disabilities for each 25 workers. In the event of violation of mandated quotes, fines are charged, in most cases in the form of additional taxes paid to special funds for promotion of employment of persons with disabilities). Some of the measures come in the form of special grants planned by government for employers to facilitate modernisation of production process, workplace adaptations, etc. As one of the ways to support these political measures, online services for employers are initiated to enable them to get information on how to conduct an employment interview, how to conduct workplace modifications etc.

Within self-employment initiatives, beneficiaries are provided with support for start up and implementation of self-employment in addition to receiving benefits to cover potential additional expenditures and necessary monetary contribution to cover the cost of protected employment. Contributions are intended to cover the cost of only those activities that would extend over the period of more then two years. One of the methods of self-employment is telemarketing, which can also be organised within a different work engagement (Slovenia).
Protected jobs and protected workshops, and social economy still play an important role in inclusion of persons with disabilities in the labour market. As a measure, social economy is related to development of commerce, economy and employment. Social cooperatives can enable persons with disabilities to get organised and it is the responsibility of the state to regulate this area. The procedure for start up of social cooperatives should be simplified in comparison to the procedure for start up of traditional businesses. It should also enable those who are motivated, to use specific financial incentives provided by the state to make their cooperatives competitive. In Poland, for instance, establishment of a new legal framework is underway to give social cooperatives status of non-profit organisations. In Sweden, in addition to provision of financial incentive for employers, the government also succeeded in decreasing the rate of unemployment of persons with disabilities, by establishing AB Samhall company, a protected company which provides adequate and meaningful jobs for about 26,000 persons with disabilities. Some of the measures they took aimed to raise awareness of importance of cooperative companies by the public (information campaigns, advisory services, etc.).

When it comes to young women and men with disabilities, in some member states, one of the measures of particular importance is development of programmes of transition from educational system to labour market (Transition Plan), representing a personalised plan of support provided to young persons, which includes services of different types, such as: provision of financial benefits for professional integration with payment of earnings (this is a kind of incentive for recruitment of young persons with disabilities), training in general and projects of training in specific skills, assistance at work and scholarships for students. In Finland, it was recognised that the process of rehabilitation of young persons had a tendency to extend over a long period of time, so the Rehabilitation Allowance Act was enacted to enable payments of allowance for young persons who turned 16 years of age and live in poverty, to prevent them from opting for disability retirement.

Although in many member states the principle of activation and decreasing dependence on social benefits are getting increasingly popular, assistance in cash and disability pensions are still active measures for those persons who receive no other support, although recipients of this assistance are still encouraged to get active employment while employment of persons with severe disabilities is subsidised by the state. The system ensures payment of wages in cases of full long term disability also including plans for social activation for those persons with partial disability (over 35%), as well as for those who are fully but not permanently disabled. Persons with disabilities of below 35% remain employed, and in the event of termination of employment, they are entitled to apply for benefits, which is the case in Holland. The reform of Disability Insurance Act provided financial benefits to be added on income in the event of full or partial working disability, and continuation of employment and identification of ways to get the persons back into the labour market following termination of employment are basic elements that the new system of employment policy in the area of disability rests upon. In addition, pursuant to the provisions of the Employment Act, persons with disabilities are granted the same status that young persons and persons with long term unemployment record have. The system enables disbursement of grants for financial benefits for employment to those entitled to disability pensions, which are put on hold during employment, to encourage persons to seek employment and experiment with employment.

Prevention of disability caused by work injury (recognised in NAP/Employment document of Serbia and NAP/Inclusion document of Holland) represents one of the measures of illness prevention: Since 2006, employers are required to continue paying payroll taxes for persons on sick leave, which was extended to two years, in comparison to previously required one year; the main emphasis was put on activation of work capacities; persons who are not capable of working are entitled to financial insurance (only available to persons who are fully and permanently unable to work); primary responsibility for prevention and reintegration is equally shared between employer and employee; persons with partial disability who are employed, are getting full pay, while those not working are getting benefits determined at the national level for the initial period of unemployment, followed by regular permanent benefits; the state should
provide financially attractive incentive for employers to encourage them to hire persons with partial disabilities (through different benefits).

The research in the area of employment of persons with disabilities certainly plays an important role in planning and implementation of policies, but also in involvement of all interested stakeholders (educational institutions, institutions responsible for employment, rehabilitation, information dissemination etc.).

3.2. Mechanisms and measures in the area of social protection system, pension insurance system and health protection system

A clear and precise definition of disability, as detailed below, represents the foundation of a comprehensive and integrative reform in the area of disability, undertaken by Germany: Persons are considered to be disabled in their physical functioning, mental abilities or mental health differ from the abilities typical for person's age, over the period of more then six months, and result in impairment to her/his participation in life and in society. In addition, new legislation in the area of social protection focuses on strengthening of individual responsibility, through the "support, encourage and demand" principle.

The general course of reform of systems of social protection includes the following:

- **The system of social protection needs to be flexible** and needs to respond to different needs of citizens of different ages, it further needs to provide equal access to services, provide **personalised services** of support, improve harmonisation of coverage of expenditures in the social sector and encourage development of local capacities for help and self-help;

- **Networking, linking and introduction of information technology** in employment and social sectors, development of databases and internal cross referencing of records, will ensure transparency, improve monitoring of implementation of legally mandated social rights and foster better decision making. These elements all represent a foundation for the programme of E-Social Protection (as introduced in Slovenia, for instance).

- **Involvement of non-government organisations and private sector** providing social services; changes to taxation and social policy systems and comprehensive reform of social transfers, harmonisation of procedures and general objectives of the government; social services developed at community level, aiming at deinstitutionalisation, as the fundamental principle.

- Development of community services is preceded by development of standards and norms for services within the social sector and development of control mechanisms.

The process of modernisation of social services has the following characteristic features:

- **Decentralisation and transformation of social services**, in particular, improvement of quality of social services through establishment of quality standards;

- Develop such types of services to enable beneficiaries to continue living in their **natural environment** (for instance, provision of assistance at home, support to the family, etc.), ensure that the range of services is appropriate to the existing needs and requirements and that they can commence as soon as possible; the trend is showing a tendency of movement towards increase in services provided by day care centres, decrease in services provided by institutions and development of “all in one place" type of systems, which will enable social work centres to have better access, sort data and keep track of provision of services.

- The services need to be conceived in line with the principle of **personal empowerment** and increase of abilities of the person to independently run her/his life, leading to simplicity and improvement of the quality of living.

- Assistance and support need to be based of **personal responsibility of individual**;
• **Simplified procedures** in social assistance.
• Focusing on the disability area, some of the changes are related to:
  • **Procedures of identification** of disability, which will create preconditions for measures of social protection to become better adapted and more efficiently implemented;
  • Determination of the **level of working capacity** which will lead to a more objective assessment of individual capacity to work, as well as more objective assessment of necessary services, rehabilitation and other benefits;
  • Employment and abilities of persons to live **independently**;
  • **Personalised plans of care** tailored to each individual person with disabilities, represent a foundation for active support to persons with disabilities, which leads to defining rights to services of personal assistance, services of rehabilitation advisors, adapted transportation, representation, etc. (for instance in Slovenia).
  • Development of **interdisciplinary personalised budgets** for persons with disabilities and persons in need, represents a part of the reform of social protection sector in Germany; That gives persons with disabilities power to make their own decisions and choose types of assistance best suited to their needs, as well as to decide what services and what professional assistance they require over a particular period of time; The result of such approach is independent living and self-determination to the highest possible degree, as well as rationalisation and integration of expenditures and social benefits.

Within the reform of the system of health protection, some of the measures and mechanisms which relate to the area of disability can be discussed:
  • **Legal definition of procedure of comprehensive rehabilitation**, that is, community rehabilitation, conceived for the purpose of provision of efficient services in the area of health protection and social protection aiming to either help in resuming employment or getting employment;
  • **Increase of quality in the area of long term healthcare** with emphasis on rights of patients;
  • **Integration of health and social protection** in cases of long term chronic conditions and disabilities, through integration of financial resources provided from the state budget, health insurance funds and private funds;
  • **Interdependence of public and private sectors in healthcare** enables provision of quality services (Cyprus) and measures for promotion of open approach to mental health, leading to deinstitutionalisation and development of community services;

Of particular importance are programmes of early detection of children with developmental problems, through multi-specialist, complex, coordinated and permanent assistance and support provided for children affected by disabilities or children with disabilities and their families (for instance, medical treatment, psychological support and provision of services within other non-residential centres for early learning, or services provided under the programme "Sure Start". For more details, see Annex 3).

Within the system of pension insurance, which underwent reform in most member states, some of the introduced measures include:
  • **Minimum pension for all** with special emphasis on women, in the domain of pension system reform;
  • **Anticipatory pension** available for persons aged between 18 and 67 whose work abilities are decreased to a minimum of 50%, the amount of which enables acceptable standard of living (Denmark);
  • **Disability pensions which are getting increasingly substituted with different policy measures focusing on activation and employment** before recipients become dependent on disability pension.
3.3. Mechanisms and measures in the area of educational policy

Although most member states are moving towards providing quality education for their children at all levels, starting with preschool education all the way to higher education, the rate of children with disabilities attending any formal form of education is still low (regular and special system of education).

Within the initiative to increase quality and accessibility of education for all girls and boys, young women and men, the following measures are planned to be taken:

- **Remove barriers** in educational institutions to enable children with special educational needs to attend kindergartens, schools and universities;
- Enable higher degree of inclusion of children with severe disabilities into the educational system;
- Enable children with disabilities to attend programmes for early education and get integrated into kindergartens;
- Establish and further develop appropriate forms of education and programmes of support for children with disabilities, with emphasis on quality education, integrated education and educational needs of children (for instance, by defining the status of educational assistants, by providing personal assistants, etc.), increase their numbers and develop systems of support for children, parents and teachers in schools and kindergartens (speech therapists, special education teachers, personal assistants, assistant teachers, interpreters of sign language, services of rehabilitation, organised transportation to and from school);
- **Create a model to provide children with technical facilities** necessary for their development; provide free of charge transportation to school for children with disabilities, increase the number of integrated and inclusive classes (while decreasing the number of students per class);
- Enable parents and children to have a freedom of choice and to have education in the natural environment in the neighbourhood;
- Develop flexible and personalised curricula for each specific child, develop services of support and counselling in school centres for children with learning disabilities, behavioural problems and social problems and their parents; organise psycho-educational interventions targeting needs of children whose parents have mental health problems;
- Develop and promote programmes of vocational education for young persons with disabilities; develop programmes of transition from educational system to labour market;
- Provide equal access to information communication technology to all children and young persons and introduce computer literacy;
- Enable persons with disabilities to enrol into faculties and develop a system of support through provision of social scholarships and accommodation and food allowance;
- Improve the system of education of adult persons and the concept of life-long learning based on real needs and abilities and develop community centres for life-long learning as a part of this initiative.

3.4. Mechanisms and measures in the area of public transportation, housing, culture, sport and recreation

Over the past several years a lot has been done in EU member states to accomplish better access to public facilities, resources, rights and services (physical accessibility of facilities and access to information, accessibility of public transportation and services of healthcare and social protection, education, labour market and employment as well as cultural, sport and recreational activities) for women and men with disabilities, through standards, regulations, rules and laws.
However, **removal of barriers of different forms** remains priority objective of most member states: in terms of **transport**, technical barriers need to be removed to enable equal access to public transportation to persons with disabilities; **removal of structural barriers** (construction of new elevators, ramps, adaptations to the existing facilities, including houses and apartments persons with disabilities live in) and **communicational barriers** (installation of visual signalisation and systems of information dissemination adapted to persons with intellectual disabilities); enable all persons to have equal access to legal procedures, especially for those who are unable to represent themselves and exercise their rights on their own; provide protected housing for those persons who are unable to support themselves financially, and housing in the so-called "halfway apartments" for persons leaving institutional care or protected housing; provide promotional informative materials and develop online services and barrier-free internet; **provide assistance in interpretation** (assistance in interpretation in PTA meetings, facultative activities, church services etc.); **provide access to cultural institutions** (provide free of charge tickets for cinemas, museums and art galleries, expand resources of libraries in all public libraries by adding books in Braille alphabet); remove barriers in sport halls and adapt the environment to athletes with disabilities and persons engaging in sport activities for recreational purposes (for instance, club supporters); **adapt programmes of life-long learning and pastime educational activities** to the needs of persons with disabilities; educate the public in necessity to remove barriers in the form of prejudice, attitudes and stigma.

### 3.5. E-inclusion

Access to information and communication technologies (ICTs) becomes a necessity in the modern knowledge-based society. When it comes to ICTs, the EU recommends that member states take all necessary steps to prevent e-exclusion, particularly e-exclusion of vulnerable groups, such as persons with disabilities; on the other hand, programmes need to be developed to systematically lead to increase of computer and ICT literacy of citizens beginning at an early age. Special emphasis needs to be put on the existing gender digital gap.

As a part of the initiative to bridge the digital gap, the following measures were highlighted in the process of adaptation of ICTs to the needs of persons with disabilities, as specified in NAP/Inclusion documents of EU member states: increase relatively low level of access to ICTs, especially among vulnerable groups, persons with long term chronic health conditions and persons with disabilities and **facilitate access to information** through development of electronic infrastructure; increase the number of public e-services, on one side (make the entire public services sector accessible to persons with disabilities) and on the other side, facilitate free of charge access to world wide web (www) to persons with severe disabilities to enable them to access public administrative services using their computers; develop web environment appropriate to needs of persons with disabilities (**disability-friendly environment** such as, for instance, development of digital databases and portals for blind persons, digital speech, which is a standard for access to web pages, develop systems of provision of technical facilities and develop robotics to serve these purposes); prepare norms and standards for the process of adaptation of information environment to the needs of persons with disabilities; as a part of development of inclusive labour market and employment, employment bureaus were advised to set up e-portals with employment information; encourage employment at home through **telemarketing and net jobs** and develop initiatives to get employers to use and appreciate this type of employment and develop e-commerce and e-market; keep making improvements and adaptations to workplace for persons with disabilities through **digital management**; provide grants for non-government organisations for purchase of portable laptop computers for the purpose of provision of computer literacy training for the general population; expand computer literacy programmes in rehabilitation centres and provide
computer literacy training as a part of vocational education of young persons and the process of professional training of young persons; develop learning materials and implement programmes of training for teachers at all levels and introduce computer-aided learning for all children and adults. Some member states recognise potential in development of participatory e-democracy for their citizens (electronic voting for local administrations), as well as potential of ICTs in resolution of social issues (in crime prevention and professional reintegration of persons with disabilities, for instance).

4. Experiences in the region (Croatia and Serbia)

Strategic documents of Serbia (NAP/Employment and the Strategy of Social Protection System) and Croatia (National strategies of unique policies for persons with disabilities), directly deal with or touch upon the issue of disability. The fundamental idea is based upon needs of the states (in line with their aspirations toward European Union, their constitutional commitments and commitments resulting from the declarations they signed) to develop as civil societies, economically prosperous and democratic, and it is therefore their responsibility to systematically deal with and address the issues of particularly vulnerable groups, which include persons with disabilities.

In Croatia the fundamental approach to redefining disability policies is based upon improvement of material position of persons with disabilities, harmonisation of their rights, education and rehabilitation and provision of opportunities for equal participation in the community. Strategic goals of Croatia are to improve and secure rights of persons with disabilities, create conditions for efficient resolution of their problems, implement coordinated action and efficient information dissemination at all levels of political and social life and ensure full and active participation in the life of the community, along with development of sensitivity of society.

National disability policy rests upon the following pillars: family and civil society; health, sport and recreation; education; professional rehabilitation, employment and labour; pension insurance, system of social assistance and care; and housing, mobility and accessibility. Croatia recognised importance of harmonised and consistent criteria used to define status of disability as a foundation to ensure rights in different systems, which is regulated in line with the provisions of the Law on Croatian Register of Persons with Disabilities. That way, the fundamental preconditions were met to develop a database for the purposes of creating and planning systemic and comprehensive activities of care for persons with disabilities.

Within individual pillars of the disability policy, general approaches were presented, as follows: emphasis is put on empowerment of individual and family, in order to get the individual to rely on her/his own abilities and the abilities of the group she/he lives with, as opposed to relying on assistance of the state; social responsibility assumes provision of support to individuals who are unable to deal with their problems on their own; the state accepts right of citizens with disabilities to, either individually or in groups, participate as equal members in creation, planning and implementation of the process of reform; the state recognises and values potential that the non-government, non-profit sector has in assessment of real needs of persons with disabilities in local communities as well as its flexibility of action; the strategy of development of healthcare system and health insurance system should move towards equal access to quality medical services for all citizens and promotion of sport and recreational activities (full coverage of the cost of health protection is guaranteed to citizens with severe disabilities and no participation is required by the beneficiary in coverage of cost of treatment); in the area of education, development should continue towards opening of the system of education to all girls and boys, young women and men; in the area of employment and professional rehabilitation, progress should be made towards encouragement
to programmes of co-financing of employment, self-employment and education of unemployed persons, aiming to deal with the issues persisting in the area of professional rehabilitation, employment and labour in a comprehensive manner, to ensure equal participation in the open labour market; in the area of pension insurance a reform is planned aiming to create a long term sustainable system of pension insurance based on the principle of solidarity among generations (radical changes were made in the area of pension insurance). New definition of disability is integrated into the system of pension insurance, specifying the following two types of disabilities: permanent loss of ability to work (general inability to work) and permanent decrease of ability to work (professional inability to work).

Social protection and care make the last social protective net, which aims to provide care and inclusion in the society for the most vulnerable groups. The aim of the reform of social protection and social care system rests upon establishment of a system based on high ethical and professional principles, transparency, primary responsibility placed on the local community and significant contribution of the non-government sector and private initiatives aiming for decentralisation of the system of social welfare and the process of deinstitutionalisation (as a measure to ensure competitiveness of the social sector). Social security system provides persons with disabilities with appropriate protection within each of individual sectors. In order to improve material and legal position, that is, bring rights of persons with disabilities at the same level with rights of the rest of the population, different programmes and regulations are put into place. For instance, for disabled veterans, certain amendments were introduced in terms of some of their rights, which will result in fair social protection of these persons. In addition, analyses and projects are being prepared aiming to review conditions for the purpose of more efficient resolution of legal and material issues disabled veterans and civilian war victims are confronted with in the area of housing, mobility and accessibility. Adaptations to public and residential facilities and means of transportation, in line with the provisions on removal of physical barriers, is not fully integrated into the system. Standards and guidelines are being developed for barrier free construction, in addition to legal acts and documents to regulate this area.

The next element of the National strategy of unique disability policy is the programme of activity. Programmes are categorised in accordance with pillars of disability policy, and some of them are:

- **Family and civil society:** In addition to establishment of the system and harmonisation of legislation to ensure equal rights for persons with disabilities, other planned measures include regulation of provision of funding to organisations of persons with disabilities; development of situation assessment with proposed measures dealing with the quality of living of children with developmental difficulties; development of professional foundation for introduction of the service of professional assistance for persons with the most severe degree and extent of disabilities; development of programmes of systemic psycho-social assistance for children caring for parents with disabilities; changes of ratios between institutional and non-institutional services provided; development of rulebook to regulate right to leave of absence over the period of seven years since childbirth and right to part time work engagement while raising children; organisation of public debates in connection with establishment of referral centres and professional services for support to persons in the family, which would also function as agencies fostering independent living; planning of activities to build sensitivity of the public to these issues, by the use of mass media.

- **Health, sport and recreation:** Within healthcare system, development of programmes of systemic education is planned at the level of primary healthcare for the purpose of educating healthcare workers on specific nature of particular illnesses and conditions and train the staff in resolving problems relating to labour; possibilities to provide medical assistance and rehabilitation to children with developmental problems educated in regular or special schools or in social welfare institutions; development of rulebook on orthopaedic and other prosthetic devices; development of data tracking system to keep track of children at risk; development of programmes aiming to include children and young persons with developmental difficulties in sport and other recreational activities.
and provide accessibility of school premises for the purpose of organisation of sport activities for all children.

- **Education**: Development of educational standards for preschool education and primary and secondary levels of education is planned to ensure rational and successful system of education to include all children with developmental difficulties; other goals include modernisation of curricula to enable use of potential of children with developmental difficulties and introduction of activities of rehabilitation; development of systems of monitoring of children with developmental difficulties from preschool to secondary education; establishment of efficient, planned and evaluated educational integration of children with developmental difficulties; development of programmes of professional training of teachers at all levels to ensure acceptance of children and young persons with developmental difficulties; development of mobile services of support to educational integration and focusing of share of resources from the government budgets to benefit voluntary organisations.

- **Professional rehabilitation employment and labour**: Planned activities include plan of development of professional rehabilitation, employment and work engagement of persons with disabilities; measures will be taken to provide funding for most favourable loans to encourage self-employment of persons with disabilities and special measures will be taken to encourage employment of persons with disabilities in small scale and medium scale businesses.

- **Housing, mobility and accessibility**: In addition to plans for gradual removal of barriers to ensure accessibility to healthcare institutions, primary and secondary schools, sport halls and other sport facilities, institutions of culture, dormitories and faculties as well as facilities in the area of tourism, a new plan on barrier-free construction and the programme of accessibility of public transport and signalisation will be developed.

- **Pension insurance**: Development of professional and analytical foundation to review possibilities for gradual introduction of disability insurance, followed by development of appropriate regulations is underway; in addition development of legal solutions to define criteria of disability insurance for consequences of work injuries and professional illness, as well as development of programmes for better implementation of professional rehabilitation are also currently underway.

- **Social assistance and welfare**: As a part of initiatives of deinstitutionalisation, scope and dynamics of the process of deinstitutionalisation are determined with emphasis on social protection institutions organising education and care of children with disabilities; development of legal solutions relating to redefining criteria and entitlements to personal disability benefits and right to allowance for assistance and care; development and establishment of clubs for persons with disabilities, as a special form of services provided under the system of social protection; development of programmes of psycho-social rehabilitation in social protection centres in line with needs, interests and abilities of beneficiaries.

In line with recommendations related to open coordination method in combat against discrimination, social exclusion and poverty, NAP/Employment document of Serbia, focuses on persons with disabilities. The situation in the area of employment of persons with disabilities is alarming; only 13% of persons with disabilities have employment and of that number, only one third has jobs tailored to their needs. In addition, poor education is often the cause of low rate of employment and unfavourable social position.

Aiming to change this situation, the following measures were recommended: **Provision of incentive to employers to hire** persons with disabilities; establishment of cooperation between employers and national employment centres aiming to define types of work persons with disabilities can do, as well as to define necessary workplace modifications; **defining mandatory quote of employment of persons with disabilities and specifying sanctions for violations of the quote**, detailing clear control and monitoring mechanisms; **improvement of access to education for persons with disabilities** to enable them to acquire higher level of knowledge and professional skills; construction of barrier free infrastructure; establishment of
a special fund for provision of incentive for employment of persons with disabilities and establishment of Council to monitor their position; assess "quality of the environment" persons with disabilities live in through periodical surveys to increase their access to public facilities and services. As a part of development of integrative employment policy, aiming to prevent long term unemployment and ensure integration of unemployed persons, national employment institutions were advised to develop personalised employment plans, in cooperation with each unemployed person registered with the employment institution, to cover a specific period of time (for instance, the period of six months), in order to record a number of activities conceived in cooperation with the person the plan is intended for (aiming at activation in pursuit for employment and provision of additional training and qualifications).

In order to create conditions to accomplish social inclusion of vulnerable groups (including persons with disabilities), importance of effective social partnership between the government, employers, trade unions, representatives of local administrations, educational institutions and non-government organisations was highlighted.

The issues of disability are also discussed in the section dealing with health protection and industry safety, and the following recommendations were specified: Ensure compliance with adopted regulations as a measure of prevention of accidents at work and ensure participation of employers in rehabilitation of injured workers and provision of employment in the event of disability; organise regular medical check ups of workers.

On the other side, the system of social protection is also undergoing the process of reform, and the goals which are directly related to the population of persons with disabilities are: Improvement of identification of persons most seriously affected by poverty and more focus on those members of the society who are unable to work, development of social protection services which support life in the community – day care for persons with special needs, house care and assistance, foster care; development of professional standards, procedures, protocols and norms; networking of all social protection stakeholders at local level as well as review and promotion of protection of persons with disabilities.

Strategy of development of the system of social protection is based on the need to define policies of development of the social protection sector and network the system with other systems and social initiatives (development of harmonised national action plans, harmonisation of activities of concern to strategic goals, development of resources for empowerment of individuals and families in marginalised groups); promotion of legislation, harmonisation of regulations to bring them in line with EU regulations; decentralisation of the system of social protection and transfer of competencies, responsibilities and resources at local level (development of varied and flexible services, adapted to needs of beneficiaries, subject to available funding); higher participation of citizens and civil sector in decision making process of concern to allocation of funding and methods of addressing needs; provision of efficient material services in social protection and building professional capacities of social protection workers.

Strategy of development of the system of social protection is based on general and specific goals, as shown in Annex No 5. The following goals focus on persons with disabilities:

- Within the specific goal: improvement of protection of citizens most affected by poverty, some of the measures were planned (provision of existential minimum, followed by the need to redefine poverty threshold; more efficient functioning of the system of provision of material assistance, followed by development of regulations to define material benefits; establishment of unique record of material benefits).

- Within the specific goal: Development of network of community services, several specific goals can be noted: Integrated approach to identification of needs and planning of community services; identification of needs of groups of beneficiaries and strategic planning of provision of services at different levels, harmonised between several systems (measures planned for these specific goals include establishment and development of methodology for identification of needs of vulnerable groups, adoption
of protocols on horizontal and vertical cooperation; development of strategic action
plans; introduction of professional standards which relate to assessment, planning,
monitoring and evaluation; redefinition of terms and types of beneficiaries in relevant
laws and regulations; introduction of the system of case management to be employed
by social work centres).

• Within introduction of quality assurance system in social protection sector, the planned
measures include adoption of standards for services in the system of social protection;
introduction of independent representation; introduction of the code of professional
conduct; accreditation and licensing; introduction of a unique database to keep track of
needs, services and outcomes at all levels;

• Within the goal of development of territorially and functionally accessible services,
planned measures include: establishment of residential institutions of small capacity to
provide services of care of beneficiaries, including limited size homes, small residential
communities, halfway housing, etc.; creating conditions for use of existing community
services which need to be inclusive for children, persons with disabilities and elderly
persons; adopt medium term plan of transformation of institutions and introduce a
special programme for training and professional development of all professionals
participating in protection of beneficiaries living in institutions.
IV Dr. Belma Goralija and Tamara Pribišev Beleslin, MA "EU standards in assessment of remaining work ability and EU experiences in organisation of mechanisms of assessment of capacities to provide equal opportunities for participation in social activities for girls and boys, young women and men, adult women and men and elderly women and men with disabilities – experiences in the region (Croatia and Serbia)"

1. Key concepts and EU standards in assessment of the remaining ability

_Disability_ represents "a handicap or limitation of activities caused by modern social organisation which fully or largely ignores persons with physical impediments, thus excluding them from participation in the mainstream social activities" (Union of the Physically Impaired Against Segregation – UPIAS quoted from: "Fundamental disability principles", 1976.).

Social disability model vs. medical disability model

Social model of disability, represents a theoretical framework and foundation for development of policies and practices in the area of disability and it is often explained in comparison with its opposite, which is medical model of disability, according to which disability is perceived as a personal problem directly caused by an illness, accident or some other health condition. According to such concept, the person affected needs constant medical and social interventions and modifications, such as, for instance, rehabilitation. According to the social model, disability is a product of combination of societal, political and social contexts a person with disabilities lives in, which are structured in such a way that prevents the person from enjoying public facilities and using public resources as personal rights, due to existence of physical barriers, obstructed or restricted access to information (architectural barriers, system of public transportation, public signalisation system etc.) and social constructs and beliefs which lead to discrimination of persons with disabilities.

There is no unified standard in EU member states in terms of assessment of the remaining abilities of persons with disabilities, and it is up to member states to select the method of assessment. In some member states, however, differences are present within the member state itself, in selection of the method to be used (for instance, in Italy). However, in line with the general views on employment, which is at the same time, the highest priority of the EU, and the tendency of longer life expectancy of residents of Europe, the focus is being shifted to maximum use of available workforce, which results in pursuit of ways and modifications to ensure persons with disabilities or persons with health problems could participate in the labour market.

In 54th session of the Assembly of the World Health Organisation, held on 21 May 2001, 191 countries accepted the new _International Classification of Functioning, Disability and Health – ICF_ as a "standard for assessment and classification of health and disability".

_ICF_ classification represents a revolution in precise defining of health and disability. These new principles emphasise importance of integrated approach to these issues and take into consideration factors of environment, classifying them in a systematic manner. The new approach enables correlation between the condition of health and the environment, enabling definition of disability as a condition of health in an unfavourable environment.

It is the result of many years of work on the review of International Classification of Impairments, Disabilities and Handicaps - ICIDH of 1980.

The main purpose of ICF is to provide a standard and unified language which will serve as a reference for description of components constituting health and conditions related to health.
These components were described with emphasis on body, individual and the society and are broken down into two main categories:

1) Body functions and structures,
2) Activity and participation.

The classification also specifies environmental factors related to disability. Thus, the disability is defined as a consequence or a result of a complex relationship between health condition of the individual, personal factors and environmental factors which represent conditions individual lives under. Acceptance of the ICF philosophy means to accept disability as a problem that does not only affect the individual living with it and her/his family, but which is also of concern to the whole community and especially to institutions.

ICF can be used in different sectors and disciplines (for instance, in clinical, statistical, research disciplines, in social policies, etc), because:

- It creates a scientific foundation for understanding and studying of health, conditions, consequences and determining factors related to it;
- It defines common language for the purpose of improvement of communication among different beneficiaries, which include healthcare workers, researchers, government representatives and politicians and residents, including persons with disabilities;
- It enables comparison of data from different countries, different healthcare branches, different services and different time periods;
- It ensures a systematic scheme of codification applicable in different information systems in healthcare.

2. International classification in use

Basic concept and structure of the International Statistical Classification of Diseases and Related Health Problems (ICD 10)

In international classification of the World Health Organisation (WHO), the condition of health as such (illness, disorders, injuries etc.) are in most cases classified according to the International Statistical Classification of Diseases and Related Health Problems – ICD, which is periodically reviewed and updated. At the moment, ICD-10 is used (WHO, 1992-94). In addition to the International Statistical Classification of Diseases and Related Health Problems, there are other systems of classification, focusing on specific groups, depending on the pathology. For instance, when it comes to mental disorders, in addition to ICD-10, the Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR) represents a fundamental reference, composed by the American Psychiatric Association International Classification of Diseases and International Classification of Functioning, Disability and Health are considered to complement each other.

ICD-10 is based on the following sequence:

Cause → Pathology → Clinical Manifestation

giving "diagnosis" of the disease, while ICF classifies functioning and disability in relation to the condition of health.

So, ICD-10 gives a "diagnosis" of the disease, disorder or other health condition, and that information is complemented by additional information presented in ICF, related to functioning. Together, the information specifying diagnosis with information specifying functioning, give wider and more understandable presentation of health of a particular person or a population as a whole, which can be used in the process of decision making and policy making.
The basic concept and structure of the International Classification of Impairments, Disabilities and Handicaps ICIDH

The basic concept of ICIDH is based on the following sequence:

**Impairment** → **Disability** → **Handicap**

giving the following definitions:

**Impairment:** Any kind of loss or damage to structures or functions of psychological, physiological or anatomic nature; it represents an external representation of some pathological condition and it reflects the disorder at organ level.

**Disability:** Any limitation or loss (as a consequence of impairment) of abilities to perform activities in the way or to the extent considered normal for a human being. Disability represents objective manifestation of the impairment and as such, reflects disorders at the level of a person as a whole. Disability relates to functional ability which in turn relates to actions and behaviours which, according to the general opinion, constitute essential aspects of everyday life.

**Handicap:** Difficult condition person lives in, which occurred as a consequence of impairment or disability and which limits or prevents the person from playing the role he or she would naturally have under normal circumstances (depending on age, gender and socio-cultural factors). It represents a social dimension of impairment or disability and as such, reflects consequences – cultural, social, economic and environmental – which result for the person from impairment or disability. Difficulties occur either due to decrease or loss of abilities to fulfil aspects or norms imposed by the environment the person lives in.

ICIDH lists 9 macro categories of impairments and disabilities, while listing 7 macro categories of handicaps.

As a consequence of a pathological event, be it a disease (congenital or otherwise), or an accident, a person can acquire impairment, or to be more precise, loss or damage of structural or functional, physical or psychological nature. Impairment can lead to disability or more precise, it can limit the person in performing one or more activities considered to be "normal" for other persons of the same age. Finally, disability can lead to handicap, that is, to social difficulties manifested in interaction with the environment.

Described sequence is not always simple: Handicap can be a consequence of impairment, without any of conditions described as disability experienced by the person in the meantime. Impairment can cause difficulties in attempts to make social contact; it determines the handicap, but not the disability.

In addition, the sequence may be disrupted: The person can suffer impairment without disability and have disability without being handicapped.

For the reasons detailed above, it became necessary to revise this classification, and after many years spent doing the review, a new classification emerged, under the title: International Classification of Functioning, Disability and Health, also known under the abbreviation – ICF.

**Basic concept and structure of the International Classification of Functioning, Disability and Health - ICF**

Unlike the previous classification, ICIDH, ICF does not categorise "consequences of illness", but instead, it categorises "components of health". The first type of classification puts emphasis
on "consequences" that is, on impact of the disease or other conditions of health which may occur, while the other type identifies elements that constitute health. To that end, ICF does not only relate to persons with disabilities, but to all persons, precisely because it provides information which describe functions and their restrictions.

In addition, it employs more neutral terminology, with terms such as body functions and structures, activities and participation replacing terms such as impairment, disability and handicap.

The sequence: impairment → disability → handicap, which is the foundation of ICIDH, is bypassed in the new classification, through a new approach to classification of functioning and disability, in accordance with interactive and progressive process.

The classification is integrated into "bio-psycho-social" type of approach (where health is assessed in a comprehensive manner, in accordance with its three dimensions, namely: biological, individual and social) to medical and social concept of disability. In essence, it represents a transition from individual approach to disability to the approach which makes the matter of disability of concern to the society as a whole.

Disability is perceived as a consequence or a result of a complex relationship between health condition of the individual, personal factors and environmental factors which represent conditions individual lives under. It therefore means that each person, depending on the condition of her/his health, can find herself/himself in the environment the characteristics of which might limit or decrease her/his ability to function and participate in the society.

Linking the state of health with the environment, the ICF promotes the method of assessment of health, abilities and difficulties in performing activities, which enables identification of obstacles that need to be removed, or measures that need to be taken to enable a person to accomplish maximum participation in the society.

Mutual interaction between health, functioning, activity, participation and environment is illustrated in the Image 1, below:

Image 1: International Classification of Functioning, Disability and Health - ICF
### ICF Definitions

<table>
<thead>
<tr>
<th><strong>Body functions</strong>:</th>
<th>Physiological functions of body systems, including psychological functions.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body structures</strong>:</td>
<td>Anatomical body parts, such as organs, extremities and their parts.</td>
</tr>
<tr>
<td><strong>Impairment</strong>:</td>
<td>Problems in body function or structure, such as substantial decrease or loss of function or structure.</td>
</tr>
<tr>
<td><strong>Activity</strong>:</td>
<td>Performance of tasks or activities by the individual; it represents individual perspective of functioning.</td>
</tr>
<tr>
<td><strong>Limitation of activity</strong>:</td>
<td>Difficulties which the individual may have in performing activities.</td>
</tr>
<tr>
<td><strong>Participation</strong>:</td>
<td>Inclusion in life situations.</td>
</tr>
<tr>
<td><strong>Restriction to participation</strong>:</td>
<td>Problems that the individual may experience in some of the situations in life.</td>
</tr>
<tr>
<td><strong>Environmental factors</strong>:</td>
<td>Constitute physical and social environment or attitudes of the society in which the individual lives.</td>
</tr>
</tbody>
</table>

**Limitation of activity** may range from mild to severe degree, and be quantitative or qualitative in nature. It is reflected as the scope of performance of activities compared to the way and proportion considered normal for a person without particular health problem. This term replaces the term disability, used in ICIDH.

Participation represents social perspective of functioning.

**Assessment of restriction of participation** is based on comparison of participation of the individual and what is expected of individual without disability in the same society or culture. This term replaces the term handicap, used in ICIDH.

Structurally speaking, ICF is divided into two main parts:

- **Part 1** – Functioning and disability,
- **Part 2** – Contextual factors.

Each of the main parts consisted of two sections:

- **Part 1** – Functioning and disability:
  - Body functions and structures,
  - Activity and participation.

- **Part 2** – Contextual factors:
  - Environmental factors / Social factors
  - Personal factors

**Personal factors**: Contextual factors which relate to the individual such as age, gender, social status, life experience, general models of behaviour and character features which may play a role in disability at any level. They are not categorised by the ICF, due to substantial variations, but they do constitute a part of a descriptive model of functioning and disability because they can have a serious impact on the result of assessment.
Social factors: Formal and informal social structures, services and global approaches or systems existing in the community or the society which have impact on functioning of the individual. This level includes organisations and services related to work environment, community activities, communication and transport services and informal social networks, as well as laws, regulations, formal and informal rules, attitudes and ideologies.

Functioning: Common term which encompasses all body functions, activities and participation. It indicates positive aspects of interaction between the person (with a particular health condition) and contextual factors relevant to that person (environmental and personal factors).

Disability: Common term for disability, limitation of activity and restriction of participation. It indicates negative aspects of interaction between the person (with a particular health condition) and contextual factors relevant to that person (environmental and personal factors).

Components of functioning and disability detailed in the first part of the ICF can be described in two ways. On one side, emphasis can be put on the problem (i.e. impairment, limitation of activities or restriction of participation, all categorised under the common term of disability); on the other side, emphasis can be put on aspects of health and conditions related to it which do not cause problems (neutral in nature), all categorised under the common term of functioning.

These components are interpreted with the use of constructors, separate but mutually connected, used with the assistance of qualifiers.

Constructors of part 1, are:
- Changes to body functions
- Changes to body structures
- Capacity (ability of the individual to perform some task or activity)
- Performance (what the individual does in the current environment)

Constructors of part 2, are:
- Facilitators of environmental factors (factors the presence or absence of which limit functioning and decrease disability)
- Barriers of environmental factors (factors the presence or absence of which limit functioning and create disability)

Different conceptual models were created to ensure understanding and provide explanation of terms of disability and functioning.

They can be expressed by the comparison between "medical model" versus "social model".

Medical model illustrates disability as a problem of a person, directly caused by disease, injury or some other medical problem, which requires medical care provided by professionals in the form of individual treatment. For the purpose of treatment, the matter of disability was perceived as the matter of individual adjustment or the matter of change of behaviour. This model perceives medical care as a fundamental issue, and at political level, the main response to this issue is in modification or reform of the healthcare policy.

Social model of disability, on the other side, perceives the problem mainly as a problem created in the society and, in essence, as a matter of full integration of individual into the society. Disability is not a property tied to the individual, it is a complex set of conditions, many of which are created in the social environment. For that reason, solution to the problem requires activity of the entire society and it is a joint responsibility of the wider community to make necessary changes in the environment that are essential to full integration of the individual in all aspects of social life. For that reason, this issue deserves the social change which will make it the matter of human rights, at political level. In terms of this model, disability is a political issue.
ICF is based on integration of these two contrasting models. In order to encompass different perspectives of functioning, "bio-psycho-social" approach was employed.

Therefore, ICF is trying to make a synthesis in order to come to a coherent view of different perspectives of health from biological, individual and social perspective.

Given the fact that ICF was medical classification related to health, it is also used in sectors such as insurance, social insurance, labour, education, economy and social policies, in addition to being used in development of general legislation and implementation of modifications to the environment. It is accepted as one of social classifications of the UN, and it integrates sections which cite the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities.

ICF version for children and youth – ICF-CY

As a subcategory of ICF, the version for children and youth was developed (ICF-CY) which emerged as a response to the request of the WHO to adopt ICF for universal use in healthcare, education and social sector to be applicable to children and youth (ICF-CY; WHO, 2004).

This version is in line with organisation and structure of the main version of the ICF, but its contents was expanded to cover the fundamental aspects of functioning and environment during childhood.

The following modifications were made:

a) modified or expanded descriptions,
b) new substance given to previously unused codes,
c) modified criteria for inclusion and exclusion, and
d) expansion of general qualifiers to include developmental aspect.

Main reasons for development of this classification could be summarised as follows:

• Children differ form adults in their nature and the way they function,
• Environment and areas of activities are different,
• They are "moving targets". They rapidly change their state of functioning, within the period of 6 months or within 1 year and move from one category to another,
• The ICF classification for adults does not specify precursors which lead to development of characteristics of adult persons,
• Changes to functioning, activities and participation of children will reflect on their development, delays in development and maturity, organisation and regulation of behaviour, role of temper/style of behaviour and role of the environment in child's life,
• Indicators of risk factors of functioning are of crucial importance to prevention and early intervention,
• ICF-FY provides continuity in documenting transition from services required by children to those required by adults and serves the purpose of communication among professionals.

In addition, each child requires personalised plan of rehabilitation because the overall condition and extent of disability may vary within a single diagnosis. The same relates to response to intervention, which may vary from one case to another. It is possible to set different variables and measure them through time to monitor progress the child has made, documenting all of the relevant factors.

Mutual interaction between health, functioning, activity, participation and environment for children and youth is illustrated in the Image 2, below:
3. **EU experiences in organisation of mechanisms for assessment of capacities for equal opportunities for participation in social activities for girls and boys, young women and men, adult women and men and elderly women and men with disabilities**

3.1. **Childhood**

**Early Childhood Intervention – ECI**

Early childhood intervention (ECI) is a *right* of every child from birth on, and every family requiring support, and as such, needs to be incorporated in legislation and policies adopted by every state in the area of social welfare of children. Modern concept of ECI is related to the activities of child empowerment, empowerment of child's family and institutional building of services involved in care and it represents a synergy and coordination of services provided by different sectors, namely healthcare, education and social sectors, putting special emphasis on division of responsibilities which is one of key elements constituting quality of ECI. Intervention in early childhood is not the same as early intervention which implies actions and activities undertaken for the purpose of provision of support to any child and his family as soon as possible at any state during schooling.

Different strategy and organisation of ECI is in place in different EU member states\(^9\), however, what they all have in common is that they are based (or they all strive to establish the system at national level to be based) on the following principles (European Agency..., 2005):

- Intervention in early childhood is a concept being universally used in the EU since recently, which focuses on the period from birth until six years of age the latest (that is, the age child enrols into school), and it focuses on children with special needs,

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\(^9\) The following member states were included: Austria, Czech Republic, Denmark, Estonia, Finland, France, Greece, Germany (Bavaria), Iceland, Lithuania, Luxembourg, Holland, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom
• Over the past twenty to thirty years, it underwent a kind of evolution in terms of bringing different sectors closer together (healthcare, education and social sector), and making a shift from exclusive focus on the child to focus on the family and the community, that is, child’s environment,

• In terms of periods of sensitivity, compensation of opportunities and chances that were missed in child’s development usually requires additional, expanded and extended interventions later in life,

• It is based on ecological-systemic approach, resulting from different theories, among others, ecological-systemic theory of development (Bronfenbrener, 1979) and transactional communication model (Sameroff & Chandler, 1975, Sameroff & Fiese, 2000), which represents a framework for analysis, understanding and recording (monitoring) of what is happening with the child, his family and the environment they live in and what reciprocal reactions occur between them (Horwat, 2000, ibid 15).

• Important element of early childhood intervention is certainly prevention, specifically (Simeonsson, 1994, ibid: 17): primary prevention (decrease of new cases by identifying conditions or problems); secondary prevention (decrease of number of existing cases of identified problem, resulting from action undertaken after the cause occurred aiming to decrease possibilities for further deterioration of the problem) and tertiary prevention (action aiming to decrease identified problems in order to decrease or eliminate disability, in the situation when it already exists to a substantial degree). For instance, in Sweden, preventative measures were defined as follows: Primary prevention represents decrease of the number of new cases by identifying children at risk; secondary prevention represents decrease of severity of the problem through intervention targeting both child and his family and tertiary prevention represents intervention in the environment aiming to decrease complications.

• Early childhood intervention is based on the document of the World Health Organisation under the title "International Classification of Functioning, Disability and Health (ICF)" and bio-psycho-social model of functioning and disability.

European Agency for Development in Special Needs Education gives specific guidelines for development of strategies of intervention in early childhood, which resulted from assessment of the situation in Europe. These guidelines, focus of the following areas: availability, proximity, affordability, interdisciplinary work and diversity.

In terms of Availability it is recommended that quality services in the area of ECI should include all children and families requiring support as early as possible (with highest priority given to rural and sparsely populated areas), including:

• Existence of ECI policy measures at national, regional and local levels, which will guarantee rights of children and families to early childhood intervention, if such intervention is deemed necessary. Such intervention would relate to clearly defined quality and criteria of evaluation of ECI. Policy measures are required. Such measures need to be carefully harmonised in terms of terminology, funding and results; and they need to result in harmonisation of services provided by healthcare, education and social sector.

• Availability of information in terms of establishment of a system which would enable parents and professionals from all agencies involved to get, as promptly as possible, clear, precise and comprehensive information on services provided under ECI at local, regional and national level, fully considering socio-cultural and educational background of parents.

• Clear definition of target groups, including definition of priorities, which is primarily the responsibility of policy makers, in cooperation with professionals working with service agencies at national, regional and local level, will ensure that all groups be involved in ECI and prevent possible constructs to result in denial of services or resources to certain families and children.
Proximity has twofold meaning: it relates to proximity of location and proximity as perceived by a particular person. It implies that ECI should be organised in locations which are geographically speaking, located as near as possible to beneficiary families and children. It should focus on meeting their real needs in real time. (Authors of the study warn of the damage that could result from the "wait and watch" tendency which is evident in the current ECI policies, especially in situations where less obvious social and psychological problems are present). ECI policy should focus on the following:

- **Decentralisation of services / measures** in order to bring them as close as possible to children and families, which also results in better insight into the social background of the family. Decentralisation of services and measures also aims to ensure equal quality of services despite geographical differences and decrease overlapping and unnecessary or inappropriate choices.

- **Meeting the needs of families and children, in terms of clear understanding and respect of needs of families and children**, which implies several segments: Families have the right to be informed the moment a particular need was identified; families have the right to decide, in cooperation with professionals, on steps that will be undertaken, ECI cannot be imposed to parents, but mechanisms need to be put in place to ensure that guaranteed rights of a child would be protected; both families and professionals need to have clear understanding of the purpose and benefits of proposed intervention to the child and the family; written document needs to be made (individual family plan, or other documents of this type), in cooperation between professionals and families, it needs to be transparent and based on mutual agreement, representing a foundation for the process of intervention, beginning with planning of intervention, definition of goals and responsibilities and evaluation of results; if they demand it, families need to be provided with training in essential skills to be able to improve their interaction with professionals and with their child.

Affordability primarily implies that the services provided to children and families are free of charge or charged at minimum rate in all EU member states, which includes services provided in public and private sector and that the cost of services is covered by public funds. It is assumed that, in mixed system of service provision, legislation in the area of early childhood intervention is in place to define and ensure standards of quality for services, at national level.

Interdisciplinary work relates to twofold cooperation: cooperation with parents and cooperation between professionals in different disciplines and of different backgrounds:

- **Cooperation with families**, represents joint work undertaken by professionals and families, both putting it all their capabilities, knowledge and expertise, joining powers and sharing responsibilities. As such, it should be based on the following: Professionals need to initiate cooperation with families, without imposing their own views of things, demonstrating respect and open mind to the family, in order to be able to understand their needs and expectations and avoid conflicts which emerge as a result of different views of needs and priorities; professionals are required to organise meetings to review needs and priorities of families (and discuss different understandings) and agree on the plan of intervention in the form of Individual Plan or a similar document; Individual Plan should represent a plan agreed upon by family and professionals, it should detail goals, strategies, responsibilities and procedures of evaluation undertaken by families and professionals on regular basis.

- **Access to team building** implies sharing same principles, goals and working strategies, with jointly agreed and harmonised objectives and with integrated and coordinated activities in order to create a holistic approach to the child and the family. That means that professionals should know how to work together. Special attention is focused on professional development which is based on development of clear understanding of joint / team work and sharing of knowledge in the domains of child development, methods specific to ECI, methods of assessment and evaluation, etc. In addition, successful team building requires: sharing information with all members of the team; decision making procedure followed by discussion and agreement, with part of
the procedure focusing on designation of a contact person who will be required to coordinate necessary activities and represent a liaison between the team and the family. Necessary condition for development of team work is to avoid frequent and unnecessary changes within the team, which contributes to strengthening and continuity of team building processes.

*Diversity of services*, as a feature which results from integrative approach to provision of healthcare, educational and social services, requires clearly defined division of responsibility, and it is therefore of essence to establishing clear coordination both at the level of sectors and at the level of services. Such approach will eliminate wandering of the family through different sectors, going back and forth and the sense of loss of direction and disorientation in bureaucratic and chaotic world of services, which are also designed without regard to real needs of a specific child and family. That implies clear and coordinated measures:

- **Adequate coordination between sectors** in early detection and direction to services; procedures of developmental screening for all children to be applied systematically and procedures of monitoring and counselling provided to women during pregnancy.
- **Adequate coordination of service provision** as a condition for good use of community resources means that the procedure is in place which ensures continuity in the process of transition from one service to another, ensuring at the same time full participation of families and children in the process of transition and provision of full support. In addition, it is recommended that each child be provided with free of charge inclusion in the system of preschool education, which means that the state and the local community are required to create adequate network of preschool institutions.

Individual Family Service Plan¹⁰

Individual Family Service Plan or similar documents under similar titles¹¹, represent a tool for early childhood intervention. The process of development of the Individual Family Service Plan is connected with the process of assessment of needs of the child and the family, which is dynamic in nature and focused on development and which commences at the moment the problem was identified. The process of assessment aims to define necessary types of interventions and their goals, in cooperation with the family, and it serves the purpose of planning of further activities and actions. It is implemented in accordance with the flowchart below:

![Image No. 1: Process of assessment of needs of family and child (European Agency..., 2005:29)](image)

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¹⁰ In the practice on the territory of North America, Individual Family Service Plan is created for families of children with special needs to be in effect until the child reaches three years of age, which is at that point substituted with the Individual Educational Service Plan for child with special needs who is included in the system of education. It represents a developmental document developed periodically in line with transition of the child from one level of education to another (preschool, primary school, secondary school, vocational education, higher education and transition to the labour market).

¹¹ Titles in circulation include: Individual Family Support Plan, Family Plan, etc. They may include different elements in different member states, for instance, they may be formal in nature, having the form of “agreed contract” on what is to be done and then evaluated, while they may also have the form of continuous flow of information to the family from the team of professionals, without any particular formal structure. In some cases these only relate to children.
In the sector of healthcare services, diagnosing is only one segment of the process of assessment and it is often initiated at the beginning of the process of early childhood intervention. The process of assessment covers a wide range of needs of child and family, which are related to medical, social and educational needs and do not exclusively relate to medical treatment only.

Assessment is a process of "gathering information to be able to make impartial decision about the child (and the family) for the purpose of identifying necessary services for planning of implementation and assessment of progress (Lerner, 1998, quoted from European Agency..., 2003:30).

In addition, since the assessment is focused on needs and powers at a specific time in life of child and family, it cannot and must not be treated as a static, once presented and determined diagnosis. Instead, the assessment is a tool, a foundation serving the purpose of further definition of goals, further planning and implementation of necessary services and continuous evaluation of their effects, serving as a foundation for the following cycle. Parents (also including siblings and other household members) as associates in the process, are actively involved in the entire process of development and implementation of the Individual Family Service Plan. Respect of competence and autonomy of parents is of particular importance, just as is the fact that the subject document is really owned by family and child, which prevents repetition of the same procedures and saves valuable time for child and family.

"Assessment" is the process of gathering of information on health, educational and social needs of child and family, which can also include identification of social and physical factors limiting child's ability to have good quality of life. Assessment and development of the Individual Family Service Plan include the following elements: (cited from: DfES & DH, 2003:18): definition of nature of disability of a child and its impact on the family; description of type and level of services and nature of necessary equipment, medical care, therapy, necessary information and practical counselling; agreement on how, where, when and by whom the professional support would be provided; agreement on how often the professionals are to visit the family and who will be responsible for visits; agreement on when and how will the assessment of services detailed in the Plan be made; agreement on how, when and by whom the monitoring of child's development will be made; agreement on who will assume the role of the key worker. Individual Family Service Plan is a written document prepared in the form acceptable to the family and signed by parents, only after they agree that the assessment fully meets the needs of their child (children) and the needs of the family.

Some experiences of member states in organisation of early childhood intervention

Spain

At the beginning of this century, the reform in the area of early childhood intervention was initiated in Spain. The key document the reform is based upon is the "White Paper for Early Intervention" of 2000. It defines that ECI is a comprehensive, holistic model, based on bio-psycho-social model of disability (ICF, 2001), which includes a set of complex activities and addresses needs of the child, the family and the community. It is a multidimensional process which includes different procedures, cooperation with the family and interagency cooperation. Each child and family have to have Individual Family Plan of Support, specifying goals, actions, timeline of activities and evaluation procedures. It is recommended that easily accessible and clearly defined centres for child development and early intervention be developed, to be staffed by a well trained multi-professional team located in the community.

United Kingdom

"Sure Start" Programme
This is a central project of the Government of the United Kingdom aiming to address the problem of child poverty and social exclusion. It is a wide government programme integrating a large number of local programmes, which, in 2004 for instance, included one third of children aged 4 or less who lived in poverty. In 2004, GBP 499 million was allocated for this purpose. Some of the premises the programme is based upon are that differences in outcomes may be observed even before the child reaches the age of 22 months, expanding as the child matures; that comprehensive, sustainable early intervention has the most significant impact in prevention of economic and social problems in the future and that the past practice of provision of fragmented, uncoordinated services varying in quality, was not adequate, especially for those of the earliest age coming from most vulnerable groups.

Integrated services include: visits to the family, support for family and parents, high quality game time for children; learning and experience in attending kindergartens; primary healthcare and community services and access to specialised services for children with special needs and their parents.

It is important to note some of the principles that local community programmes are based upon, including: coordination of the existing services (for instance, key worker), inclusion of parents and other persons caring for child for the purpose of building their capacities; avoidance of stigma; enabling support to continue after completion of "Sure Start" programme; programmes adapted to cultural considerations and sensitive to specific needs; promotion of participation of all families in the local community; etc. "Key worker is equally the source of support for families of children with disabilities and liaison facilitating access to other services and assistance they may efficiently use. Key workers have the responsibility to work together with families and professionals in their agency and other agencies to ensure implementation of the plan for child and family. Workers playing this role may be employed by different agencies, which depends on specific needs of the child". (DfES & DH; 2003:22).

In 1990s, Portugal underwent the reform in the area of early childhood intervention. As a result, interagency cooperation developed (cooperation between service providers) between social, healthcare and education sectors, as well as cooperation at the levels of ECI centres and families (integrative intervention is provided in a natural context the child is being raised in); planning of goals and strategies of ECI is personalised and the system of organisation of the existing resources is established from the foundation up; as a result, the system of intervention shifted from the model of provision of help and assistance to the model of empowerment and practice focusing on the family (European Agency..., 2005:35-36).

In Sweden, early childhood intervention relates to the support provided to children and their families up to the moment the child enrols in school (between 6 and 7 years of age), while responsibility for planning, implementation and quality is equally shared by the authorities at local and national level, both focusing on different goals and groups they interact with. Support to children with disabilities in Sweden is based upon the philosophy which reflects the provisions of the International Classification of Functioning, Disability and Health (ICF), and provides the foundation for organisational structure of child services.

SPARCLE Study of Participation of Children with cerebral palsy Living in Europe; http://www.ncl.ac.uk/sparcle/) project was initiated in 2002 and is still being implemented. Goal of the project is to identify best methods for improvement of quality of life and increase of participation of children suffering from cerebral palsy in Europe. It focuses on the research of impact that the environment have on participation and quality of life of children suffering from cerebral palsy aged between 8 and 12, aiming to incorporate results directly into disability policies in the EU (Denmark, France, Ireland, Italy, Sweden and the United Kingdom). It focuses on environmental factors such as access to buildings, schools, friends and personal interaction.
**Germany** (cited from: Early Childhood Intervention in Bavaria, Germany; [http://www.european-agency.org/eci/eci.html](http://www.european-agency.org/eci/eci.html))

| Centres / Services | Interdisciplinary ECI Centres (general purpose) | Interdisciplinary centres for children with visual impairments | Interdisciplinary centres for children with speech and hearing impairments | Socio-paediatric centres |
|---------------------|-----------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------|
| Responsibilities    | National Ministry for Social Affairs, Family and Women; Local authorities | National Ministry for Education and Culture; Non-government sector | Health insurance |
| Age of children     | 0-6/7 year of age                              | 0-18 years of age                                           |

- They include children with all types of disabilities and children at risk,
- They are independent regional centres, focusing on families,
- They are staffed with interdisciplinary teams which include psychologists, pedagogues and medical workers working under supervision of pedagogues or psychologists,
- They include outpatient clinic and mobile work with families and in kindergartens,
- Centres for early intervention have specific organisation, funding and principles of work.

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**Transition of children with special needs to educational system**

It is common in EU member states that children with special educational needs are included into preschool institutions at about the age of three, which requires continuation of integrated services. As a right, EU member states are required to enable each girl and boy with special educational needs a place (free of charge) in kindergarten located in the local community particular child lives in or participation in different educational programme, depending on the method of organisation of preschool education in a particular member state (*nursery school, kindergarten, preschool, playgroup*). Great variety in definition of special educational needs is notable across the European Union, which is the result of administrative, financial and procedural regulations. However, shift is being noted from medical determination of the concept of handicap towards description of consequences of disability to education of children, which is pedagogical in orientation. (European Agency..., 2003:8). For that reason, the issue of development of procedures of assessment of special educational needs is of key importance, to enable children to get appropriate education starting at an early age.

When a child gets into a kindergarten (educational system at preschool level), Individual Plan is made for the child (detailing comprehensive services which often do not have to be exclusively related to the educational setting, for instance, psychiatric examinations, but which the child needs; specifying clearly defined responsibilities, timelines and methods of evaluation) which incorporates Individual Educational Plan (in some countries, a single document is used for this purpose).

> Individual educational plan is developed on the basis of the curriculum for the child with learning or other disabilities; it is designed to define strategies to be used to meet identified needs of the child… Individual educational plan needs to specify only what is added or what differs from the differential curriculum, applicable to all children. (UK Department for Education and Employment, 1995, cited from: European Agency..., 2006:22-23).
It is a document which specifies information on how the regular curriculum would be adapted to reflect the needs and abilities of the child. In addition, it specifies information on what additional resources, goals, outcomes and evaluation processes are necessary. Adaptations to the curriculum can be made in different forms, in some cases, certain subjects can be omitted. Individual educational plan specifies educational needs of a specific child, in addition to specifying goals and purposes, and elaborates in much detail, the extent and types of modifications to the curriculum, as well as methods of evaluation of the process of education of a particular child. Usually, it represents some kind of "agreement" concluded between different parties, specifically, between parents, teachers and other professionals, to be in effect over a particular period of time, which is followed by development of a new plan for further period, for as long as the child requires support in the process of education.

Considering the fact that the trend of intense development of inclusive education is noted throughout the European Union, former special schools and institutes for children and youth with special educational needs are increasingly converted into resources and centres for provision of support to regular schools. Some countries, Italy for instance, enacted legislation which supports inclusive education only, which lead to development of a wide range of services of assistance which focus on educational institution (provision of assistance to the child, to parents, to teachers).

Examples of Practice of Assessment of Special Educational Needs of Students

The table below provides an overview of different forms of procedure of assessment of educational needs of children with special needs, as well as different types and forms of assistance and support provided to teachers, students, parents and school administrations to enable implementation of individual educational plans for children in regular schools. Organisation of provision of assistance to teachers reflects organisation of bodies and services required by students in different EU member states to be able to attend regular school together with their peers, starting at preschool age.

<table>
<thead>
<tr>
<th>Country</th>
<th>Types of services and professionals</th>
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</table>
| Austria | **Mechanisms of assessment of special educational needs of girls and boys**
If it is found that a student has special educational needs due to physical or psychological disability or impairment, such child gets all available assistance, regardless of whether she/he attends regular or special school. Assistance provided is varied and it includes assistant teacher, adaptation to premises or provision of special educational materials or furniture. The student is educated in accordance with the special curriculum adapted to her/his abilities, in order to make as much progress as possible and be encouraged to develop further. The child needs to be evaluated by the expert and the evaluation is either made by the special education teacher or by the professional of the Centre for Special Education. Such evaluation represents a report on nature and effects of disability and details measures that need to be taken to ensure most adequate assistance. Opinion of medical doctor is also requested if there are issues in the area of medicine which are relevant for child's education in school.

|       | **Services aiming at empowerment of educational system**
Support to educational workers is mainly related to the work of special education teacher from the special school of from bodies responsible for organisation of visits to schools. Their support focuses both on teachers and on students. The teacher and the special education teacher work as a team, working together on planning and organisation of educational process. Professionals touring schools may offer temporary direct assistance to the child that enrolled into school. |
<table>
<thead>
<tr>
<th>Location</th>
<th>Mechanisms of assessment of special educational needs of girls and boys</th>
<th>Services aiming at empowerment of educational system</th>
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<tbody>
<tr>
<td>Belgium</td>
<td>During the course of the process of assessment of educational needs of children (and issuance of recommendation to attend special school), two documents need to be created by the psycho-medical-social centre. The first document is a certificate which declares that the child can benefit from enrolment into special school, specifying type, level and, if necessary (in secondary school) form of special school. Second document, a multidisciplinary report, represents a synthesis of psychological, medical, social and pedagogical review and must end with the conclusion confirming that the child does require special education. The copy of the report is sent to parents who have the right to decide on the course of schooling of their child. Another copy is sent to the school and is being reviewed by the school team to be used in combination with the findings of the school team to determine the class the child would be placed into as well as objectives and individual educational plan for the child. However, the reform of this system is underway in Belgium, aiming to develop the system that would focus more on assessment of needs of schools and pedagogical—didactic approach, rather then focusing on limitations of the child.</td>
<td>As for support to teachers in regular schools, special education teachers from special schools and Centres for Students' Guidance provide assistance to teachers in the form of information, counselling and support. They provide direct assistance to the child and teacher in school, coordinating provision of services, methods of work and educational programmes.</td>
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<tr>
<td>Cyprus</td>
<td>Special teacher, hired to work full or part time in the school, provides direct assistance to the teacher. In addition, a specialist is hired as well, such as speech therapist for instance, to spend certain amount of time with the child. Outside school, central services, such as inspectors, coordinators for education in the area of special educational needs, psychologists and specialist in the domain of healthcare and social sector, provide necessary services.</td>
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<td>Czech Republic</td>
<td>Special education teacher or a different professional, such as psychologist for instance, mainly provide support to the teacher in the classroom. They provide direct advice and support to teachers, parents and the child. Support is provided through special education centres or pedagogical-psychological counselling agencies, depending on the type of child’s needs. These agencies are responsible for development of individual educational plans for the child as well as for specific type of support to be determined in close cooperation with the teacher, parents and the child (depending on the type and extent of impairment and the level of active participation of the child).</td>
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<td>Denmark</td>
<td>If it is assumed that the student requires special education, pedagogical/psychological assessment may be requested for the child. Recommendation may be given by the teacher, class teacher, employee of healthcare centre for schoolchildren, school principal or a parent. Following consultation with parents, school principal sends recommendation to the Centre for Psychological / Pedagogical counselling where assessment is performed to determine whether the child requires special education or perhaps some other type of educational support and assistance. The Centre may contact the teacher or other person who made the recommendation to discuss the matter and use the information resulting from the discussion to come up to the best arrangement. Following the assessment of special educational needs, a report is written. Parents need to be informed of the contents of the report. Recommendation for special education may only be given following consultation with parents. Decision to commence special education is made by the school principal. If the parents disagree with the decision to start special education, school principal has to present very strong arguments to refute their objections. The Centre for Pedagogical / Psychological Counselling monitors development of the child directed to attend special education. The Centre reviews continuation, changes or termination of special education at least once a year.</td>
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<td>Services aiming at empowerment of educational system</td>
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<tr>
<td>Special education teacher who works as a member of the school collective provides support and assistance to both the teacher and the child. Teacher and special education teacher cooperate within the classroom, on part-time basis. &quot;Group learning&quot; outside classroom is one of the options available to enable a child to meet the needs in several academic areas. Local centres for pedagogical / psychological counselling have the responsibility to specify, propose and monitor type of support provided to the student in close cooperation with the regular school.</td>
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<tr>
<th>Mechanisms of assessment of special educational needs of girls and boys</th>
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<tr>
<td>The Law on Practice in the Area of Special Education, guarantees the model of responsibility to needs of children, which includes assessment and progression of specially designed interventions undertaken by the teacher, which may also involve specialists or more experienced colleagues in the school, to interventions undertaken by the expert or a professional visiting school, who is hired by the service for provision of support in a particular area or by the special school. Very few students have needs which cannot be met by the use of resources within the regular system of schooling. In such cases, the following options are available: parents of a student or school may request multidisciplinary assessment mandated by the law, which leads to statement on the need for special education issued by the relevant local educational authority, which in turn implies that such educational authority assumes full responsibility for needs of the student and for provision of services which appropriately respond to those needs. The necessity to clearly define goals and provide monitoring and continuous review is of key importance, in addition to clear and precise documentation of the entire process for recordkeeping.</td>
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<th>Services aiming at empowerment of educational system</th>
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<tr>
<td>Within inclusive education, all schools have educational staff that plays the role of coordinators for education in the area of special educational needs, having a wide range of responsibilities, as stipulated by the provisions of the Law on Practice in the Area of Special Education, of 2001. These responsibilities are: supervision over provision of services determined on the basis of specific needs of a particular child, monitoring of child’s progress, responsibility to parents and external agencies as well as provision of support to colleagues. Support is also provided by external agencies, such as specialised centres which operate under the competency of educational or healthcare authorities, or by colleagues working in other schools. Mobile services operate in cooperation with teachers in order to develop strategies of action in school, develop educational methods and approaches to learning and avoid being directly focused on a particular student with special educational needs</td>
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<tr>
<th>Mechanisms of assessment of special educational needs of girls and boys</th>
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<tbody>
<tr>
<td>Children with special educational needs are not categorised in line with the law, but certain classifications are in place for different sectors of special education, which are divided into six groups: students with mild learning disabilities, students with moderate learning disabilities; students with hearing impairments; students with visual impairments; students with physical and other impairments; students with emotional disorders and other behavioural disorders; students with specific learning disabilities; students with severe intellectual disabilities; students with problems such as epilepsy, diabetes and other problems which do not fall under any of the above categories.</td>
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<tr>
<td>When a child is unable to cope with learning in a regular class due to a single or multiple disabilities, disease or handicap, the child makes transition to special education. In such cases, the school board makes decision on the need for special education. Before such decision is made, the school board needs to ask parents and experts for their opinion. When necessary, student may undergo a medical and psychological examination and social report may be made on condition of the student.</td>
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<tr>
<td>Services aiming at empowerment of educational system</td>
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<td>-----------------------------------------------------</td>
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<tr>
<td>In inclusive education, special education teacher who works as a member of the school collective provides support to the teacher. School counsellor, school social worker or school nurse, depending on local educational authorities, may play the role of assistance provider to the school in general or to a specific teacher or student. The team is appointed to ensure wellbeing of the child, include the child, child's parents, all teachers working in the class and other relevant experts for the purpose of development of individual educational plan for the child to be implemented in the regular school. There is also a so-called “student support group” which includes all professionals and school principal and aims to provide good educational environment for the particular child which would ensure her/his progress.</td>
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The law requires that the individual educational plan be developed for students with disabilities to focus on those educational goals which correspond to the goals specified in the national curriculum, which are valuable to development of child's capacities, skills and potential. Distinction is made between personalised learning plan (which is a programme that the teacher develops, related to the substance of the process of education) and individual educational plan (which is a much more complex document, made for the purpose of global planning, which includes didactic aspects, aspects of rehabilitation, social and welfare aspects).

Phases of model of inclusive school:

Case Detection: parents may request medical examination and diagnose or child's disability may be first detected in school and reported to the specialist. In any case, parents have to give their consent. The following step is determination of the functional diagnosis, which includes description of pathology, disability, capacities and skills of the observed child. It is a process of gathering of clinical and psychological indicators performed by a multidisciplinary team (consisting of a medical practitioner specialised in particular branch of medicine, child psychologist, rehabilitation therapist, social worker and general practitioner from the local healthcare service). Information relevant to the child is gathered including information on child's family, etiological factors, medical history and student's potential in terms of the following aspects: cognitive, emotional-relational, linguistic, sensory, motor and neuropsychological aspects and aspect of personal autonomy. As a next step, functional-dynamic profile is made consisting of analytical description of student's potential level of current / future development, which is based on the functional diagnosis. It indicates student's physical, psychological, social and emotional features, her/his learning disabilities and prospects for recovery. This description is made by the multidisciplinary team, consisting of a teacher, special education teacher, healthcare and social services workers, such as psychologist, rehabilitation therapist and medical specialist. This profile is dynamic in nature because it is subject to modifications in regular intervals on the basis of structural observations of accomplishments of the child, especially during the period of child's transition from early childhood into primary school and secondary education. It specifies cognitive, emotional-relational, linguistic, sensory, motor and neuropsychological aspects and aspect of personal autonomy and learning. It specifies long term, medium term and short term goals. School principal is responsible for its implementation.

Individual educational plan is an official document on the subject of student's inclusion into regular school. Working together, teacher and special education teacher are required to make this plan fully considering child's abilities and needs.

It contains educational services, services of rehabilitation, social and healthcare services.

Evaluation and monitoring constitute essential elements of this process. Evaluation and monitoring are undertaken by the school board and they are related to monitoring of changes in child's development. If the board assesses that the progress the child has made in learning corresponds to the level of the national curriculum, the child is to be graded in accordance with the procedures in effect in regular schools.

Special education teacher who works as a member of the school collective provides support and assistance to both the teacher and the student. She/he assumes the role of a class master, after being given consent by parents. Assistant teachers share responsibilities with the teacher to ensure all planned objectives are fulfilled (for all children). Implementation of the individual educational plan is their primary objective. They provide assistance to the child in the classroom. The child attends regular school for as long as it is not absolutely necessary for the child to be transferred to another type of programme.
<table>
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<tr>
<th>Country</th>
<th>Assessment Mechanisms</th>
<th>Services Aiming at Empowerment of Educational System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lichtenstein</td>
<td>Disabilities are diagnosed by the team consisting of healthcare worker, pedagogue, psychologist and social worker. Local or regional committee decides on how the child would be educated, which parents of the child may or may not agree with.</td>
<td>If the child attends regular school, teachers work together to develop individual educational plan, which is presented at the beginning of the academic year and which parents of the child have to agree with. At the end of the academic year, accomplishments are presented to all of the involved parties (professionals and parents). Support is provided by special education teacher from special school, primarily to students, but also to teachers and parents.</td>
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<tr>
<td>Holland</td>
<td>Over the past several years reforms were undertaken in the area of practice of assessment of special educational needs of students. In 2003, changes occurred in the procedure of assessment of needs of secondary school students with learning disabilities and secondary school students with moderate intellectual disabilities. They are directed to the regional expert centre, where the need for special educational assistance or practical training is assessed. The reform will develop towards requiring of the regional expert services to monitor child's progress and provide support to teachers at all levels. Within those services, committees would be formed aiming to make decisions on the budget for students with disabilities. A body will be established at the national level to perform inspection and assess decisions of the committee.</td>
<td>The support is mainly provided by teachers from special schools. They work with teachers to develop educational plan for a particular child and prepare additional materials. They also work with child and parents on individual basis. The support is also provided to regular schools to ensure best approach to inclusive education. It focuses on informing teachers, assessment and provision of necessary teaching materials.</td>
</tr>
<tr>
<td>Norway</td>
<td>General goal of the procedure of assessment is to identify the child as soon as possible. That way, in cooperation between local healthcare services and pedagogical-psychological agencies, children with disabilities are detected prior to commencement of schooling. Healthcare services, preschool institutions, schools and parents may request assistance from pedagogical-psychological service, but parents need to give their consent before the report is written. The report details reasons that caused the child to require special education and provides description of special education, its scope and the method of its implementation. Schools then develop individual plans adapted for the school curriculum, which take into consideration recommendations made in the report. Expert report is sent to the municipality. It needs to specify advice as to what the measures should be undertaken and how to ensure that the subject child will get education of the same quality as other children. If the municipality disagrees with the advice, it has to present valid arguments for its reasons.</td>
<td>Assessment of needs is pedagogic in orientation. It gives teachers at different levels higher authority in development of individual educational plans mandated by the law. They are developed by educative support teachers, in cooperation with psychological and advisory services which operate under the agency for support in special education. In cooperation with the school principal, the team makes adjustments to the curriculum differentiating methods of teaching and learning.</td>
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<tr>
<td>Country</td>
<td>Mechanisms of assessment of special educational needs</td>
<td>Sweden</td>
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<tr>
<td>Spain</td>
<td>Psycho-pedagogical assessment is done by the team using different techniques, procedures and instruments (observation, protocols for assessment of progress in learning and learning abilities, psycho-pedagogical tests, interviews and overview of school achievement). The team then issues &quot;opinion on schooling&quot; which specifies conclusions of psycho-pedagogical assessment, instructions for adaptations of the curriculum, opinion of parents, suggestions for proposed educational needs in terms of child's abilities and characteristics as well as in terms of operational capabilities of the school. It also specifies proposed measures of monitoring and evaluation of the progress of the child. School inspector writes a report after the team composes &quot;opinion on schooling&quot; and the final instance in this matter is province directorate which makes final decision. In inclusive education, support is provided by educative support teacher specialist working in the school full time. Educative support teachers work in primary and secondary schools and play important role for both children and teachers, because they take part in planning of differentiations to the curriculum and their implementation. They also support families and cooperate with other professionals. Assistance may be provided by local psycho-pedagogical teams, responsible for assessment of needs of particular child.</td>
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<tr>
<td>Sweden</td>
<td>All children who need special support have a plan of development composed in cooperation with parents, involved relevant experts and, if possible, with the child. Parents are involved in all phases of review and assessment. For children with severe learning disabilities, local community initiates a special programme.</td>
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<td>Poland</td>
<td>Teachers who work with children with special educational needs are provided support by national centres for psychological and pedagogical support or from regional educational centres, in the form of training. Regular schools are required to provide support to students, parents and teachers.</td>
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<tr>
<td>Switzerland</td>
<td>Assistance is usually organised through the engagement of educative support teachers, special education teachers, or specialists in different areas working in special or regular schools. This assistance includes support to children and teachers.</td>
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<tr>
<td>Iceland</td>
<td>If a particular child is noted to require special education, request for assessment may be given by teacher, parent, school health service or student herself/himself, if attending senior class. The case is then presented to the Child Protection Board, which gives suggestion of what is to be done. Assessment and testing can be done by specialised school services or information may be requested from similar services or bodies. Then the recommendation is given to the principal teacher who selects appropriate educational arrangement in cooperation with parents. Such arrangement may require extra resources the principal teacher has to apply for to the school service operating within the local administration. If the child needs to be transferred to a different school, it is necessary to come to an agreement on such transfer between parents, school staff and school advisory service. If parents do not wish to have their child transferred to a different school, very strong arguments need to be presented to refute their opinion. However, in accordance with the law, opinion of parents prevails in the event of dispute. In secondary education, decision on transfer of child is made by the principal teacher.</td>
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</table>
Services aiming at empowerment of educational system
In most cases, support is provided by special education teachers, psychologists and other professionals from different services operating within the local administration. They provide general advisory services in the area of curriculum development, as well as in the area of learning in different academic areas. In addition, they have the responsibility to guide the child and provide psychological counselling. Their aim is to support teachers and school administration in order to improve educational process.

Greece
Mechanisms of assessment
According to the new law, diagnosing is performed in Centres for Diagnosing, Assessment and Advisory Support, which are required to provide support to teachers, parents and the community in general.
When it comes to inclusive education, support is provided by teacher specialists working in special schools. Their work is related to provision of direct assistance to students, provision of assistance to teachers by providing different teaching resources and materials and provision of assistance in the area of differentiation of the curriculum. Their role is to facilitate good cooperation between the school and the family.

<table>
<thead>
<tr>
<th>Table No. 3: Overview of procedures of assessment of educational needs of children with disabilities and organisation of support to teachers in inclusive educational system (cited from: European Agency..., 2003a:28; European Agency..., 2003b)</th>
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</table>

3.2. Juvenile age

Plan of transition from educational system to the labour market
Reform of the process of transition of young women and men with disabilities from the school system to the labour market commenced in Europe in late 1999\(^\text{12}\), although the issue of reform of secondary education and the segment of professional orientation and professional training remained open. According to some of the estimates there are between 3% and 20% of young persons with disabilities or special needs under the age of 20 in EU member states, and these variations are the result of different definitions and interpretations related to young persons with special needs or disabilities (European Agency..., no date: 1). In addition, it is evident that, although theoretically, legally and formally speaking rights of young persons with disabilities are equal as rights of other persons, in real life, they are often directed to social welfare, or hired to do underpaid jobs. In addition, possibilities to choose profession are limited by offers which often do not match interests, abilities and desires of persons with disabilities on one side, and on the other side, professional training is not harmonised with current requirements in the labour market. The training is most commonly organised within segregated educational system and in most cases young persons with disabilities are trained for less complex professions or professions lacking foundation in real life or in the labour market. The training is organised to merely meet the formal requirements for completion of a particular level of education. Most persons with disabilities have poor qualifications. High percentage of those who completed elementary (compulsory) education only is noted. (According to data of 1996, 80% of adult persons with disabilities have completed primary school only and may be perceived as functionally illiterate (HELIOS II, 1996a, cited from: European Agency..., 2006:9)). In addition, the percentage of unemployed young persons with disabilities is two to three times higher than the rate of unemployment of their peers without disabilities.

Some of the barriers preventing efficient transition from one system to another, identified through the process of reform, can be grouped at different levels (European Agency..., 2002). At the level of policy and policy measures, it was found, that many member states do not have

\(^{12}\) According to the source which includes the following member states: Belgium, Czech Republic, Denmark, Germany, Greece, UK, Estonia, Spain, France, Iceland, Italy, Latvia, Lithuania, Hungary, Holland, Norway, Portugal, Finland and Sweden.
legislative framework to regulate segment of transition of young persons with disabilities to the labour market. Additionally, there are no regulations to enable a young person with disabilities to get and maintain employment. There is no cooperation between different sectors, legislation in place is often not harmonised and policies in place are often defining social measures (such as early social benefits and social welfare benefits) which discourage initiative and prevent activation. From the perspective of young persons with disabilities, overprotective attitude of the environment (school system, parents and employers) is noted, especially to those young persons with intellectual disabilities, which narrows down or discourages personal choice of profession. It is pointed out that planning of choice of profession must take into consideration desires of the young persons, regardless of how unrealistic or fantastic they may be, because that way, they can be reviewed. In addition, young students have to gain a valuable insight into many possibilities of getting practical experience which will enable them to come to a more accurate insight into their own abilities and capacities. In terms of the system of education of young persons, it was noted that individual educational plans were in most cases academic in nature, without significant presence of practical or professional competence and that they have to be harmonised with individual transition plans which are more focused on the procedure of transition. The matter of professional degree is another big problem that needs to be dealt with both in form and substance. Some barriers were noted in terms of inter-sector cooperation and cooperation between different parties (family, school, employers, trade unions and professional associations, service agencies, etc.) participating in the process of professional orientation and preparation of the high school graduate with disabilities for a particular profession, specifically: lack of efficient training and lack of preparation for cooperation and division of responsibilities, lack of clear rules as well as lack of communication and flow of information as well as a variety of expressions and lack of common language and definitions. When it comes to cooperation between educational system and the labour market, it was noted that they were isolated, closed systems (worlds) having their own specific language, rules and methods, despite the fact that secondary school graduates should gain real experiences in realistic working conditions while undergoing professional training. Additionally, it was noted that the course of life of young persons is determined early on in the educational system because it is commonly the case that they are prepared for a protected job in a protected workshop. Although the process of transition from educational system to the labour market and adulthood is a long process representing in most cases a critical stage in life of a young person, girls and boys with disabilities encounter additional barriers, such as rigid structures and procedures in the educational system (for instance the procedure of evaluation and examination) and changes in the system of provision of funding, because with the transition into adulthood entitlements and benefits shift to other funds, or simply stop.

The concept of transition to the labour market, incorporates three main ideas: the process, which means that the period of preparation is necessary as well as the time for transition; transfer, which means that a person needs to move from one step in life, to another; and finally change of personal and professional perspective (European Agency, 2002:8). In the concept of life-long learning, young persons are to encounter many transitions from labour to learning throughout their lives, and this one is only the first transition among many to come (OECD, 2000, cited from: European Agency..., 2006:8).

Individual Transition Plan

Individual Transition Plan (ibid, 2006:23) is a document which reflects the present and the desired future of young woman / man with disabilities, representing her / his priorities in terms of situation, motivation, desires and abilities and it is owned by her / him. The language of the document is clear, precise and understandable to everyone, especially to parents and students.

13 In some member states, Individual Transition Plan is used as a separate document, under the following titles: Individual Career Plan, Project of Individual Integration, Personalised Plan of Intervention etc., while in some member states it is developed as a part of the Individual Educational Plan (European Agency..., 2006). Just as with the Individual Family Service Plan and Individual Educational Plan, the Individual Transition Plan also originates from the USA.
It is developed in close connection with the Individual Educational Plan (but the practice of duplication and complicated administrative procedures should be avoided), prior to completion of vocational training (two to three years prior to employment), and it details necessary information on family circumstances, medical history, free time, system of values and cultural background, in addition to information of prior education and training - in short, it is a sketch of a young person, made by a teacher or a class teacher and other professionals. It details initial assessment of abilities and expectations of a young person.

On the other hand, it reviews conditions existing in the labour market and gives precise analysis of abilities of a young person and the path of her / his career, preparing the person for real working situations. Therefore, the plan gives detailed description of three types of competencies necessary to train a young woman / young man for future employment (ibid, 2006:35), specifically, academic competence defined by the curriculum; professional competence which includes knowledge and skills necessary to perform specific professional objectives and personal competence, achievements that the young person needs in personal and social area, which are directly related to empowerment and autonomy of the young person (for instance, emotional and social skills, such as: compliance with schedules, compliance with rules, independence; personal abilities, such as: knowing how to establish communication with other persons, knowing how to introduce oneself, knowing how to plan and predict; physical skills, related to motor and psychomotor abilities).

It also needs to specify methods and ways to ensure transition from one system to another and empower the young person. In addition to parents, primary and secondary school teachers and other professionals, the young woman / young man also participates in the process of development of the plan, he / she is in the centre of the process. The plan needs to specify instructions of how and when would the process of progression be monitored and evaluated. Each student with special needs has to have her / his own individual plan of transition.

Constituent part of the process of development of the individual plan of transition is the agreement (contract) specifying all objectives (action plan) included into it. In the event of disagreement, additional information needs to be provided, in addition to views and discussion, for as long as it takes until all the parties involved come to a mutual agreement.

It is important that all participants convene together during the process of development of individual transition plan, (round table discussions are organised for this purpose), in order to share views and plan the future of the young person. A team is appointed to be responsible for implementation of the plan. The team needs to convene for a meeting at least once a year. Permanent members of the team are a young woman / young man and her / his parents and other professionals, teachers and other persons who precisely determine roles, objectives, responsibilities, timeline of activities, etc.

Development of individual plan of transition consists of the following phases: 1) provision of information, observation and orientation; 2) training and professional development; 3) empowerment, employment and monitoring. The process involves different stakeholders with young woman / man the plan is developed for playing the key role, followed by parents, teachers and professionals working in the school (pedagogues, psychologists, school administration and others), professionals working in different institutions operating in the local community (social workers, physicians and other professionals from the socio-medical services, experts and professionals working in the employment bureau and other specialists from different branches) and employers. Description of phases and responsibilities of stakeholders is illustrated in the Table No. 4 (cited from: European Agency…, 2006:27-28).
1. Provision of information, observation, orientation

| Young woman / young man | Receives information, identifies her / his strengths and weaknesses, expresses wishes, develops work experience to be able to make a final choice, takes part in development of the contract and signs it. | Undergoes comprehensive learning and training process, which is flexible in terms of duration and methods. Assesses her / his progress in school and at work (in work environment) in order to provide feedback. | Has a feeling of certainty in terms of the signed contract and agreed pay, successfully completes process of adaptation to the work environment and feels accepted as a member of a group of colleagues. Inclusion is successfully completed. |

| Parents | Fully involved in the process, express their expectations. | Actively participate and contribute to creating an encouraging environment. | Provide support to their daughter / son, respecting her / his choice and autonomy. |

| Professionals in the school | Coordinate the process, know and assess possibilities of young persons, provide motivation, assistance and leadership, prepare the family and the young person, prepare the plan of professional training, appoint contact person¹⁴ participate in development and signing of the contract. | Coordinate the process, develop the programme of training, support and implement necessary action which relate to the labour market (for instance, development of the contract, establishment of relationships, etc.), appoint (and if necessary, dismiss) the contact person and evaluate this phase. | Coordinate the process, ensure recruitment to work and sustainability of employment, ensure services of professional counselling, appoint, and if necessary, dismiss the contact person. |

| Experts in local community services | Inform other participants on requirements relating for the labour market (for instance, possibilities for employment, etc.). | Provide assistance to the young person and the school in the process of identification of opportunities for professional training. | Find job (for instance, in the role of the mediator). |

| Employers | Hire and provide information, provide support to the young person during the process of practical professional training, take part in the process of development of the contract and sign it as one of interested parties. | Provide opportunities for training, participate in evaluation of competence. | Offer job, cooperate in the process of monitoring. |

¹⁴ Contact person should be the expert in the area of professional orientation, teacher, etc. It is important that her / his authorities and responsibilities be clearly defined. It is recommended that the contact person be permanent member of the team since she / he should be well informed and able to monitor the process of transition of the young person. In the process of "round table" discussions, contact person should play the role of a facilitator. In addition, contact person should have the advanced knowledge of both systems (the system of education and the labour market), should be capable of developing a network or relationships within the team, and should be able to cooperate and provide motivation to the young person in the process of transition. The contact person has responsibility to look for a job and cooperate with another person in the team responsible for the process of looking for job for the young person. (European Agency..., 2006"33)

Table No. 4: Description of phases and responsibilities in the process of development of the individual plan of transition (cited from: European Agency..., 2006:27-28)
Organisation of "round table discussions" is very important, because it gets all of the participants together and creates conditions for specification and differentiation of all needs, which will serve as a foundation of the process of planning. Individual plan of transition is focus of attention. It is "filled" with different elements: the young woman / young man describe her / his wishes, competences, interests and needs – they provide self-perception and self assessment; members of the family give the expectations they have of their daughter / son; teachers and class master contribute with the sketch of the young person (history of education and personal growth), while the counsellor in the area of professional orientation and other experts contribute with descriptions of necessary competences required in the labour market relevant to the of wishes of the young person; contact person, who in addition to playing the role of a facilitator in meetings ensuring that everyone present can express their ideas and feelings, also searches for necessary information and records agreed objectives everyone has agreed with, which are to be subject of discussion and review in the next meeting.

Some experiences in organisation of programmes of transition of young persons with disabilities to the labour market

Austria: Project “Clearing" for young persons with special educational needs (NAPs/Inclusion 2004-2006)

"Clearing" programme focuses on the period of transition from the educational system to the labour market through development of the support network during the period commencing upon completion of schooling. It focuses on the level of education, while, in line with the concept of empowerment of the client, activities implemented under the programme include development of specific individual set of measures for integration into the business environment. The following services are provided under the programme: development of a detailed profile specifying interests and abilities; development of strengths and weaknesses analysis; specification of requirements for additional training; creating perspectives for employment based on interests and what is appropriate to a particular young person and preparation of career development plan. The project sets a good example of essential coordination in the existing system of division of responsibilities in provision of support.

3.3. Adulthood

Provision of assistance in everyday activities

Assessment of needs for assistance in everyday activities (such as: feeding, movement, personal hygiene etc.) can be understood as assessment of disabilities, although such view is very narrow and one dimensional (EC, 2002:38\textsuperscript{15}), and it is related to the relationship between health condition of a particular person and person's ability to perform everyday activities. It usually includes social type of activities (social encounters, religious services, parenting, leisure time activities, cultural activities, etc.).

Three forms of provision of assistance in everyday activities are present in Europe, specifically: provision of assistance in cash, provision of assistance in cash, combined with in-kind assistance (in services) and provision of services only. Two approaches to assessment of need for assistance in everyday activities can be found, specifically: procedure which establishes connection between the abilities of a person to take care of herself / himself and do the house work and abilities to work (available only to those assessed as incapable to work, for instance in Portugal, according to the data of 2002 (ibid: 39)) and it is required that those persons who need assistance in everyday activities be subjected to two tests, primarily their ability to work is

\textsuperscript{15} The following EU member states were included in the study: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Holland, Norway, Portugal, Spain, Sweden and the UK.
assessed, and then their limitation in performing activities is tested, so the assistance in everyday activities is provided to those persons who receive support allowance (such approach is fiercely criticised and requires reform in order to effect separation of inability to support oneself from ability to work, because it is still generally assumed that any work is complex and difficult). Another approach enables provision of allowance for assistance in everyday activities to be independent of working status and ability of a particular person to work.

Examples of practice in the area of provision of services of assistance in independent living

The United Kingdom: Independent living fund (1993)

The independent living fund (1993) was established by the Government of the United Kingdom (Ministry of Labour and Retirement) to assist persons with disabilities and enable them to independently select and pay personal assistants or use services of specialised agency for care and assistance necessary to person’s independent life. To become eligible, candidates have to meet the following criteria: they have to be between 16 and 66 years of age; they have to be included in the system of social welfare or be entitled to social welfare, they have to be entitled to disability living allowance – DLA; they have to live on their own or live with persons who are not fully able to meet their needs; they have to be at risk to be directed to residential form of care (or currently living in an institution and planning to become independent); they have to be capable of living in the community over the period of no less then six months; they have to have a capital of no more then GBP 18,500 and the package of services should amount no less then GBP 785 per week. The funds to cover the cost of services are provided in cash, as a cash deposit to the account held by the beneficiary, for the beneficiary to use at her / his own discretion, to pay for services which are either charged per hour or per week. The funds can be used to cover the cost of the following specific services: provision of bath, maintenance of personal hygiene and dressing (also services of hair dresser and manicure, only if it is absolutely necessary); cooking and shopping; cleaning, washing and other house work. The funds can be used to cover the cost of services relating to social activities (to attend church service, for example) or work activities. The use of funds provided under the Independent Living Fund is subject to clear and precise restrictions and purposes they cannot be used for are strictly defined (e.g. purchase of wheelchairs and other aids, payment of rent and other associated costs of living, adaptation of premises, cost of vacation, cinema tickets, etc.).

If a person assesses she / he could apply for assistance from the Fund, she / he may contact local organisation. According to the application procedure, the person first has to undergo a medical exam (if the person disagrees with findings of a physician additional exam may be requested) and then contact a social worker or a care manager.

Slovenia: Independent living of persons with handicaps (NAPs/Inclusion 2004-2006)

The project commenced in 1992. The Association for the Theory and Culture of Handicap (YHD) is responsible for project implementation. The project emerged as a response to the need to find a way for persons with handicap to live outside institutions, with their families, or independently. The project targeted all persons with handicap who wished to live independently or in their homes, outside institutions. These persons organised their lives in line with their capacities, needs and desires.

Advisory services and possible solutions are presented to each individual person. When a person with handicap expresses her / his interest in organising her / his life in such a way (by filling out a questionnaire and accepting responsibilities and right to participate in the project), it is necessary to coordinate possibilities with desires and find appropriate personal assistants to
get them educated in methods and nature of work they are about to engage into. Every person with handicap participating in the project is directly involved in all elements of the project, which enables her / him to run her / his life. Personal assistants are hired under the programme of subsidised employment (through public tenders and public funds). Personal assistants provide services 24 hour per day (where necessary) at home of the person participating in the project. Their services include personal care, housework, difficult and physically exerting work that the person with handicap is unable to do independently, etc. Persons with handicap organise personal assistance in the way best suited to their needs, or with the assistance of the project coordinator.

Goal of the project is to develop a National Network for independent living and empower local centres for independent living (to operate as agencies responsible for persons with handicap, offering beneficiaries their services to enable them to live independently, providing services of recruitment of personal assistants, counselling, provision of information, education of prospective personal assistants etc.).

**Sweden: Personal representatives for several persons with intellectual disabilities (NAPs/Inclusion 2004-2006)**

The programme is designed for persons who require support and services in the social sector, psychiatric services or public administration services. The concept is based on the assumption that public administration and other bodies would mobilise resources and initiate cooperation at national, regional and local level to address needs and desires of persons with intellectual disabilities. The representative functions as a spokesperson and coordinator and is independent of local authorities. Working group detaines objectives for advocates and representatives, develops criteria for the target group, determines required cooperation and conditions for organisation of the service under public administration. The following factors were determined: good cooperation between different services, for instance, between services providing social assistance, social security offices and others; support /representation of persons with intellectual disabilities in their contacts with public bodies and implementation of activities to ensure that the authorities would plan, coordinate and implement measures for the benefit of the target group in order to improve their conditions and quality of living; decisions are made by the person with intellectual disabilities and it is the responsibility of the representative to support the person and help her / him formulate particular objectives and work on their implementation; representative has to be independent of the local authorities, to be able to maintain necessary contacts for the benefit of persons with disabilities and maintain her / his credibility as a representative; in order to select a representative, the most important criteria are personal suitability and interest.

**Working life / disease / disability / rehabilitation and reinstatement**

The term “work disability” entered into use to describe situation in which a particular person does not continue employment, or fails in getting reemployed due to disease or injury (Krause, Frank et al, 2001; Shaw & Polatajko, 2002; cited from: Wynne & McAnaney, 2004). Although great inconsistencies are still present in determination and interpretation of relationship between chronic illness and disability (because chronically ill persons can also suffer substantial decrease of the ability to work, which is considered “disability” in some countries), it is important to make a distinction between short term and long term disability. One of the causes of increasing concern about long term chronic diseases and disabilities in the EU, is in the aging of the population, which creates serious problems in the area of healthcare, social protection and labour. According to the data available, there is linear correlation between the process of aging and long term health problems or work disability (nearly 30% workers aged between 55 and 64 have long term health problems or disabilities, and across Europe, average age of retirement is 59.9). Another problem is the issue of change in causes of long term
absence from work and chronic diseases and disabilities, which tends to shift towards mental health problems\textsuperscript{16} (depression, stress, burnout etc.).

Long term absence from work is defined in different manner in different EU member states, and may vary from 6 to 36 weeks. Traditionally, the system of social protection in the EU is based on provision of social benefits to persons with disabilities, and access to services is in most cases restricted due to inflexible procedures of registration of disability. Additional obstacles encountered by persons with chronic diseases / disabilities are result of the fact that they are often unable to “fit into” existing categories of different types of disabilities.

According to the data of 2002, (EC, 2002), two types of benefits (pensions) were available in the European Union in the even of work disability: provision of contributions on insurance, which may either be equal to or reflect the amount of pay and payment of net pay, without payroll taxes which may or may not be equal. These benefits are related to particular types of disabilities resulting from loss or decrease of capacities for work or capacities to earn a pay. Although designation of inability to work is related to the health condition of a person, one of the questions that remain is whether the person is unemployed because of her / his condition of health or whether the unemployment is caused by other reasons (for instance conditions in the labour market, poor qualifications and professional competence, lack of motivation, work environment not adapted, etc). The same source cites that there were three approaches to designation of inability to work in EU member states, specifically: (cited from: ibid, 2002:43): procedural approach; capacity profiling approach; and approach based on impairment.

In \textbf{Procedural Approach} (Sweden, Germany), assessment of inability to work is made through the process of medical and professional rehabilitation with designation of disability being the last element in the process. For instance, in Sweden, approach to assessment of work disability is based on “step-by-step” process, focusing first on possibilities of reinstatement to work, with or without rehabilitation, followed by possibilities to negotiate different employment arrangement with the same employer. During the course of the process, detailed assessment is made to define ability to work, which would guide the person to new employment, in addition to identifying the types of training and assistance required in order for a person with disabilities to be able to re-enter employment.

\textbf{Capacity Profiling Approach} (Ireland, the UK and Holland) disabilities are determined on the basis of quick review of working capacities of the person at a particular moment (for instance, following completion of sick leave). It is typical of this approach that different instruments are used to try to determine initial profile of work disability. In the UK and Ireland, where similar procedures are in place, the person undergoes medical exam to determine capacities in 14 key activities (walking, climbing stairs, sitting etc). In Holland, physicians use standardised instruments for assessment of functional capacities to perform particular activities, but they also examine the attitude of the person towards specific workplace conditions (for instance, dry air in the office, etc.).

\textbf{Approach based on Impairment} (Spain, Portugal, Greece) is based on completion of tabular instruments for assessment of disability, which results in designation of degree of disability (5% loss of finger, etc.) and assessment, or measuring, of damage caused by the disease or accident. This approach is often based on “objective” measuring of the level of disability focusing on body structure and / or functioning, specifying variance from the normal functioning, which is precisely determined by regulations in a particular area.

Upon comparison of procedures of assessment of work disabilities / capacities in the European Union, it may be noted that medical and social model largely influence these procedures. To

\textsuperscript{16} For instance, amount allocated for health protection of persons with mental health problems in the European Union equals a minimum of 3% of the total GBP per year (Winne & McAnon, 2004:11)
that end, it is possible to analyse two basic perspectives in the procedure of assessment of (work) disability (EC, 2002), according to which it may be determined whether the case in question is the case of disability (remaining abilities and capacities) or perhaps work capacities:

- The perspective based on reliance on medical data, with emphasis on gathering extensive medical information, with physicians merely specifying diagnoses and making decisions, which are accepted in other institutions of non-medical orientation for further consideration and decision making.
- The perspective which relies on medical and other professionals, such as social workers, labour market experts, rehabilitation specialist and multidisciplinary teams. Within this perspective, four basic types of procedures may be noted:
  1) Low level of medical data and high level of reliance and trust to other professions (usually noted in those countries where local administrations have responsibility for provision of funding to the social sector), where the rate of decisions made by medical professionals tends to decrease, while trust in decisions made by other experts tends to increase (Scandinavian countries);
  2) low level of medical data and low level of reliance and trust to other professionals occur most frequently in those countries where provision of funding of disability benefits is centralised at the level of the state, which defines key parameters (procedures and conditions of assessment) for the purpose of control of spending of budget resources (for instance in the UK and Holland and to some degree in Ireland);
  3) high level of medical data and high level of reliance and trust to medical profession: the model is related to member states in which healthcare sector and administration involved in disability benefits integrated, where decision on benefits is made by the healthcare workers (typical example of social insurance in France, Germany, Belgium and Austria and in Italy and Spain the system of social insurance is not integrated with the healthcare sector);
  4) high level of medical data and low level of reliance and trust in decision making abilities of other professions occurs where the procedures for assessment of disabilities is based on tables and assessment of percentage of remaining abilities, and it is common that these instruments are used by physicians (in Portugal and Greece but also in other member states where this approach is used for different purposes in the system of social protection).

4. Experiences of good practice in the area of employment of persons with disabilities – working disabilities

Czech Republic: Assistance in employment for persons with severe disabilities (NAPs/Inclusion 2004-2006)

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17 A clear distinction needs to be made between full trust in medical data, on one side, and participation of physicians as members of multiprofessional team in the assessment of work disability on the other. The first approach puts emphasis on measuring, which is typical for medical model of disability. This is what Davis and Škerjanc (2004:26) said on this subject: "The legislation and measures of treatment of handicapped persons are based on the assumption that the term handicap / disability was appropriate tool in categorisation of persons on the basis of their physical impairments for the purpose of medical treatment and provision of services. The statistics and assessments of needs of the population based on them, result from diagnoses. In the process of counting we encounter difficulties early on, as we try to answer the question of who should we count and for what purpose. As a result of inconsistent methodologies, results of extensive and costly studies in this area turned out to be unsuccessful. While the profession and the politics engage into categorising and counting persons with disabilities and reviewing definitions of disability on the basis of diagnoses, persons with disabilities warn of meaninglessness of such approach. It will never be possible to encompass all of the forms human body appears in, and all variations in its physiology and pathology, nor intellectual (dis)abilities or diseases. To focus on defects or weaknesses of the individual means to judge such individual according to the criteria of "normality" thus isolating such individual from the circle of citizens".

Designed for persons aged between 18 and 35 to enable them to have equal opportunities to work together with other employees in the open labour market, through: long term support in the process of employment, signing of employment agreement with employer and long term assistance in completion of work assignments. Support is also provided to employers. Transition programme constitutes an element of this programme. It focuses on children in senior grades of vocational education having severe combined disabilities. It includes: long term individual assistance, long term personalised support in professional training which has goals and objectives, activities and measures specified in cooperation with the beneficiary, her / his employment consultant and the employer. After the period of six months, the programme may be modified to reflect new needs.

**Estonia: Case management for employment of persons with disabilities (NAPs/Inclusion 2004-2006)**

The programme was implemented during the period between 2003 and 2004, in cooperation with the UK, under PHARE project. Different institutions were involved in the programme, depending on types of disabilities and individual needs of specific beneficiaries. As a first step, managers of local institutions completed training to be able to better understand the issue of employment in the area of disability and learn to use case management methods in their everyday work. Networks of cooperation were developed which brought together different local services, bodies such as employment bureaus, pension and disability insurance branches, schools operating in commercial environment, rehabilitation institutions and social workers. These networks applied case management principles in their work, participants gained understanding of connection between disability and employment and active team developed as a result. The focus was on identification of solutions to the problem in new ways, rather than focusing on adaptations to work or work environment or provision of financial benefits.

On the basis of positive experiences, in 2004, the Government of Estonia enacted a decision to make case management an official method in use in employment of persons with disabilities.

**Germany: "Course scheme" in struggle against long term unemployment (NAPs/Inclusion 2004-2006)**

The aim of the initiative was to motivate a person unemployed over a long period of time to take the initiative and get reintegrated in the labour market, by putting the person in the situation to think of her / his future prospects also aiming to increase possibilities available to the person. On the other side, the initiative aims to create infrastructure framework at the regional level in combat against long term unemployment, in cooperation between employment agencies and partners at the regional level.

Activities focused on alternative group courses and initiative phases.

Six one week group courses included, for example, analysis of person's strengths and weaknesses, development of individual plans, intensive training in techniques of fulfilment of tasks and responsibilities in the work environment, theoretical training, project work, introduction to computer literacy and use of internet.

Five three week initiative phases included, among other things, practical experience in business, visits to companies, work in simulation workshops and computer centres, roundtable discussions with specific subjects of discussion, provision of opportunities to make contacts, counselling (also available by phone), meetings in coffee shops as one of venues for meetings of course participants, as well as socio-educational counselling. Total duration of the course is five months. Following completion of courses, continuous counselling and monitoring are provided, as well as participation in self-help groups for those who have not yet entered the labour market. Inclusion into the programme was a matter of free choice, with the only eligibility criteria applicable being the long term employment.
Slovakia: Employment Support Agency (operating in Banska Bistrica region)
NAP/Inclusion 2004-2006

The project aimed to change the attitudes of employers to workers of different work abilities, specifically targeting change in attitudes of employers towards employment of persons with disabilities in order to create conditions for these persons to work in integrated work environments to accomplish equal opportunities of access to the labour market.

Employees of the Agency contacted employers to motivate them to get involved in the project, inform them of activities of the Agency and demand that clients of the Agency be hired in their companies. The cooperation continued with those employers who expressed their interest in this initiative, aiming to identify workers and deal with specific problems in employment of persons with disabilities. The Agency has the responsibility to prepare prospective workers for employment and provide long term targeted care for each of them.

One of the new forms of services is e-mail consultation for persons with disabilities living outside the region. Development of database for clients on the waiting list for provision of services is currently underway.

Experiences in the region: Croatia and Serbia

Croatia

The Law on professional rehabilitation and employment of persons with disabilities enacted in 2002 stipulates rights of persons with disabilities to professional rehabilitation and employment and gives precise definitions of relevant terms such as: person with disabilities, decreased work ability, employment and work in the open labour marked and work under special circumstances, etc. The law stipulates that disability and decreased work ability were determined by the appropriate body on the basis of findings and opinion of the authorised expert. The body of public administration responsible for social protection is the relevant instance in the first degree. The procedure of assessment of disability is initiated upon request of the person or person's legal representative or caretaker, upon suggestion of primary healthcare physician, parent, social worker and special psychologist. The first level decision may be appealed against. The ministry responsible for the area of social protection reviews the appeal and acts on it. The person has right to professional rehabilitation on account of her / his disability. Professional rehabilitation includes, among other things, the following measures: assessment of the remaining work and general abilities; provision of information relevant to the profession, counselling and assessment of professional abilities, market assessment and if possible, assessment of possibilities for employment and professional integration; professional training, additional training and retraining etc., technical assistance, support, monitoring and assessment of results. Professional rehabilitation is organised and implemented by the institution competent for professional rehabilitation, secondary school or other bodies.

Regional service of Croatian Employment Bureau determines eligibility to professional rehabilitation and the procedure is initiated upon request of the person with disability, or her / his legal representative, upon presentation of proof of disability and decreased work ability. The appeal against decision made in the first instance is reviewed and acted upon by the Head Office of the Croatian Employment Bureau.

As a part of social protection of persons with disabilities, the Law on Amendments to the Law on Social Welfare (2003) was enacted to improve solutions provided under the original law, the implementation of which lead to identification of certain weaknesses in practice. In addition, it is anticipated that amendments would result in improvement of position of persons with disabilities. The law stipulates right to additional benefit for assistance and care depending on income, specifically for blind and deaf persons and persons with combination of these two impairments. Blind and deaf persons and persons with combination of these two impairments who are not capable of living on their own are eligible to benefit for assistance and care to the full amount, regardless of the amount of income they have, and the amount of benefit is decreased if such persons are capable of independent living. In addition, in line with the
amendments to the law, changes were made to the method of payment of personal disability benefits, to create conditions for provision of quality and fair care of persons with physical or mental disabilities.

Additionally, the Ministry of Health and Social Welfare, the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity and the Ministry of Economy, Labour and Entrepreneurship appointed the working group whose objective was to harmonise legislative and legal protection to bring the status and protection of military and civilian war victims and veterans of the II World War, veterans who became disabled during peace time and civilian victims of the homeland war at the same level, aiming to minimise differences in terms of benefits provided under the Law on Rights of Croatian Homeland War Veterans and Members of their Families (Committee of the Government of Croatia…, 2005).

**Serbia**

Person with disabilities, or her / his legal representative exercise the rights in the area of social protection through the procedure which commences with application to the local community Social Work Centre, where information is provided on what documentation needs to be provided, in addition to other relevant information. The appeals to decisions of the official of the Social Work Centre are reviewed and acted upon by the Ministry of Labour, Employment and Social Policy, and part of its competencies is transferred to Provincial Secretariat for Healthcare and Social Protection, or centralised in the City Secretariat of the City of Belgrade, which conducts procedures for all citizens of the Republic. Some of the rights are: right to additional benefit for assistance and care provided by another person, right to assistance at home, right to assistance in professional development, education and professional training, right to placement in social welfare institution, etc.

Within the system of education, children with developmental problems undergo a procedure of assessment of type and extent of disability and categorisation of disability, in line with categories specified in the Rulebook. The procedure is initiated on the basis of opinion of the medical board, and parents are required to enrol the child in school specified in final decision on placement into school. Within the system of higher education, students with disabilities may exercise the right to accommodation in students' dormitory, which is provided upon presentation of specific medical documentation which is sent for review to the medical board operating within medical institution within the university. In addition, the student may exercise the right to escort, with provision of escort being subject to opinion of the medical board.

Within the domain of employment and professional rehabilitation, regulated by the provisions of the Law on Professional Training and Employment of the Disabled, enacted in 1996, professional training and employment may be provided as well as opportunities for establishment of company for the disabled. Unemployed person with disabilities may request professional assistance in the process of assessment of the remaining work ability and selection of profession and assessment of work ability to be done by the appropriate healthcare institution on the basis of a separate agreement signed with the National Employment Service. Unemployed person with disabilities instructed to undergo assessment of work ability has the right to reimbursement of expenditures for herself / himself and the escort, if the use of escort was approved, from the place of residence to the location of the authorised healthcare organisation.

Within the domain of pension and disability insurance, the right to disability pension may be granted to a person who suffered compete loss of work ability due to changes of the health condition, injury suffered at work, professional illness, injury suffered outside work, etc. Rights provided under this programme are granted by the Fund the beneficiary was registered with, upon application for pension submitted by the beneficiary. In the event the process of approval of the right to disability pension requires assessment of disability, physical impairment, causes of disability, ability to live independently etc., the decision is made on the basis on expert opinions based on findings, opinions and reviews of the body appointed by the Fund. The proposal is made by the physician and the approval of the proposal is given by the medical board of the appropriate healthcare institution.
SECTION TWO
For one to understand the existing system and institutional models of BiH society designed for the benefit of persons with disabilities, it is necessary to have in mind the political and national organization of Bosnia and Herzegovina, as established by the General Framework Agreement for Peace (GFAP) of 1995 and the Constitution of Bosnia and Herzegovina. The entities (Republika Srpska and the Federation of Bosnia and Herzegovina) are responsible for fundamental segments of the social structure which implement the policy of the country dealing with persons with disabilities, while the state of BiH has the mandate only in some of the central areas relating to the economy and social development, such as the Medium Term Development Strategy of BiH 2004-2007. The section of the strategy which deals with the social sector includes sub strategies in key areas dealing with disability issues, namely: pension and disability insurance, protection of disabled veterans and social protection.

At least two systems in the country (entities) structure the organisation and functioning of public institutional capacities, and further one goes, more decentralised the system is, including cantons, municipalities, local communities, institutions, funds, services etc. In addition, in organisation of the civil society, at entity level, a number of organisations of persons with disabilities, joint bodies and networks are in place, which have their organisational structures operating at lower levels, in cantons, regions and municipalities. Most of the organisations working with persons with disabilities are local, that is, their work is focused on a particular area of the local community aiming to meet the needs of their members.

At all levels and within all institutional forms of organisations, different models of provision of care, support and assistance to persons with disabilities, members of their families, the environment in which they live and work and professionals providing services are in place. They are a reflection of operation of organised social structures of the society of Bosnia and Herzegovina dealing with disability issues and needs and problems experienced by each of the persons with disabilities. This analysis will attempt to provide a systematic overview of the basic institutional models from the perspective of:

- Legal framework,
- Locations and areas of operation,
- Features of individual approaches,
- Responsible parties and relevant stakeholders,
- Financial coverage and viability.

The analysis is unable to consider all new approaches which are not yet institutionalised (it is estimated that considerable number of such approaches is in place) and will focus on models being developed at local or regional levels, which became integrated in the institutional systems in their areas. Positive experiences in their application will serve the purpose of development of recommendations to be applied in as many communities as possible, and developed as institutional systems in areas they relate to.

The analysis will put special emphasis on differences of approaches and in some cases differences in processes incorporated in entity policies, because according to the dominating approach, the matter of disability is viewed from the perspective of social policy, rather then from the perspective of human rights, which resulted in significant differences between entitlements of different groups of persons with disabilities, their position, rights and living conditions on the territory of a single entity, and even greater differences between entities.

Gathering of data on existing and new practices presented basic obstacle in the process of research and development of the analysis, because the records were not linked, they do not utilise the same parameters and they are not up to date.
Existing System and Institutional Mechanisms

1. Areas and legal frameworks

In 2003, the Council of Ministers of BiH adopted "The Standard Rules on the Equalization of Opportunities for Persons with Disabilities" which the General Assembly of the UN adopted in 1993. The Standard Rules are not legally binding; they serve as a starting point for development of policies for the benefit of persons with disabilities by states which signed them. If understood as such, the Standard Rules serve as a basis for planning, development and definition of all institutional models in Bosnia and Herzegovina, but also the foundation of habitual behaviour, which is of utmost importance to raising awareness of the society of persons with disabilities. Implementation of the Standard Rules is responsibility of the states, which take appropriate action to eliminate obstacles to equalization of opportunities and accomplishment of full participation and equality.

The Constitution of Bosnia and Herzegovina and entity constitutions, as well as Brčko District Statute, treat the issue of disability in the context of human rights defined by the Universal Declaration of Human Rights, enjoyed by all citizens, without discrimination on any ground. Institutional models of care and assistance for persons with disabilities in the public sector were developed through the system of rights in key areas. The rights were defined by laws and by-laws (rulebooks, instructions, decisions, decrees, etc.) in the area of education, social and child protection, pension and disability insurance, labour and employment, healthcare, urban planning, protection of disabled veterans, forms of organisation and association as well as in all other areas of significance to lives of every citizen and the society as a whole. Laws were passed at the level of entities, cantons and municipalities, defining different legislative procedures for different purposes. Very often these lack cohesion and harmonisation, resulting in different treatment of the same problem, which creates foundation for inconsistent and unequal status of persons with disabilities, as well as inconsistent approach to basic rights in all of the above areas. Economic development of particular political units and structures responsible for adoption of laws, determine diffusion, diversity, scope, size and quality of rights and political dimension of causes of disabilities resulting in harsh and unfair division of persons with disabilities to those favoured by current political regimes and those who are not.

Social rights of persons with disabilities are dispersed in all sectors and the most important laws and by-laws regulating those rights in individual areas are presented in Annex 1.

2. Basic features of legislative organisation of institutional models

2.1. There is no unique policy in place in Bosnia and Herzegovina to deal with disability nor were the unique standards adopted to provide structure for legislation in this area.

2.2. The areas treating needs and rights of persons with disabilities are very wide and diverse. Each area developed separate regulations with no harmonisation or cohesion existing between regulations enacted within separate sectors. In the process of adoption of regulations, the sectors are not asked for their opinion, not even when those regulations put in place competencies for them. Through their organisations, persons with disabilities have limited and partial participation in those activities.

There are no advisory bodies at the state level, level of entities and cantons, which would provide advisory assistance to government bodies and undertake advocating work in the process of development and adoption of laws which regulate policies in the area of disability and the area of rights of persons with disabilities. The existing bodies (inter-sector body in the RS, unions of associations and coordinating bodies) do not have status of partners and are not capable of engaging into a social dialogue with the government in the process of development of regulations.
2.3. There is no communication and cooperation between entity and canton legislations and entities and cantons themselves, which results in different approaches to development of essential institutional models, different standards and conditions, inconsistencies in planning and use of such models, different treatment depending on the place of residence, inconsistencies in assessment, etc.

2.4. Different legislative systems have firm boundaries and do not tolerate initiatives from other areas. For instance, social welfare institutions cannot use funding provided from healthcare funds allocated for the benefit of persons with disabilities, although they qualify as healthcare services, because they do not belong in the network of healthcare structures. Partnership among sectors, as an approach and a method of work is not detailed by the regulations, which created formal obstacle to development of a mixed model of services for persons with disabilities.

2.5. Legislation in particular systems does not recognise specific needs of persons with disabilities, which results in failure to create conditions for development of models or programmes aiming to respond to those needs. Such is the situation in the healthcare sector, where the existing measures of health protection apply to all beneficiaries under equal conditions, without particular consideration for conditions and needs of persons with disabilities.

2.6. In the area of social protection, the measures are focused on provision of financial support and provision of care within specialised institutions, leaving little room for community based care and rehabilitation.

2.7. Establishment and operation of associations of persons with disabilities is legally regulated in three systems (state and entities), through regulations on associations and foundations. Activities to adopt separate laws to deal with organisations of persons with disabilities are currently underway, and individual governments passed decrees defining criteria for designation of status of organisations of special interest or decisions awarding such status to particular entities. That way, the foundation is created for the administration to demonstrate responsibility and respect and provide support to these organisations and their sustainability.

2.8. Legal structure for provision of funding for existing institutional models is similar to that of their establishment. Responsibility for financial sustainability is shared by all levels of organisation of structures of the system and all of the involved sectors. That results in unequal approach to financial resources and different level of responsibility for implementation of models. For instance, in the RS, institutional models in the area of social protection are mostly established by the entity, while the funding is provided at municipal level. Second example is that benefits in the area of protection of disabled veterans, pension system and child protection are provided to the amount of available funding.

2.9. Existing legislation in the area of disability puts little or no emphasis on supervision or monitoring of results and effects of individual institutional models and consequences of inapplicability and inefficiency. Certain number of proclaimed programmes is not implemented at all, others are implemented partially and the laws are difficult to change and do not provide full application and sustainability.

2.10. Legislations in all systems have their own methods of registration and recording of persons with disabilities. Those systems do not employ common parameters which would enable a minimum of common data to be used by all. Systems of communication in terms of use of data are underdeveloped and as a result, a complex administrative procedure prevents development of unobstructed and efficient flow of information.

3. Bodies and stakeholders of the system and its institutional models

Basic bodies of the system and institutional models of care and assistance provided to persons with disabilities in Bosnia and Herzegovina, enabling implementation of models stipulated by the law and alternative models are:
3.1. Entity level:

- Parliaments,
- Governments,
- Unions, coalitions and joint bodies of associations of persons with disabilities,
- Institutions for education, social protection, healthcare and child protection of significance to entities,
- Funds (of pension and disability insurance, health insurance, child protection and employment),
- Educational institute and employment bureaus,
- Other organisations and institutions implementing programmes for the benefits of persons with disabilities.

3.2. Canton level:

- Canton assemblies or councils,
- Canton governments,
- Institutions, funds, organisations, associations, agencies in the public sector operating at canton level providing services in the area of healthcare, social protection, labour, education etc.

3.3. Municipal level:

- Municipal assemblies and councils,
- Administrative services,
- Healthcare centres and other medical institutions and services for rehabilitation
- Centres for social work,
- Institutions for children,
- Schools,
- Associations of persons with disabilities and other non-government organisations,
- Companies and institutions in different areas providing services to persons with disabilities,
- Persons with disabilities and their families,
- Different centres for provision of services,
- Media and public.

It is estimated that about one thousand legal entities in private and public sector and over five hundred associations of persons with disabilities participate in planning, decision making and implementation of institutional models for persons with disabilities. Their roles are different and they range from research and law making to specific measures in implementation of particular models. Their responsibilities developed in line with their roles.

Communication, coordination and cooperation among bodies and stakeholders share the same features with legislation: divisiveness, division, lack of harmonisation, intermittence. Certain bodies and stakeholders contact each other and cooperate on an ad hoc basis. Global cooperation of wider proportion is a result of a particular project or a result of initiated campaigns to effect changes to particular solutions or amendments to particular laws.

Cooperation between organisations of civil society, especially organisations of persons with disabilities, with public institutions is varied. There are regions and areas in which the cooperation between civil society sector and public institutions is completely nonexistent with rivalry between these two sectors, while in other regions and areas organisations of civil society took the initiative and assumed the role of coordination, in other regions cooperation occurs only on case by case basis, and in some regions and areas established partnership is even formalized.

In such complex and mixed context in which competencies, responsibilities and areas of work and operation are mixed, it is necessary to establish roles of coordination, that is, identify key stakeholders and persons who would ensure harmonisation of action, articulate initiatives, manage information and facilitate networking of all relevant parties.
4. Types and features of institutional models

Overview of the basic institutional models in this analysis is made in terms of the process, that is, on the basis of a comprehensive professional approach, which includes detection and registration of persons with disabilities; designation of status of person with disabilities, through a process of assessment; overview of specific programmes or models conceived for the benefit of persons with disabilities provided by specialised institutions and alternatives which are gradually getting integrated into the system and through the system of monitoring and registration.

Each of the elements of the approach represents an individual model, and combined together, they represent institutional response of the society to disability as a phenomenon and an issue and response to needs of persons with disabilities as individuals and as members of particular social groups.

Detection and registration

Detection and registration of persons with disabilities is organised to some level. Only when it comes to children with physical and mental disabilities, the system of detection is formally in place, but only for the purpose of initiation of assessment which represents a condition for provision of entitlements or provision of institutional care. In all other cases, detection and registration are related to procedures implemented by particular bodies responsible for specific programmes of support (financial assistance, assessment, provision of services, etc.). Persons with disabilities, their families, members of their communities, work collectives or schools, professionals, healthcare institutions and citizens are not required to report existence of a person with disabilities, nor is any organisation which detects such person required to pass that information further. Even if such requirement was in place, there is no institution or organisation responsible for collection of such information, nor there is any requirement in terms of what exactly should that information specify. Some official records (in the area of labour and employment) require that disability information be recorded in the process of registration of beneficiaries and workers. Such is the case with public institutions in the RS, which are required to keep separate records on employed persons with disabilities and forward them to the Republic Employment Fund, in line with the provisions of the Law on Professional Rehabilitation, Training and Employment of Persons with Disabilities.

It was noted that some sectors impose time limits for designation of the status of person with disabilities, depending on the cause of disabilities. The RS Law on Civilian War Victims stipulates that the procedure of designation of status of person with disabilities may be initiated within five years of the date of the injury or disability occurred. After that time, the procedure cannot be initiated under any circumstances.

When it comes to detection of persons with psychological disorders or physical disabilities, especially children, the responsibility for detection is put on parents, foster parents, family members, healthcare institutions, social welfare and child care institutions, educational institutions and other public, non-government and private organisations and individuals. The physician working in a healthcare institution which provides healthcare services to a person with disabilities, is by the virtue of office required to initiate procedure for assessment of abilities, the day such person is diagnosed. Detection reports are presented to centres for social work.

Lack of organisation of the system of detection and registration of persons with disabilities results in failure to detect and register large number of persons with disabilities, unequal access to institutional models and programmes, isolation and exclusion and delay of action and application of measures of prevention and treatment.
Registration of persons with disabilities is closely related with recordkeeping, which represents a part of the monitoring process. Several dozens of available databases developed and kept by different stakeholders do not facilitate unique registration and even lead to further fragmentation of the entire system. For that reason, in the future, the registration should be subject to use of unique parameters integrated into each of databases, to be able to process data and make it available to the public and especially to researchers, planners, decision makers and professionals.

Associations, which should assume responsibility and the key role in these activities in close cooperation with healthcare, social and other sectors, could substantially contribute to improvement of the system of detection and registration of persons with disabilities.

4.2. Assessment *

Categorisation and assessment of persons with disabilities in Bosnia and Herzegovina is divided into four (five) different systems and it needs to ensure within each of the individual systems, that only persons meeting eligibility criteria are awarded assistance under the particular system. In essence, there are three types of assessments of disabilities in each of the entities. All three types of assessments are made by different committees, consisting in most cases by medical practitioners specialising in particular areas, in addition to social workers, special education teachers, and psychologists, for the purpose of assessment of children. Two types of assessment of level of disability are applied to adults to determine loss of functional capacities or loss of work capacities. The assessment of loss of functional capacities is based on the list of physical impairments detailed by separate rulebooks. It is employed in the process of award of rights under programmes or models of protection of disabled war veterans and civilian war victims. The assessment of work capacities, or the assessment of the remaining ability to work, is mainly employed in the process of designation of rights under pension-disability insurance system, healthcare system and social welfare system.

The main types of assessments should integrate another assessment, which is also institutionalised, but not considered of primary importance by any of the systems and often overlooked, despite being of utmost importance to persons with disabilities whose disabilities occurred as a result of chronic and severe mental illnesses. Adults incapable of independent judgement, unable to run their lives, manage their estate and rights, as a result of mental illness, may loose business capacity and be awarded a guardian following a court procedure. Decision to such effect are made by courts on the basis of extensive medical documentation on treatment and on the basis of court expert opinion – provided by specialised psychiatrist who assesses whether the person is able to make decisions in her / his best interest, make judgment of their actions, take care of herself / himself and run her / his estate. Court decision may be changed if changes of circumstances under which business capability was lost occurred.

In order to provide more precise explanation of the existing systems of assessment and demonstrate differences among them, we will provide individual overview of each.

4.2.1. Assessment within the system of welfare of disabled veterans

The assessment of the level of loss of functions is employed in the process of designation of entitlements for former veterans and civilian war victims in Bosnia and Herzegovina. The assessment is made by the ministries for welfare of veterans in each of the entities, but the procedure employed is the same. In the Federation of Bosnia and Herzegovina, changes occurred during the course of 2006, first in the system of assessment for civilian war victims, which was transferred to the system of labour and social policy. In addition, during the course of 2006, the Institute was established in the FBiH which assumed the role of a key institution for assessment of all persons with disabilities.

* To be elaborated in more details in Chapter VI.
Within this system, medical experts assess medical dimension of disability of a particular person. The levels of disabilities are categorized depending on the level of loss of functions, by categorising these persons into ten categories of loss of functions, ranging from 20% disability to 100% disability (requiring care). Civilian war victims are categorised into six groups, ranging from 60% disability to 100% disability (requiring care).

The process of assessment organised under this system ends with designation of a status of disabled veteran or a civil victim of war, specifying the level of disability. All decisions will be subject to revision performed by appropriate ministries (at entity and canton level). Decisions of the relevant ministries may be appealed against, if persons with disabilities are not happy with the determined level of disability.

The debate about whether the assessment organised under this system was perhaps too liberal and whether a more reliable system of monitoring could be identified to prevent fraud and corruption is led in Bosnia and Herzegovina for a considerable time. The categorisation of disabled of veterans into ten categories and loss of function of below 60% have both been challenged. These issues have not yet been dealt with in a professional manner and they are still presented as big political issues, which prevents necessary changes.

4.2.2. Assessment in the system of social insurance

Although there are separate pension and disability funds for each of the entities, the assessment of disability is very similar. In line with the rulebooks of pension and disability insurance funds, medical experts assess medical level of disability of a person and give opinion on permanent capacities to perform their current work and on their remaining capacity to work. (If they have decreased work capacity, but are still capable of doing other work full time).

The process of assessment includes:
- Detailed preparation and presentation of medical documentation on treatment. Preparation is performed by physicians in healthcare institutions (the so called: processing for review by the medical committee),
- Assessment of the workplace, made by employers, which includes physical conditions of work, physical and psychological exertion, requirement to make certain movements, etc.
- Meeting with two doctors who represent the assessment team in the system of pension insurance or in the system of labour and social policy in the FBiH, and whose opinion may annul all other findings of medical practitioners in other healthcare institutions,
- In the event the opinion of the first instance committee is not considered satisfactory by a person with disabilities, such opinion could be appealed against to the second instance committee.

Findings and opinions detailed in these assessments are used by other systems as well, such as the healthcare insurance system, social protection system and other organisations, for the purpose of designation of specific benefits.

4.2.3. Assessment in the area of social protection - Adults

The process of assessment of disability for beneficiaries of the social welfare, vary from one entity to another.

In Republika Srpska, the assessment is made at municipal level, in line with the unique criteria in effect in all municipalities, for the purpose of assessment of working capacities (ability to work) and assessment of the need for assistance provided by another person. The assessment is made by mixed committees appointed by the municipality, which consist of two physicians and a social worker or other professional in the area of social work. At the level of the RS, the second instance committee is also in place, to review and act upon appeals. Opinions of the first instance committee are not subject to the revision.
These committees are not performing categorisation or determining the level of disability, but rather give findings in terms of whether a particular person is fit to work or not and whether particular person requires assistance provided by someone else, or is capable of performing the essential everyday activities without assistance.

Regardless of the fact that first instance committees operate in line with the unique criteria, their operation is very inconsistent (some are rigorous while others are lax in their approach), manipulations often occur, the procedure is often protracted and the system of oversight and control is not in place. Findings of these committees are used only in the domain of social protection in the RS. Some municipalities did not appoint their own committees and centres for social work use services of the committees operating under the system of pension and disability insurance.

Upon definition of the "Fundamental rights of persons with disabilities", as stipulated by the provisions of the amended law, the system of social protection in the FBiH changed the system of assessment and defined it in a consistent manner, harmonizing it with the system used by the sector of labour and pension and disability insurance. The responsibility for assessment is on the Federation of Bosnia and Herzegovina, while the cantons only assist in the procedure by appointing their own committees which operate as constituent parts of a unique system, applying unique rules. Opinion of medical committees is subject to revision, and persons with disabilities are categorised in line with defined level of impairment into five categories, ranging from 60% to 100% disability. Since recently, these activities are undertaken by the above noted Institute.

Changes in the FBiH are in effect for less than a year and it is not yet possible to discuss effects of such approach, as a result of the special circumstances (large number of claims, intensive pace of work, the system is still being developed, the administrative procedure is complex, and so on…).

**4.2.4. Assessment in the area of social protection - Children**

The system of assessment of abilities of children in the FBiH is put under the authority of cantons which specify the method and the procedure of assessment of abilities and categorisation and registration of children with physical and mental disabilities. In the RS, this competence is with municipalities, although strictly regulated by the unique criteria and the procedures stipulated in the rulebook. The assessment is made by professional committees consisting of medical practitioners specialising in a particular branch of medicine (depending on the nature of disability), social workers, special educationists of specific orientation and psychologists.

The process of assessment includes:
- Application with the appropriate centre for social work;
- Appropriate treatment by the expert team of the centre for social work aiming to provide timely action and remedy the existing condition;
- Findings of a physician, detailing treatment of a child;
- Individual assessment by all members of the committee with application of specific methods employed in each of different areas of expertise;
- Final findings and opinion agreed upon by all members of the committee.

In line with findings and opinion, a particular person would be categorized, in line with the International classification of diseases (ICD – 10, 1990), as a person with visual impairment, a person with hearing impairment, a person with voice, speech or language impediment, a person with physical disabilities, a person with mental disabilities, a person with multiple disabilities, autism and other disabilities, as detailed under ICD-10. Each of the groups of disabilities listed here could be present in different extent or categories, represented as the level of disability. The findings necessarily detail recommended treatment, specifically: what is to be done in a specific case to eliminate, decrease, overcome, or accept the existing disability using the existing programmes.
This assessment is considered one of the assessments of disabilities of high quality and it determines possibilities, in addition to determining disabilities. Its main weaknesses are:

- It does not specify the percentage of disability, which is required under many systems and programmes of protection, therefore its findings have to be confirmed by other committees,
- Due to complexity of composition of the committee, the assessment is made in particular regional centres, because many municipalities lack competent professionals trained to undertake this work, which decreases the quality of work and dedication,
- Most centres for social work are not capable of conducting the appropriate treatment at an early age to either decrease or prevent disability.

4.2.5. Features of the existing models of assessment

- Bosnia and Herzegovina did not modernise its models of assessment of disability, with the exception of the FBiH, where a unique system was established;
- The existing systems were developed through different rulebooks which allow for different interpretations by different participants in the process of assessment and leave a lot of room for rough assessments which may annul all prior reports on treatment;
- The systems of assessment are not open enough or adapted to monitoring and control, which leaves a lot of room for misuse, manipulation and corruption, especially at the level of social insurance and welfare of veterans, where appropriate bodies often either rely too much on medical findings of general practitioners or completely disregard them, act too autonomously, lack transparency and put too much emphasis on administrative, bureaucratic requirements;
- The system of assessment is managed at different levels of authority, which decreases possibilities for harmonised and controlled approach and leads to inconsistencies;
- Assessment is not equally accessible to everyone, and some parts of the process are not free of charge, which prevents those in the most vulnerable categories to use such services, depriving them of rights that they can only exercise following assessment;
- Assessments focus on disabilities and do not employ proactive measures which target remaining abilities;
- Different systems do not utilise assessments made under other systems, which relates to entities, but also to inter-entity structures, either due to different approaches to assessment and different categorisations, or due to political and administrative barriers, which results in detriment to the beneficiary.

5. Institutional models of assistance and support

Different models of assistance and support to persons with disabilities may be categorised into several categories:

5.1. Financial benefits and in-kind assistance;
5.2. Institutional care provided by specialised institutions;
5.3. Professional rehabilitation and employment;
5.4. Education and inclusion;
5.5. Community based rehabilitation, day care and other services in the domain of social protection and healthcare;
5.6. Accessibility, physical adaptations to facilities and access to transport;
5.6. Organisation and association.

Each of the listed models integrate a number of sub models or specific programmes which reflect the character of approach and the purpose of a particular policy. Each of the above have one thing in common – they are all interventions provided by organised social structures, based on laws and by-laws, which aim to improve conditions for persons with disabilities, equalize opportunities and create conditions to address the needs of these persons in the same way as needs of other citizens are met, providing equal opportunities for participation.
Among the existing institutional models, the model of financial benefits dominate, especially in the system of protection of disabled veterans, while in the system of social protection the situation is changing towards development of specific community based services which are accessible and which respond to needs.

5.1. Financial benefits and in-kind assistance

In Bosnia and Herzegovina, financial benefits and in-kind assistance provided to adult persons with disabilities, children with disabilities and their families are provided through four different systems, namely, through the system of social protection and child protection, social insurance system, system of welfare of disabled veterans and system of welfare of civilian war victims. Each of the systems, bases its model on different principles. The key principle is the cause of disability and the treatment of cause by the official political structures, while other principles include: results of the assessment, employment or the status of beneficiary, level of poverty, family background and resources of the community. Each of the systems has highly developed administrative procedures, different levels of management of the procedure and different level of decision making in addition to no secure financial sustainability of the system. Provision of assistance within the four different systems is inconsistent, resulting in substantial differences in benefits provided under different systems to persons who have the same form and level of disabilities.

Inconsistencies are obvious even among regions in Bosnia and Herzegovina, especially in the area of social protection and other rights which are often under the authority of cantons, municipalities, or even individual institutions and companies.

5.1.1. Social protection

Organisation and operation of the system of social protection in the domain of provision of financial benefits to persons with disabilities in entities of Bosnia and Herzegovina, is different. Since 2004, two different approaches are employed. In 2004, the law in effect in FBiH was amended, which resulted in introduction of clauses which deal with fundamental rights of persons with disabilities. The FBiH abandoned the old model, which is still in effect in the RS, introducing the following fundamental rights in the area of social protection of persons with disabilities and persons with physical and mental impairments: right to personal disability benefit, additional benefit for assistance and care provided by another person and benefit for orthopaedic aid. This was the first step towards equalisation of conditions and rights on the entire territory of the FBiH for all persons with disabilities which occurred as a result of illness, injury, traffic accident, congenital or acquired disabilities and professional injuries or illnesses (civilians with disabilities). Before then, the system of entitlements and the criteria were under the authority of cantons which all had different approaches to these problems: some had high and diverse rights to entitlements, others failed in defining even the fundamental rights or passing appropriate regulations. The process of preparation for implementation of the new model is underway for over a year and its full implementation will commence in 2006.

The constituent and necessary element of the programme of provision of financial benefits within the system, is the assessment of the level of disability which was elaborated in the previous section of the analysis. In line with the level of disability (determined per findings and opinion of the medical committee), programmes of assistance are implemented:

In the RS, persons with disabilities may receive the following entitlements:

- Financial benefits in the fixed monthly amount of KM 41.00, if beneficiaries are fully unable to work, have no other income and have no family members who are required to support them. Of the total number of beneficiaries eligible to this benefit, less than 10% (about 400 persons), receive this benefit on account of disability. Other beneficiaries are elderly persons who meet other eligibility criteria.
Additional benefit for assistance and care provided by another person is a model of assistance for all civilians with disabilities unable to exercise the right to this benefit on any other account, if they have severe physical disability or sensory impairment, mental disability ranging from mild to severe disability, multiple disabilities combined with mild, moderate or severe mental disabilities, suffering from autism, chronic mental illness resulting in loss of business capacity, if they are unable to move and perform the most essential activities without assistance provided by another person. According to the data available, about 6,300 persons are eligible to this type of assistance in the RS. This benefit is paid in the fixed amount of KM 41.00 per month.

Assistance for professional training of children and youth is a programme targeting children and youth with physical and mental disabilities which may be trained to perform specific types of work, in line with their abilities and their age, but are unable to get training on any other account. The programme is implemented through provision of financial support during the course of the training in the form of reimbursement of accommodation, transportation and training cost. Prior to introduction of inclusive education, the demand for this model was much higher. Today, it is used by persons with visual, hearing and speech impairments during their stay in specialised institutions and persons coming from communities which have no educational facilities, as well as students with disabilities, attending their studies outside the place of residence. At the moment, about 80 persons are eligible to this type of assistance. The amount of assistance ranges from KM 150.00 to KM 400.00.

The right to health insurance is the right exercised on the basis of payment of health insurance contributions for persons eligible to other forms of assistance under the domain of social protection, who are unable to get coverage on any other account. There is no accurate data on the number of persons with disabilities among persons eligible to this type of assistance. The amounts paid for contribution also vary, because the Health Insurance Fund of the RS did not regulate the method of calculation of contributions in a consistent manner.

One time assistance is a form of assistance which provides immediate intervention for the benefit of all persons in the social need, due to war-time trauma, inability to get employment, consequences of natural disaster, migration, repatriation, death of one or more family members, extended treatment in a medical institution, as well as upon release from prison. All of the situations listed here may also be experienced by persons with disabilities, who are at greater risk of poverty due to inability to get employment, payment of higher amounts for medical protection, purchase of aids and assistance in meeting the essential needs. The amount of one time assistance cannot exceed five times the amount of financial assistance, provided no more then twice a year per household. About 11,000 payments is made annually for this purpose, with about 30% paid to persons with disabilities.

These programmes are conceived at entity levels, but responsibility for their implementation is with the local communities. Within the existing system of social protection, there are no mechanisms of monitoring and control of application, nor are there any penalties for failure to comply. As a result, if often occurs that these forms of assistance are either not regulated or not disbursed to beneficiaries, due to lack of sensitivity of the local authorities to social protection and persons with disabilities. Lacking adequate resources to address all of the needs, local authorities prioritise, which often leaves social protection on the margin, and they "report to no one" for their failure to comply with the law.

The amounts of assistance for persons with disabilities are symbolic, insufficient for any practical purpose, degrading the assistance and often insulting the dignity of the very beneficiaries they are intended for. Some municipalities having more financial resources at their disposal, developed expanded forms of protection for persons with disabilities or increased mandated amounts. New models consider the principle which focuses on the need: higher needs means higher amount of assistance. These are often intended for persons with severe
disabilities and target specific needs, such as: purchase of aids, support provided to the family to compensate for increased costs of treatment and care, purchase of medicines, etc.

In the FBiH, as noted earlier, the model of provision of financial assistance is different, and it includes the following benefits:

- Personal disability benefit, which is the entitlement of each civilian with disabilities of a minimum of 60%, with the amount depending on the level of disability,

Table No. 1 Personal disability benefits for civilians with disabilities in the FBiH

<table>
<thead>
<tr>
<th>No.</th>
<th>Group of disability</th>
<th>Percentage of disability</th>
<th>Basic amount in KM</th>
<th>Ratio</th>
<th>Nominal amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I group</td>
<td>100%</td>
<td>213.00</td>
<td>70</td>
<td>149.00</td>
</tr>
<tr>
<td>2.</td>
<td>II group</td>
<td>90%</td>
<td>213.00</td>
<td>50</td>
<td>106.00</td>
</tr>
<tr>
<td>3.</td>
<td>III group</td>
<td>80%</td>
<td>213.00</td>
<td>39</td>
<td>73.00</td>
</tr>
<tr>
<td>4.</td>
<td>IV group</td>
<td>70%</td>
<td>213.00</td>
<td>28</td>
<td>60.00</td>
</tr>
<tr>
<td>5.</td>
<td>V group</td>
<td>60%</td>
<td>213.00</td>
<td>20</td>
<td>43.00</td>
</tr>
</tbody>
</table>

Introduction of personal disability benefits at entity levels substantially improved material position of persons with moderate and severe forms of disabilities and provided equal approach to provision of assistance, regardless of place or residence or a particular canton the beneficiary lives in. According to records of the Federation Ministry of Labour and Social Policy, until December of 2006, this right was exercised by 9,293 beneficiaries.

The analysis of effects and results of these new models in institutional protection of persons with disabilities in the FBiH (financial benefits) has not yet been done and it is impossible to discuss verified impacts on beneficiaries and communities. However, during the course of research of the procedure and the prior level of application of the law, many professionals participating in the procedure were interviewed, and they all agreed in the following:

- Medical approach dominates the process of assessment, putting the emphasis on physical disability as the only criterion in designation of status of a person with disabilities, which results in large number of claims and a large number of persons eligible to personal disability benefits,

- The procedure to exercise the rights under this model are very complex and highly bureaucratic (the claim is submitted to the centre for social work, the assessment is done by cantonal branches of the Institute, the decision in the first instance is made by the centre for social work, while the revision of the first instance decision is made by the Federation Ministry, which also makes payments of benefits, through the treasury system),

- The committees performing assessments are not networked with centres for social work for the purpose of provision of additional data to facilitate making informed decisions, because the only requirement for them is to follow the regulations detailing physical disabilities,

- Benefit for purchase of orthopaedic aids, is not one of the measures provided under the system of social security, and it falls under the area of medical needs and benefits,

- Additional benefit for care and assistance provided by another person is determined in the monthly amount, as a percentage of the basic amount, as follows: persons with disabilities requiring constant care to be provided by another person and unable to perform the essential activities without the assistance of another person, in line with the international classification of disabilities, are entitled to 70% of the basic amount, which totals KM 149.00 per month, while persons who are capable of performing some of the essential activities are entitled to 50% of the basic amount, of KM 106.00.

- Orthopaedic aid benefit is meant for persons who require this type of material provision, in line with the international classification of disabilities, and it equals 15% of the basic amount, or KM 32.00.
The basic amount and the monthly amounts of benefits are harmonised at the beginning of every fiscal year, in line with the instruction of the Federation Minister of Labour and Social Policy, in proportion to the amount of GDP per capita, as declared by the Federal Office of Statistics. The responsibility for provision of funding and payment is with the FBiH.

- Cantons may define other forms and programmes of entitlements and expand the existing forms in proportion to their material resources and needs of persons with disabilities.
- Like in the RS, the significant number of beneficiaries entitled to permanent financial assistance are persons with disabilities. The amount of assistance differs in different cantons and ranges from KM 114.00 in Sarajevo Canton to KM 25.00 in Posavina Canton.
- In addition to these models of financial benefits in the FBiH, equally as in the RS, there is also the right to professional training, as well as the right to one time assistance and other forms of assistance as defined by municipal and cantonal regulations. Benefits for training in independent living and professional training are provided to only 36 persons with disabilities in Sarajevo Canton, 4 persons in Bosnia Podrinje Canton, while in other cantons, these benefits are not available.

Within the system of child protection in the RS special benefits were put in place to provide support to children with physical and mental disabilities. Most important forms of these benefits are:

- Child support benefit in the increased amount is provided for all children with disabilities up to the age of 19, who are not placed in specialised social welfare institutions,
- Compensation of salary payable to employed parents of children with disabilities working part time, by providing part time employment opportunities, with payment of compensation up to the full amount of pay, provided by the Public Child Protection Fund,
- Organised summer vacation for children in seaside resorts, to either go on their own or with parents.

The child protection system is not properly regulated in the FBiH, with a lot of independence given to cantons in developing their own policies, which some of them did. Therefore, there is no unique approach.

### 5.1.2. Protection of veterans

The system of protection of veterans is largely focused on provision of assistance to persons with disabilities, members of military units whose disabilities were caused by war or events related to military action. The purpose of these benefits is to provide compensation for loss of capacities which did not occur as a result of a person's free will or a disease, but rather occurred as a result of completion of duties mandated by the instruction and the order of the state. The system thus demonstrates appreciation to military personnel by the government and the society as a whole, because they became disabled. This system recognises ten categories of disabilities, ranging from 20% to 100% disabilities. The level of income varies depending on the level of disability. There are no differences among cantons in the process of assessment, and the differences in designation of level of disability are almost non-existent.

- Personal disability benefits are benefits exercised by the disabled veterans on account of the level of impairment to their bodies which resulted from wounds or injuries suffered in armed conflict, or wartime or peacetime military action without any personal culpability.

For the purpose of clarity and easy comparison, the amount of personal disability benefits are presented in the table below:
Table No. 2  Amounts of benefits – personal disability benefits of disabled veterans

<table>
<thead>
<tr>
<th>No.</th>
<th>GROUP OF DISABILITY</th>
<th>Basic amount in KM</th>
<th>Ratio of the basic amount</th>
<th>Nominal amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FBIH</td>
<td>RS</td>
<td>FBIH</td>
</tr>
<tr>
<td>1.</td>
<td>I– 100% I degree</td>
<td>734.00</td>
<td>468.00</td>
<td>100</td>
</tr>
<tr>
<td>2.</td>
<td>II - 100%</td>
<td>734.00</td>
<td>468.00</td>
<td>73</td>
</tr>
<tr>
<td>3.</td>
<td>III- 90%</td>
<td>734.00</td>
<td>468.00</td>
<td>55</td>
</tr>
<tr>
<td>4.</td>
<td>IV –80%</td>
<td>734.00</td>
<td>468.00</td>
<td>43</td>
</tr>
<tr>
<td>5.</td>
<td>V - 70%</td>
<td>734.00</td>
<td>468.00</td>
<td>32</td>
</tr>
<tr>
<td>6.</td>
<td>VI- 60%</td>
<td>734.00</td>
<td>468.00</td>
<td>18</td>
</tr>
<tr>
<td>7.</td>
<td>VII- 50%</td>
<td>734.00</td>
<td>468.00</td>
<td>13</td>
</tr>
<tr>
<td>8.</td>
<td>VII- 40%</td>
<td>734.00</td>
<td>468.00</td>
<td>7</td>
</tr>
<tr>
<td>9.</td>
<td>VIII-30%</td>
<td>734.00</td>
<td>468.00</td>
<td>6</td>
</tr>
<tr>
<td>10.</td>
<td>IX -20%</td>
<td>734.00</td>
<td>468.00</td>
<td>5</td>
</tr>
</tbody>
</table>

In the RS, differences in nominal amounts in comparison with the basic amount result from application of the Decision on Ratios for Designation of Monthly Financial Benefits, according to which the ratio was determined in the amount of 0.85, which means that the amount payable for these benefits is decreased. Until March of 2006, the situation in the FBiH was similar and the benefits were paid according to the ratio of 0.96. However, in March of 2006, the amount of ratio was changed to 1.

Based on the data presented here, it may be concluded that the amount of personal disability benefits payable to disabled veterans in the FBiH are about 84% higher than those payable in the RS. When compared to the amount of personal disability benefits paid to disabled civilians (Table 1), it is obvious that these differences are actually much higher, since nominal amounts payable are almost five times higher.

- Additional benefit for care and assistance provided by another person is a model of financial assistance intended for the benefit of disabled veterans in categories one to four, who are incapable of performing essential activities without the assistance provided by another person. The amount of this benefit is closely related with the level of disability.

There are three categories of beneficiaries of this entitlement. The first category includes persons with the most severe disabilities who require permanent assistance and care to be provided by another person. Their benefit amounts to 100% of the basic amount or KM 734.00 per month. The second category of beneficiaries includes persons with military related disabilities ranging from 80% to 100% combined with other disabilities, resulting in a total disabilities equal to those of disabled veterans in the first group, and the first degree. The amount of benefits this group is entitled to equals 70% of the basic pay, or a total of KM 514.00. The third category includes disabled veterans in II, III and IV group, whose disabilities are equal to disabilities of disabled veterans in the first group, in the second degree, who are entitled to 50% of the basic amount, which totals KM 367.00.

In the RS, these entitlements are regulated in the same way, but the amounts are different, which is the result of different amount of the basic pay (the same as the amount applicable to personal disability benefits) and different ratios of the basic pay. The first degree is entitled to 86% of the basic pay (at the moment, KM 342.00), the second degree is entitled to 66% of the basic pay (263.00 KM), while the third degree is entitled to 46% of the basic pay, or KM 183.00.

It is obvious that great differences remain between entities in the amounts of these benefits, just as it was the case with personal disability benefits. Differences between entitlements of disabled veterans in two entities are great, with beneficiaries in one entity being entitled to double the entitlement of the beneficiaries in another entity, while comparison of the
entitlements of military and civilian beneficiaries shows that military beneficiaries get what is equal to three times the amount of the entitlements of civilians.

- Orthopaedic benefit is a mechanism of protection meant for disabled veterans who were assessed to have military disability resulting from physical impairment directly resulting from a wound, injury, disease or deterioration of a disease, which lead to amputation of extremities, or severe impairment of function of extremities, or loss of eyesight of one or both eyes or enucleation of one eye.

There are three categories of disabilities in the FBiH, depending on severity, type and cause of disabilities, with the amounts of benefits defined in accordance with these criteria. The amount of entitlements of the first category is 29% of the basic amount, or KM 213.00, the amount of benefits for the second category is 22% of the basic pay, or KM 161.00 and the amount of benefits for the third category is 17% of the basic pay, or KM 125.00.

There are four categories of disabilities in the RS, as follows: the first category - 29% of the basic amount, or KM 115.00, the second category - 22% of the basic pay, or KM 88.00, the third category - 14% of the basic pay, or KM 56.00, and the fourth category - 7% of the basic pay, or KM 28.00.

This form of entitlements also reflects big differences among entities, of as much as five times.

- Family disability benefits

In both systems of protection of veterans, families of deceased disabled veterans in categories one to four can be entitled to financial benefits if they lived in the same household with the disabled veteran until his death. It amounts to 20% of the basic amount in the RS and 100% of the basic amount in the FBiH.

- In addition to mechanisms of financial benefits mandated by the law, cantons and municipalities may provide other forms of financial benefits, which are regulated by internal and local decisions detailing purposes of financial benefits aiming to meet individual needs of disabled war veterans.

5.1.3. Civilian war victims

Institutional models available for provision of assistance to civilian war victims in Bosnia and Herzegovina are placed within two systems: in the FBiH, in the system of social protection, as a separate segment, and in the RS, in the system of welfare of disabled veterans. Depending on sectors these benefits are placed within, the procedure of assessment and designation of assistance apply. Separate treatment of this category of persons with disabilities is understood as a part of the practice carried over from the previous system and as an attempt of the state to compensate for the loss of capacities which occurred as a result of abuse, imprisonment during war, explosion of remaining unexploded ordnance, sabotage or terrorist action. Eligible beneficiaries have a minimum disability of 60%.

In both entity systems civilian war victims are categorised into 6 categories, with disabilities ranging from 60% to 100%, and their entitlements are determined depending on specific disabilities of a particular person. Differences are present in competencies of committees doing assessment and the amounts of entitlements, depending on which entity beneficiary is in. In the FBiH, the assessment is done by the Institute committees, in cantons, while in the RS, the assessment is done by the committees operating within the system of welfare of veterans.

Pursuant to the law in effect in the FBiH, financial benefits to civilian war victims are determined in the fixed amount of 70% of what is provided to categories of veterans, so the personal disability benefit amounts to 70% of the personal disability benefit paid to a disabled veteran and the same applies to other benefits as well. In the RS, civilian war victims are entitled to 90% of the average pay, with the percentage decreasing for less extensive disabilities. The overview of types of benefits and their amounts in the FBiH and the RS will be presented in the following text:
Table No. 3 Personal disability benefits paid to civilian war victims

<table>
<thead>
<tr>
<th>No.</th>
<th>GROUP OF DISABILITY</th>
<th>Basic amount in KM</th>
<th>Ratio of the basic amount</th>
<th>Nominal amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FBIH</td>
<td>RS</td>
<td>FBIH</td>
<td>RS</td>
</tr>
<tr>
<td>1.</td>
<td>I</td>
<td>100%</td>
<td>I degree</td>
<td>514.00</td>
</tr>
<tr>
<td>2.</td>
<td>II</td>
<td>100%</td>
<td>514.00</td>
<td>73</td>
</tr>
<tr>
<td>3.</td>
<td>III</td>
<td>90%</td>
<td>514.00</td>
<td>55</td>
</tr>
<tr>
<td>4.</td>
<td>IV</td>
<td>80%</td>
<td>514.00</td>
<td>43</td>
</tr>
<tr>
<td>5.</td>
<td>V</td>
<td>70%</td>
<td>514.00</td>
<td>32</td>
</tr>
<tr>
<td>6.</td>
<td>VI</td>
<td>60%</td>
<td>514.00</td>
<td>18</td>
</tr>
</tbody>
</table>

If the existing law in the RS was complied with, the amount of disability benefits would range between KM 140.00 and KM 480.00 which would be much favourable in comparison with the FBiH. However, lacking necessary financial resources, the RS Government and its relevant ministry passed a decision to decrease the basic amount, and as a result, civilian war victims are getting much less entitlements then those mandated by the law.

- The additional benefit for care and assistance provided by another person in the RS is the entitlement of a civilian war victim in the first group of disability, and it amounts to 80% of the amount of the personal disability benefit paid to the civilian war victim in the first group. Nominal amounts are paid at the total of KM 186.00 and KM 181.00.

In the FBiH, this financial benefit is determined in the monthly amount of 70% of the monthly amount of orthopaedic benefit provided to disabled veterans of the appropriate level of disability, with 50% of the amount provided from the budget of the Federation and the remaining 20% provided from canton budgets. This benefit is paid to persons with disabilities in categories I to IV who require assistance of another person in performing essential activities.

- Orthopaedic benefit is also an entitlement, just as is the case in other systems, paid to civilian war victims whose physical disabilities occurred as a result of direct consequence of a wound or an injury which caused amputation of the extremity, severe impairment to the function of the extremity or total loss of eyesight of both eyes. As other benefits, this benefit as well is determined in the FBiH as a monthly amount totalling to 70% of orthopaedic benefit provided to disabled veterans depending on the level of their disabilities. In the RS, this secondary instrument of protection is not in place.

5.1.4. Other models of financial assistance

All three of the listed systems, in addition to the existing system of financial benefits, also include other models which partially differ from one another, depending on the system.

- The systems of welfare of veterans in both entities include benefits for family members of deceased disabled veterans, provided as family disability benefits, increased family disability benefits and the assistance in the event of death.
- Civilian war victims in the RS are also entitled to entitlements for family members who are unable to work, benefits for single parents and special additional financial benefits.
- Within the social protection, basic additional forms of financial models are one time financial assistance and in-kind assistance for various purposes.

5.1.5. Basic characteristics of the existing models of financial benefits

- The previous overview reflects differences and similarities of systems, approaches and positions, when it comes to fundamental social rights of persons with disabilities. Designation of types and amounts of benefits depending on causes of disabilities lead to divisions and polarizations among persons with disabilities, but also among professionals involved in provision of services and planning. Necessity of a unique approach which would focus on severity of disability and needs, rather than on causes of disability is being increasingly advocated. The need for a state and its institutions to
compensate for disability which occurred as a result of a war and suffering of civilians and soldiers alike is understandable within a context of a different system, but not within a system of social protection, regardless of its structure or organisation.

- Individual approach to a particular condition and analysis of severity of disability should be basic approach in the process of assessment and the process of provision of financial benefits, while group categorisations leave room for manipulation of the system of support and its misuse and do not respond to specific needs of individuals.
- There are no open efforts to advocate choices in provisions under individual models, such as the option to use additional benefit for care and assistance. Strengthening and organisation of persons with disabilities themselves, lead to vocal initiatives advocating freedom of choice.
- The situation is particularly difficult in the area of social protection in the RS, and financial benefits are substantially behind what is provided in the region. It is becoming a priority to develop a unique approach in the process of assessment and definition of basic benefits of a much larger scope and scale.

5.2. Treatment in specialised institutions

In addition to financial benefits as the most important and the most common traditional institutional model, provision of care for persons with disabilities within specialised institutions of social welfare and healthcare, as well as in some educational institutions with boarding capacities, represents a basic model which made the system of social protection recognisable in its treatment of persons with disabilities. Certainly among the most important measures favoured by the system were these two models, while social work services and organisation and support to capacity building were completely marginalised. As a result of such approach, a number of institutions emerged which were of national significance, and most of these emerged within the system of social protection. However, one should not ignore the institutions operating under different systems. For instance, specialised hospitals for treatment of muscular and neuromuscular diseases developed capacities for accommodation and education of children and youth with disabilities and within hospitals for chronic patients suffering from mental illnesses wards were opened which had all of the features of social welfare institutions, which provided permanent accommodation to persons with mental health problems, but also to persons experiencing family and social situations which could not be treated in the open community. In addition, within educational institutions for education and training of children and youth, boarding capacities providing accommodation and care for children during schooling were put in place.

Following the recent war all of the institutions maintained their activities and did not lose their beneficiaries, nor did they change their purpose, even despite very difficult conditions for their survival. Such situation is a result of extraordinary enthusiasm and dedication of persons working in those institutions.

There is a complete agreement among the professionals that these institutions have to remain in existence to provide accommodation to persons with disabilities, though the emphasis should be put on accommodation within a family, if possible, and if not, then the placement in institution can and will meet the needs of these persons.

5.2.1. Institutions in the RS

Four classic institutions of social welfare operate in the RS today. Their scope of activities is stipulated by the RS Law on Social Protection and their founder is the RS Government. The Ministry of Health and Social Welfare is the responsible state institution which provides oversight and ensures operation of these institutions in line with the law. All of these institutions were established in line with the law on public services. They are managed by director, in
addition to management and supervisory boards appointed by the founder. They are funded from the revenue collected from their beneficiaries, subsidies of the Ministry of Health and Social Welfare for reconstruction, construction, adaptation and development from their own production and from other sources (projects of support funded by donors and humanitarian assistance).

A detailed overview of activities, number of beneficiaries and prices are presented in the Annex No. 2.

The basic activity of these institutions is provision of care for beneficiaries, which includes: provision of accommodation, food, clothing, care, health protection, training in particular activities, working/occupational, cultural/entertainment and recreational/rehabilitation activities, social work services, personal development and education.

The following persons are entitled to accommodation in an institution intended for persons with disabilities:

- Children with mental disabilities ranging from mild, moderate to severe disabilities, children with multiple disabilities, autistic children and children with physical disabilities who cannot be cared for by their families, for as long as they require this form of protection;
- Adult persons with disabilities who have physical and sensory impairments, severe chronic diseases, persons with mental disabilities who are unable to live independently within their families as a result of unfavourable health, social, housing or other family circumstances and persons with behavioural disorders.

Residents of these institutions are often placed for an extended period of time (most of them stay for the rest of their lives and a negligible number is reintegrated into their families). During the course of their stay in an institution, their connections with their primary families are severed, decreased or less intense, their communication with foster caretakers are weak and institutions who are responsible for them and who placed them into an institution (CSW) maintain very superficial connections by occasional visits. The effects of placement in an institution are mainly not contemplated nor are other options explored for reintegration into the family, either due to poor family resources or even lack of a family. The life inside is completely collectivised, individuality is not encouraged and further development often stops, stagnates or even regresses, as a result of a lack of stimulation.

Due to a large number of beneficiaries and meagre material resources, organisation of everyday activities is focused on meeting the basic needs, hygiene and care, while occupation, working and creative engagement are reduced to modest individual activities.

All institutions experience problems in maintenance of their old facilities and organisation of professional work which is the result of lack of professional staff, but also lack of investment in training and professional development of the existing staff.

Professional oversight in institutions is non-existent, nor are there other forms of organised support to development and organisation of approach which would enable more involvement and better quality of life of beneficiaries.

Substantial share of resources of institutions relates to working programmes which focus on food production and which engage beneficiaries themselves, through working occupation. Only one institution (Institute for the Blind in Derventa) has educational facilities in which blind and partially sighted persons are trained in specific occupations.

The current capacities of institutions of social protection do not meet the needs, especially not the needs for provision of permanent care to chronic patients with mental illnesses who are not in acute phase and emphasis is now put on social rehabilitation. One institution providing those services to a limited degree is re-registered into psychiatric hospital (Jakeš near Modriča) and its capacities are very limited, addressing the needs only partially.
In addition to problems with maintenance of facilities and organization of professional development, there are also problems in the area of provision of healthcare services and use of such services in terms of financial sustainability, because centres for social work accumulated substantial debt for support of the beneficiaries.

In addition to social welfare institutions, educational institutions need to be mentioned as well ("Protect Me" Centre in Banja Luka and Centre for rehabilitation of hearing and speech impairments in Banja Luka), because they also represent a part of the institutional system providing care to children with disabilities.

5.2.2. Institutions in the FBiH are ahead, both in terms of their number and their capacities to perform their activities. As a result of ample humanitarian assistance and dedication of staff, the facilities were reconstructed and institutions were equipped and are now capable of providing specialized professional work of a much better quality. In the complex administrative structure of the government in the FBiH, some of these institutions still do not have their founder identified, so they are forced to provide conditions for their operations themselves, without any support from the organized government structures.

The Law on basis of social protection, protection of civilian war victims and protection of families with children, did not deal with the activities and operations of these institutions in much detail. Instead, it is up to cantons to regulate these, and in the event of establishment of institutions of significance to the FBiH, their operations are then regulated by regulations of the Federation. However, their activities were carried over from the previous period, because all of these institutions have decades of tradition, similarly as those operating in the RS.

In addition, just as is the case in the RS, certain number of institutions in the area of education provide social in addition to educational services. Such are the institute in Mjedenica in Sarajevo, “Vladimir Nazor” Centre, and other such institutions.

These institutions have problems with accumulated debt, problems with organization of professional work and provision of medical services and lack of professional oversight and support.

Overview of these institutions with basic details on their activities, beneficiaries and staff is presented in the Annex 3. It needs to be noted here that in addition to these institutions, many other institutions providing care for elderly persons also have persons with disabilities among their residents, thus the number of persons with disabilities who are placed in institutions in general, exceed the number of persons with disabilities placed in institutions intended for them.

5.2.3. Institutional Accommodation in Bosnia and Herzegovina characterizes a set of common and specific features as a product of inherited and current circumstances within which they exist and work. For this analysis, a detailed examination of features has not been carried out; the data have been collected through unstructured interviews with each institution aimed at obtaining basic information which would critically indicate the condition and set course for future policy. The accent of the interview has been placed upon spatial conditions, personnel, beneficiaries, and links with the founders and community, as well as upon elementary problems that the institutions have been facing.

- All institutions have been in the system of social welfare and have been applying current legislation in this field. Although a founder has not been defined yet for three institutions in FBiH, including the responsibility for their existence, operations and public performance, all institutions comply with the legal and valued principles and carry out their activities responsibly. The institutions are of an open type: a beneficiary comes in, the gate is open, whereas for special cases there are wards of closed type. All institutions have fences which reflect the closed character of the system and distinctions in terms of the community.

- The basic feature of the institutional accommodation is a large-scale capacity: institutions have 200 to 400 beneficiaries, what attaches a special aspect to the life of a
beneficiary (a high degree of collectivism and full belonging to the community with barely expressed individualism, and exclusion from the environment).

- Primary beneficiaries in the institutions are persons with disabilities, primarily with mental retardation, often combined with other impairments as to the senses or impediments to body. The degree of the disabilities ranges from moderate to severe, with very rare cases of mild mental retardation. In recent years, all institutions have been required to admit persons with chronic mental illnesses in stages of remission who, due to family, health, social or other circumstances, need the accommodation in an institution. All institutions in FBiH have assigned a portion of their capacities to these beneficiaries, while in RS it has not been the case, and they deal with them on the basis of a special case. Requests for admission of these beneficiaries prefer guard and care; however, due to the high risk of illness, it is necessary to involve the health care system. The admission of the beneficiaries is not followed by contracting services within the health care, so the institutions have a large number of problems with provision of health care services.

Amongst the beneficiaries, around 20-30% of them are persons with severe difficulties with movement (immobility and paralysis), which additionally produces a need for total adaptation of all facilities and contents.

All institutions insist upon classification of beneficiaries, their registration and having guardians if they are incapacitated in terms of business abilities.

Due to diversity of beneficiaries, the work structure has been adjusted and established depending upon the severity and type of disability. There are wards for "milder" beneficiaries, more severe beneficiaries and special wards for mentally ill patients, with dementias, apoplexy, and similar.

- Most of the institutions accommodate adults (above 20). Only in Prijedor, Pazaric and Drin there are children, mainly with severe disabilities. The largest number of beneficiaries ranges between 40 and 60 years of age.
- Several institutions draw the difference in terms of sex and accommodate either male adults (Prijedor) or female adults (Višegrad).
- The accommodation of beneficiaries in the institutions has been mostly dealt with by centres for social work (80%) which also bear accommodation costs. Some institutions insist that a centre (Pazaric) stand behind each accommodation unfailingly, whereas there are cases in which a family negotiates the accommodation directly with the institution. Institutional accommodation, by rule, is approached when all other possibilities of home accommodation have been exhausted or when the health condition of a patient is such that he/she is unable to live within a home milieu or alone. It directly affects the duration of the accommodation of a patient in the institution who frequently stays there for life. The average duration ranges between 15 to 20 years. These long confinements have led to a full institutionalisation of the beneficiary (complete adaptation and loss of real connections with open environment).
- Beneficiaries leave the institutions and visit families on weekends, holidays, vacations, and the final return home is very rare. Some Homes (Bakovic and Drin), within their own work programmes, particularly develop centres or homes for accommodation, with a support within which the beneficiaries are being prepared and trained for independent living or family life.
- Spatial conditions vary among institutions. Some institutions have fully met the prescribed standards while others have been overburdened and lack conditions needed for a full development of their activities. The most difficult situation is in the House in Prijedor, affected by aging and spatial inadaptability, old infrastructure, lack of equipment and old and damaged equipment, poor sleeping and living conditions and a general lack of adaptability to the need of beneficiaries: large dormitories with a capacity for 8 - 10 beneficiaries, joint sewage network, lack of personal accessories (closets, personal belongings), joint living rooms for a larger number of beneficiaries, etc.
Age of institutions is 40, on the average, and the deterioration extent of some of the facilities, regardless of renovation, is enormous due to intensive use. In particular, the problems lie with water and power supply infrastructure whose renovations do not produce results for thorough repairs are needed.

Contents inside the facilities are different: dormitories, sewages, living rooms, kitchenettes, laundry rooms, kitchens, creative work workshops, manual work workshops, sport activities, whereas the larger portion of space in each institution is dedicated to food production (economies, farms, orchards, etc.), as well as to horticultural activities (yards, flower gardens, promenades, etc.).

- The institutions employ personnel of different business profiles and education. The largest number of employees include care takers and medical staff with secondary education, followed by cleaning staff and manual workers. On the average, one employee covers 2.5 to 4 beneficiaries. Each institution invests efforts into setting up a multi-disciplinary team comprising social workers, psychologists, special-education teachers, pedagogues, law practitioners and other specialists, whose job would be to create a highly specialised work structure and deliver quality services to beneficiaries. Unfortunately, some institutions have not been able so far to hire specialised personnel or have not prioritised them. The most deficient profession is the one of a special-education teacher. Only the Institute in Pazarić hires one.

- So far, education of personnel in the institutions has been largely conducted by international organisations who attempted, through their own programmes, to elevate the level of their professional skills to help them in dealing with extremely difficult and demanding jobs, as well as to highly humanise their relations with beneficiaries. Not a single institution has provided either supervision over personnel or life-long education programmes for them. Years-long dealing with difficult and responsible tasks leads to tiredness and “weariness”; the syndrome of burnout is an always present side effect.

However, regardless of the facts witnessing of difficult work conditions and insufficient support, the personnel has been investing extraordinary efforts to carry out the work devotedly. Besides day-to-day guard and care and enhanced hygiene of the facilities and beneficiaries, much attention has been paid to involving beneficiaries in various activities. Occupational activities are carried out within various workshops (art, music, folk and ethno, sports, entertainment, playing and dancing, computers, therapy groups and communities, education, etc.). Work activities are carried out through engagement in maintenance of hygiene of the kitchen and dining room, reception desk, then, works in horticulture and agriculture fields, bakeries, craftsman workshops, etc.).

Qualified personnel strives toward enhancing individual work with beneficiaries as well in the manner in which they assist them in adaptation upon admission, perform months-long observations and assessments, develop individual work plans, follow up on their realisation and carry out reviews. Much of the attention has been devoted to co-operation with the family and maintenance of ties wherever it is possible, as well as to beneficiary personality and self-awareness building.

- Centres for social work are basic partners to the institutions in their work and keeping ties with the origin of a beneficiary. Major problems as to this partnership have occurred in connection to beneficiary accommodation costs payment. A number of centres has failed to settle debts on a regular basis, particularly in the post-war period, whereby relations were disrupted, court proceedings were instituted, etc. In the past year, the situation improved significantly, debts were cut and mutual understanding was established, and, according to all institutions, the co-operation with centres for social work has been significantly improved.

- The co-operation with the founder (where existing) has been multiple. In RS, the Government as the founder, both directly and via the Ministry of Health and Social Welfare, has been supporting institutions in reconstruction, adaptation, overheads and accommodation of other defined and agreed needs. This Ministry passes decisions on
the accommodation cost in agreement with institutions. In FBiH, the only defined founder is the Sarajevo Office for Social Welfare of Persons with Disabilities and other Persons. The Canton Sarajevo Assembly established this institution in 2004. The Canton has been providing a significant support to ensuring salaries and benefits to all employees, whereas overheads are covered by accommodation costs.

Other institutions in FBiH have established the co-operation with the Federation Ministry of Labour and Social Policy only through reporting.

The founders have not developed surveillance system or any kind of control, supervision over or expert support to the operations of the institutions. It all comes down to occasional visits, correspondence and reporting. This forms a problem to institutions and, in practice, leads toward misunderstanding in service contracting, problem solving, development planning, etc.

- Basic problems occurring in the operations of the institutions are as follows:
  
a) Defining institutions’ founders in FBiH and transfer of responsibility onto founders;
  
b) Deterioration extent of some facilities, their inadaptability and lack of equipment needed by beneficiaries as well as new approaches to the work with beneficiaries where the beneficiary individuality and integrity is significantly underlined;
  
c) Lack of specialised personnel, what negatively affects the richness and quality of services provided to beneficiaries and produces work stereotypes;
  
d) Undeveloped education and personnel professional development programmes as well as supervision over and work support to personnel;
  
e) Undefined relations with the health sector as well as standards and mechanisms to provide health care (medical supervision, medicines, medical aids, hygienic and orthopaedic materials);
  
f) With some institutions, a major problem lies in management and its unwillingness and incapability to perform managing operations. Those are situations in which material assets development is preferred over direct work with beneficiaries and improvement of their living conditions, thus placing the work structure, service quality and care for beneficiaries on the margin. Direct implications of such management reflect in poor living conditions. Direct consequences of such management are poor living conditions, lack of organisation, disorientation and neglect of the beneficiary, wandering around, leaving facilities, idleness or apathy of the beneficiary or full collectivisation and complete loss of the identity by the beneficiary;
  
g) The issue of the ownership of the facility has not been defined as to some institutions, which therefore overburdened with the problem of obtaining funds for lease, which could be otherwise used more rationally for the improvement of their work.

5.2.4. In other systems institutional models of accommodation have not been developed. On account of fully understanding the approach, it is necessary to indicate that a number of war veterans with disabilities, with a higher degree of disability, (mostly paralysed, immobile persons with severe mental disorders) have been accommodated for a longer period in medical rehabilitation centres, not only in Bosnia and Herzegovina but also in Serbia, Montenegro and Croatia. The accommodation represents a part of medical services within a tertiary health care. It is characterised by long-term hospitalisation, loss of individuality and ability to independently judge on leaving the centre, then, loss of connection with family and inclination to hospital-related habits and thinking. Return to the family, for many of them, becomes a huge burden.

5.2.5. The system of social protection envisaged the accommodation of persons with disabilities with other families under the same conditions as of those in an institution. This model has been viewed throughout the world as more rational and more humane for beneficiaries, but in our country, it has not been developed when persons with disabilities are in question. Seldom are the cases of a true success with foster families, and it has not been possible to obtain data on the number and locations for the purpose of this research.
Exceptions are the cases of accommodation with another family during education in specialised institutes and during vocational training. In these cases, schools or centres for the rehabilitation of children coming from other places have introduced the family accommodation in the manner in which they find foster families for them during their education, instead of placing them in boarding schools. The process of preparation and work with those families requires extensive education to help them respond to specific needs of those children.

5.3. Professional Rehabilitation and Employment

Institutional models in this field have been developed in the section of labour and employment within the sector for social protection.

Social protection refers to institutes for vocational training of children and youth identical in both Entities, and it has been explained in the part referring to monetary benefits in social protection, whereas the work and employment of persons with disabilities have been legally defined by Labour Laws, Laws on Pension and Disability Insurance and specialised legislation such as the Law on Professional Rehabilitation, Training and Employment of Persons with Disabilities.

5.3.1. Labour and Employment

Basic principle of institutional models regarding labour is the principle of non-discrimination, that is, a worker as well as a person seeking employment, may not be placed in an unequal position in terms of exercise of his/her right to work and employment due to a bodily or mental health condition. A person who believes that his/her right has been denied on the basis of discrimination is entitled to court protection.

A worker injured at work or who became ill due to professional activities cannot be given letter of appointment termination notice, regardless of whether the worker entered into permanent or temporary employment. The period of incapacity due to a health condition is not calculated in the period of validity of the employment agreement. A worker who recovers after the medical treatment is entitled to return to the job that he performed prior to occurrence of incapacity due to a health condition or to another job which responds to his/her professional and health abilities. If the employer is unable to provide that, measures contained in the pension and disability insurance are taken.

To what extent the existing institutional models, legally regulated, provide for non-discrimination is unknown, for there are no researches and studies conducted about the application extent of certain legal provisions. It is certain that employers in our countries use different methods to let go of the workers who sustained injuries or became disabled at work, without being sanctioned at all. In the time of a major economic crisis when unemployment rates are high and the supply of manpower is way above the demand, the existing models of protection and safety at work have been breached on a daily basis.

Both Entities have been trying to redesign and reform their programmes and legislature in the field of employment in general. Parts of their policies which refer to employment of persons with disabilities indicate that there is a commitment to taking measures to prioritise and promote them in terms of employment. However, practically there are few proofs to a general and systematic policy or programmes aimed at this part of population. One of those institutional models is the Law on Professional Rehabilitation, Training and Employment of Persons with Disabilities that was passed in 2004 in RS. The basic purpose of this Law is to provide an institutional framework which would enable development and application of specific programmes that deal with professional rehabilitation, training and employment of those persons in an open market and under special terms supported by the state and ensured by institutional privileges that stimulate employment of persons with disabilities. The whole process has been arranged at one place: from defining the disability and diminished business capacity through a new approach to professional rehabilitation which is also organised and
carried out in the regular system of education with the application of specialised measures and activities to the employment of persons with disabilities at open market under general conditions and with clearly defined responsibilities of social and state structures, and under special conditions in companies and institutions which are established to that end. This model includes also the establishment of of a special Fund for professional rehabilitation and employment of persons with disabilities as a public institution established by the Government of RS, tasked with implementation of policies of development and enhancement of of professional rehabilitation and employment of persons with disabilities, co-funding or funding stakeholders, performing financial transactions while paying incentives and carrying out supervision of the implementation of programmes using funds intended for employment of these persons.

During two years of the implementation of this Law, first results were registered. The number of companies to employ persons with disabilities has doubled. Several dozens of private companies have requested for privileges on account of employment (customs, contribution refunds), a process of a single record keeping of employees has started, and certain funds have been accumulated aimed at providing privileges to employers.

Along with this institutional change, the policy of the employment bureau has changed in terms of providing better services in job seeking, counselling services and support to programmes which employ vulnerable groups. One of the key problems is the lack of qualified personnel specially trained for the work with persons with disabilities. There is a growth tendency in terms of launching private businesses for employing these persons by themselves; however, there is no one to provide them with professional assistance as to what kind of activity they may develop, what is the market interested in and where to obtain such information. That requires a development of a completely new approach in the field of labour compared to the existing one dominated by keeping record and mediation.

5.3.2. Pension and Disability Insurance

Several models have incorporated into the system of the pension and disability insurance in reference to persons with disabilities:

- Adequate employment and job in terms of capacity and qualifications. It means that persons with disabilities with remaining business capacity are entitled to adequate job in accordance with their capacity and qualifications;
- In case that a worker cannot respond to requirements of the job due to a disability, he/she is entitled to be trained for another job upon the evaluation of his/her business capacity need for that post;
- Prevention of a disability includes reallocation of a worker to another job in case when there is a threat to his/her health;
- Monetary compensations are an institute which protects the financial security of a worker who acquired the right to reallocation on the basis of the remaining business capacity or right to re-training or additional training in the manner in which the worker obtains compensation to the salary from the date of occurrence of his/her disability to the moment of reallocation to another job or position or training through re-training and additional training;
- Disability pension is model of protection of workers who have lost their business capacities due to disability as a result of an illness, injury, etc. The amount of a disability pension directly depends upon the length of pension years, manner of infliction, gender of the worker and calendar year to realise the disability pension. After the death of a holder of the disability pension, members of the family (widow/widower, under-aged children and parents are entitled to this right to ensure their existence.

The disability pension in Bosnia and Herzegovina has been enjoyed by around 106,500 pensioners. (35,600 in RS and 70,900 in FBiH).
5.4. Education and Inclusion;

System of education of children and youth with developmental disabilities in Bosnia and Herzegovina, until several years ago, was going on according to two models. The first one was carried out through the regular education system which could be attended by children with bodily disabilities with the support of their families and environment. The second model is education in special schools and institutes for special types of disability (visually and hearing impaired, mentally disabled, etc.), and through special schools or sections within regular schools for children with mental disorders, primary at both levels of education (elementary and secondary). In schools divided in this manner children with developmental disabilities were segregated, marked and isolated, what created problems in integration and becoming independent. Despite these bad sides, these models also had some advantages. Basic advantages were in the adaptability of programmes to children's abilities, in a positive climate of equality and identification easily accepted by professional personnel, that is special-education teachers (specialised pedagogues).

In the last three years, the system of education in BiH was reformed, including largely the education of children with special needs – it became institutionally regulated. The reform ensured that the education of children with special needs be carried out in regular elementary and secondary schools in line with structural forms that ensure their inclusion, based upon recommendations of the committee for evaluation or expert teams at schools. A child with a special need overcomes in school a curriculum which is regular or adapted to his/her needs, individual actions, supported by additional assistance of an expert team.

Children with moderate or combined developmental disabilities are educated in specialised institutions equipped to educate such children, or in special sections for children with special needs of regular schools, based upon recommendations of an expert team in line with the law.

The new system encounters a set of problems in its implementation. Most of them are linked to lack of capacities of schools for taking upon new responsibilities and lack of training of personnel who need to respond to specific needs of those children. The process of planning of inclusive teaching should comprise preparations of physical conditions inside schools, preparations of environment and creation of a positive climate for the implementation of inclusion, training teachers and hiring new, specialised staff, as well as preparation of children themselves and their families.

5.5. Rehabilitation in Community, Daily Care and other Services in the Field of Social and Health Protection

The existing systems of health and social protection several approach can be recognised, which may be called institutional models. They have been mainly connected to all beneficiaries, whereas only in a few features they have been aimed at persons with disabilities. This analysis has no space for further elaboration on this matter; they will be mentioned but only in connection to cases which involve the new models to be separately explained.

- Health protection is accessible to all persons with disabilities under the regulations in health insurance and protection. Compulsory health insurance has been provided by certain systems, depending upon which system basic rights are exercised in.
- Orthopaedic aids, according to defined medical indication and regulations of health protection sector, are obtained by all persons with disabilities.
- Certain systems regulate appropriate advantages in the use of health services (war veterans’ protection), in the manner in which they bind public health institutions to display, at visible places, notifications about advantages of severely disabled war veterans stating that they do not have to wait in lines.
- Thermal and climatic treatments under health-related regulations are exercised by war veterans who are in the need of them as further treatment. Data show that war veterans, compared to other patients, largely use thermal and climatic forms of treatment.
In the field of health protection, there are two new models which are products of the application of the social concept in the approach to persons with disabilities. Those are centres for mental health and centres for rehabilitation in the community. Both models have been developed as projects with the support of international donors, however, the existing health system accepted them as good practice and incorporated into policies and legislation.

- Centres for Mental Health (CMH) are local medical units providing services to persons with problems in mental health through the following: diagnostics, follow-ups and use of prescribed therapy, work and occupational therapy, psycho-social counselling, therapy communities, group work, self-organisation and strengthening capacities, patronage and assistance at home and with employment. In structural terms, centres are connected with health centres, but co-operate with all stakeholders in the community, with the aim to prevent occurrence of chronic diseases and disabilities with already existing diseases. The centres have not yet been set up in all municipalities, but the expansion of their network has been anticipated. In some places, they produce good results in the approach to persons with mental health problems.

- Community-based Rehabilitation Centres (CBR) provide services of comprehensive rehabilitation for citizens in local communities, primarily for persons with disabilities. These centres should also provide different kinds of psycho-social support, particularly to the work in families and training persons with disabilities to live independently or with the family, or vice versa. As in the case of CMH, these centres have not yet been set up in all local communities, and they mostly deal only with physical therapy.

In the field of social protection, the most significant new institutional models are the following: assistance at home, daily centres and centres for service provision. These models have had the genesis of development as the health sector (they started as projects, but the system accepted them for good results and defined them through legislation). The new models can be developed within the existing public institutions, independently or as part of civil society structures.

- Assistance at home is provided to old people, with chronic diseases and other persons unable to take care of themselves. The assistance at home is provided in the form of housework (cleaning, food purchase and other things, personal hygiene, etc.). A very small number of institutions for social protection has created conditions for implementation of this entitlement. No standards at the state level have bee developed, or staff have been trained for development of services to deal with assistance at home. Basically, combinations are created with volunteers of the Red Cross who provide service to the most vulnerable category.

- Daily care centres provide daily care to children and youth with bodily and mental disabilities, including nutrition, educational and therapeutic work and socialisation. Daily care centres for adult persons with disabilities, in addition to that, provide services of gathering, socialisation, work activities, daily papers reading, playing games and services of laundry washing, drying and ironing, personal hygiene, etc. In Bosnia and Herzegovina, there are several daily care centres mostly intended for children and youth, whereas adult persons with disabilities obtain those services only at institutions which include daily care sections. The largest number of those centres were set up by cantons or municipalities and accepted them as new institutions or parts of existing institutions. Thus, their sustainability has been ensured and social protection system has been significantly improved. A number of daily care centres has remained outside that institutional structure. It is about centres which have been founded by religious communities, particularly those founded by Karitas and centres which still remain at the level of projects and have not yet received financial support for maintenance. There is a need for establishment of such institutions in every municipality and incorporation, as integral parts, into the system.

- Centres for services also belong to the new models and they provide social services to individuals, families and groups in the form of an individual or group treatment, counselling, protected employment, integration, re-socialisation, social rehabilitation, protected residence, etc. The number of such institutions is relatively small, but it is
important to note that there is legal possibility for their establishment and that certain environments have already established several of them.

- Protected residence is a new model that has developed along with the centres for mental health, and is intended for persons with disabilities who are able to live independently, with a support. This model has not been applied widely, except from in big cities, which is a consequence of insufficient understanding of the model and needs for greater funds for its application and construction of residential facilities.

5.6. Accessibility, Physical Adaptation to Environment and Access to Transportation

This field belongs to all systems in a society as a whole and one can talk, conditionally, about institutional models, that is, approaches. Accessibility to environment and transportation is a condition for application of all new approaches which advocate inclusion.

The existing legal regulation has created, though moderately and silently, institutional prerequisites for commitments of entities in construction of facilities accessible to persons with disabilities. Only in the field of transportation those standards have not been legally defined. The problem lies in the application of existing legal provisions and behaviour of stakeholders, which results in construction of a number of facilities inaccessible to these persons. In some environments, (Sarajevo, Tuzla, Banja Luka) there are clear policies in power which provide access to environment, but those policies have not been widely accepted or implemented in a systematic manner. For many environments this represents a minor priority and the communities react only under a pressure imposed by organisations of persons with disabilities or international stakeholders.

Lack of clear plans or strategies for ensuring access to the environment for persons with disabilities represents a major problem, for thus the existing legal solutions have not been complied with.

There are several most common models of access to environment, as follows: ramps on the streets, pedestrian crossings, ramps at the entrance to public buildings, elevators, adapted water supply and sewage systems and parking lots for persons with disabilities.

5.7. Organisation and Self-organisation

The existing legal framework for organisation and association of citizens, including persons with disabilities, established at the level of BiH and Entities, have been added new provisions by Entity governments, who accepted those organisations as organisations of a special interest giving them greater rights but also commitments to assist the authorities in improvement of living conditions of persons with disabilities. The work of those organisations at entity, cantonal and municipal levels has been supported through the institutionalisation of their programmes, financial support from the budget and other forms of financial support. In that manner, legitimacy has been actually assigned to organisation of persons with disabilities as an institutional model which contributes to engagement and inclusion of these persons in evaluation, research and analysis of the occurrence of problems and problems in decision making about development of certain systems.
6. NEW MODELS:

**CLASSIFICATION AND CHARACTERISTICS WITH RECOMMENDATIONS FOR SUSTAINABILITY AS WELL AS NEEDS FOR CHANGES IN EXISTING MODELS**

Through the above described part of the analysis it was emphasised which were the more recent models, what were the characteristics of those models, sustainability and to what extent they became a part of existing systems. On account of clarity and easier understanding, the following part of the analysis will provide their classification and further recommendations regarding the application.

6.1. *In the area of identification and registration* new models have not been institutionalised, and mainly the old practice is being applied, and that is, by the rule, early identification has not been carried out and there has been no clearly defined responsibility as to registration of each person with disabilities. There are examples that promote a chain of activities ranging from pregnancy to early development stimulation, which could be applied as pilot projects upon a number of environments, whereupon their efficiency could be examined and application ensured upon the assessment of the outcome.

**Recommendation 1.1.** It is necessary to ensure the system of early identification of persons with disabilities, especially children with disabilities in physical and mental development. Existing researches to this project need to give answers to these questions and ensure conditions for promotion of new policies.

**Recommendation 1.2.** A single approach in establishment of registers of persons with disabilities may be ensured through the definition of basic data for all databases and through the establishment of rules of accessibility to and use of the databases, that is, registered data.

6.2. *Evaluation and Classification*

The new model in evaluation of disability has been developed in Federation of BiH, by which it is provided that in the domain of pension and disability insurance, social protection, child and disability protection, war veteran disability protection, defence, other domains upon court request, other legal entities and persons, and in other medical expertise activities, is ensured a unique procedure and criteria for a medical expertise, which will evaluate the definite state of body in order to achieve the working rights. The new model systematically functions through the Institute for medical expertise, which has its bureaus in Bihac, Mostar, Sarajevo, Zenica and Tuzla. Medical expertise is conducted based on the unique principles which include: unique rules of procedure, unique criteria for medical expertise, economical and fast procedure performance and second instance level procedure. This way the limitations in disconnection, appliance of various principles and criteria of evaluation, limitations in managing and shortfalls in applying decisions in all systems are avoided.

**Recommendation 2.1.** It is necessary to record the efficiency and applicability of the new model, working on eliminating its limitations in order to ensure the best applicability and quality evaluation.

**Recommendation 2.2.** Work on standardization of the evaluation criteria and on development of a unique system of evaluation in Republika Srpska. Draw on experiences from FBiH and ensure compliance with evaluation results in all systems and in both entities.

**Recommendation 2.3.** Develop within the evaluation system such mechanisms which would allow dismissal of explicit medical models and those valuing only impairment as the basis for disability, and gradually introduce the social model which valuing every possibility and all resources.
Recommendation 2.4. Children disability evaluation should be done at the earliest age. Improve the quality of evaluation, which should not only determine the state in which the child is, but also ensure the evaluation of the child’s potential and conducting certain actions which will improve socialization, integration and training.

6.3. Reimbursement and Assistance

As a part of the development of the new model of evaluation in FBIH, the social protection developed the new model of financial benefits for the disabled who are not military and/or civilian war victims. This advanced the material security of the civilian war victims, through new institutes: personal disability benefits, benefits for care and assistance, and orthopaedic benefits. It also ensures for the civilian war victims to reach the types of benefits granted to the disabled war veterans.

In a number of municipalities in RS, through the extended types of social protection, are developed the new types of financial benefits for the persons with heavy physical disabilities and their families, as well as the persons with severely and moderate disturbed in physical and mental development. Also in some municipalities the financial benefits figures are enhanced. These models have given the new approach which addresses the question of coordination of needs and benefits, which are the first attempts to develop the approach individualization.

Recommendation 3.1. Work on the amendments to the Law on social protection in RS, which should provide the new financial benefits for the disabled persons, equally throughout the RS.

Recommendation 3.2. Examine the possibility of ascertaining the rights for financial benefits in RS as well as FBiH, or using some other appropriate approach. Those are the requirements from the disabled persons.

Recommendation 3.4. Open discussion about unjustified differences and unequal state approach through the measures and types of the disabled veterans’ protection and protection of the civilian war victims, and ensure requirements for the single access and equalization of rights for the disabled veterans and civilian war victims within social protection.

Recommendation 3.3. Reach an agreement to unify the amount of financial benefits in all three systems (war veterans protection, social protection and civilian war victims), by developing the unique basis for accounting the rights based on the unique disability access.

Recommendation 3.4. Work on the development of specific access to material benefits for the families fostering the disabled persons, as well as the development of various services for the family assistance.

6.4. Institutionalized Accommodation

New models are not developed within this area, except that the level and quality of services in the institutions is improved. It has not become the custom, but it is important to point out that some institutions have begun to introduce activities which should prepare the beneficiaries for an independent life and leaving the institutions, as well as living with support, which represents the basics of the new models of work in a society.

Recommendation 4.1. Supporting the work of institutions which are providing accommodation of disabled persons in order to maintain and improve basic functions and develop services which are appropriate for the needs by applying the European standards for life in these kind of institutions. Aim the support to adjustment and humanizing the physical area, employment of qualified staff, educating and training the staff, supervise, introducing new approach and models in the work, etc.

Recommendation 4.2. Define the status of institutions in FBIH which do not have its founder.
Recommendation 4.3. In RS conduct the work analysis and analysis of working possibilities at the Psychiatric hospital in Jakes. Examine the possibility of defining the social services within the institution, ways of financing and responsibilities.

Recommendation 4.4. Work together with the health sector to develop the mechanisms for financing medical protection in institutions in an entity, but also between the entities.

Recommendation 4.5. Assess the system of arranging the accommodation in the institutions and adjust it with the institutions and beneficiaries’ needs.

Recommendation 4.6. Developing fostering care system for disabled persons as a type of employment and promoting examples of good practices.

Recommendation 4.7. Develop programs of improvement and support to the staff, as well as introducing the obligatory supervision of staff employed in the institutions and expert supervision of the work in the institutions.

6.5. Labour and Employment

New institutionalized model in this area is approval and implementation of the Law on professional rehabilitation, training and employment of disabled persons in RS. Approach promoted in the law provides realistic possibilities to significantly improve organized and planned employment and to provide resources which will create politics and provide means for its implementation.

Besides this model, conditionally can be mentioned also the new model in war veterans’ protection which within the law promotes privileges in employing disabled veterans.

Recommendation 5.1. Ensure adoption of the law which would regulate professional rehabilitation and employment of disabled persons in FBiH as well.

Recommendation 5.2. Organize public campaigns aiming to inform employers, but also the disabled persons about available privileges and possibilities which the law offers, in order to stimulate employers for employing disabled persons.

Recommendation 5.3. Develop the state strategy for employment of disabled persons which would include development of all positions of the employment staff in the process of employing disabled persons at the employment bureaus (acquainting skills which would enable them to provide assistance to disabled persons in finding jobs, developing private business, and which would help raise employers’ awareness about matters related to disabled persons).

Recommendation 5.4. Establish measures in tax and customs system to stimulate employment of disabled persons, as well as sponsorship in area disability.

Recommendation 5.5. Ensure monitoring of implementation of the existing laws and improvement of repression measures in cases of avoidance and neglect of commitments.

Recommendation 5.6. Support initiatives of all organizations and individuals who are involved in employment of disabled persons, through various projects, and create conditions so that the extremely good practices become a part of the system.

6.6. Education and Inclusion

New model in education is including children with disorders in physical and psychical development into regular school programs (inclusive education) throughout the entire Bosnia and Herzegovina. Model has built its own standards based on which are produced individual programs for working with children, adjusted to children’s possibilities.
Recommendation 6.1. Enhance activities in the school system to produce conditions for inclusive education of children by additional investments into educating teachers, preparing children, and removing barriers in the physical environment.

Recommendation 6.2. Developing programs of extended learning through the daily centres, workshops, groups and other ways through which the new knowledge could be gained, but also on socialization, integration, raising awareness and involvement of children and youth with disabilities.

Recommendation 6.3. Ensure, within the inclusion program, development of inclusion program in kindergartens, and programs of professional guidance for the process of children and youth development.

Recommendation 6.4. Develop programs which ensure access to education for mature disabled persons.

6.7. Social Services, Rehabilitation in Community and Fostering in Community

This is the area which recorded the biggest improvements in development of specific programs of support to disabled persons at the local communities' level. The most important among them are: care and help in a home, personal assistance, daily centres for mental health, physical medicine, psycho-social support for children and youth with development disabilities, work occupation, etc. Most of these programs have not received its institutionalized framework, and they are surviving thanks to the international donations and to the support of local communities. Exceptions are programs in area of health (Centre for Medical Protection and Community Based Rehabilitation) and daily centres in social protection. These models are legally defined and they have become part of the institutionalized system.

Recommendation 7.1. In the parts of legislature which deal with the rights of persons with disabilities, balance has to be created between financial benefits and supports which allow for participation.

Recommendation 7.2. Distribution must be enabled and expansion of new approaches and new practices in order to inform and stimulate other environments to development of specific programmes responding to their needs through appropriate materials, printing publications, organizing study visits, presentations at seminars, etc.

Recommendation 7.3. Enhance efforts in order to institutionally regulate new models which received positive assessments in applications upon wider areas and which received support and regulations by local communities.

Recommendation 7.4. Create conditions for development of daily care centres, especially centres for children in every municipality and thus provide for the development of a wide range of social services to persons and families and prevent needs for accommodation in institutions.

Recommendation 7.5. The field of health care must ensure professional supervision over new models in this system and return to original functions of such institutions.

Recommendation 7.6. Ensure support to personnel for acquiring knowledge needed for work in community as well as support to changes in the approach to persons with disabilities.

6.8. Accessibility to Environment and Transportation

This area represents a novelty for the society of Bosnia and Herzegovina and government institutions, it becomes significant and an object of interest in the last decade and everything that has been done represents a novelty. Legal regulations have been developed for the
institutionalisation of the access and systemic examples of good practice have been created in several biggest cities in Bosnia and Herzegovina. There are good examples in smaller local communities, too, who gradually solve problem by problem. There are also examples which tell of changes introduced to media outlets in reference to enhanced access to information (gesticulate translations for hearing impaired persons on television, printing books and publications for visually impaired persons, libraries for visually impaired persons in Sarajevo, Banja Luka, etc.)

**Recommendation 8.1.** Ensure application of international standards in the field access to environment through the review of existing legislation.

**Recommendation 8.2.** Pass the law on access to transportation which would bind the field of transportation to provide access to persons with disabilities.

**Recommendation 8.3.** Evaluate the implementation of existing legislation and regulations and introduce measures to ensure enhanced implementation.

**Recommendation 8.4.** Share among local communities the experiences of adapted environment and produce action plans in each local community for removal of architectural barriers on public buildings.

**6.9. Organising Persons with Disabilities**

In Bosnia and Herzegovina, there are legal possibilities for setting up and work of organisations of persons with disabilities; more than 500 organisations (associations) have been registered to gather persons with disabilities providing them various services. Most of the organisations are traditional, but there are also new organisations which declare themselves as non-governmental. Reliable sources for their funding have not been identified and they operate thanks to programmes, partly supported by the authorities through the allocation of lottery funds or directly from the budget.

**Recommendation 9.1.** Set up and activate organisations of persons with disabilities in environments lacking the aforementioned associations.

**Recommendation 9.2.** Develop partnerships with and approaches of these organisation to public institutions and authorities with the aim of ensuring programmes and services to persons with disabilities.

**Recommendation 9.3.** Develop capacities of existing organisations and train them for becoming partners with authorities in policy planning in the field of disabilities.
ANNEX 1.

OVERVIEW OF THE MOST IMPORTANT LAWS AND BY-LAWS DEFINING THE SYSTEM AND INSTITUTIONAL MODELS OF BOSNIA AND HERZEGOVINA FOR PERSONS WITH DISABILITIES

Social Protection:
- Law on Social Welfare of RS (Official Gazette of RS, nos. 5/93, 15/96, 110/03)
- Law on Basics of Social Protection, Protection of Civilian War Victims and Protection of Families with Children of FBiH (Official Gazette of FBiH, nos. 36/99, 54/04 and 39/06);
- Rulebook on Classification of Persons with Physical and Mental Disabilities (Official Gazette of RS, no. 115/03);
- Rulebook on Evaluation of Capabilities in Terms of Exercise of Rights to Social Protection (Official Gazette of RS, no 18/04);
- Cantonal Rulebooks on Classification of Children and Youth with Developmental Disabilities;
- In Republika Srpska, municipal decisions on extended rights to social protection and other decisions or documents on certain models of work with and service provision to persons with disabilities;
- Cantonal Laws on Basics and Rights to Social Protection, with by-laws;
- Law on Social Protection (Official Gazette of the Brčko District, nos. 1/03 and 4/04);

1.1. Children Protection
- Law on Children Protection of RS (Official Gazette of RS, no. 4/02 ), including a set of implementation by-laws;
- Law on Children Protection (Official Gazette of the Brčko District, nos. 1/0, 4/04, 21/05);
- Cantonal Laws on Rights of Families with Children and Children Themselves;

1.2. Family Protection
- Family Law of RS (Official Gazette of RS, no. 54/02)
- Family Law of FBiH (Official Gazette of FBiH, no. 35/05);
- Laws on Out-of-court Settlement of RS and FBiH (Official Gazette of SRBiH, no. 10/98);

1.3. Health Care
- Law on Health Care of FBiH (Official Gazette of FBiH, no. 30/97)
- Law on Health Insurance of FBiH (Official Gazette of FBiH, no. 29/07)
- Law on Health Insurance of RS (Official Gazette of RS, nos. 18/99, 51/01, 70/01)
- Law on Health Care of RS (Official Gazette of RS, no. 18/99),
- Agreement on the manner and procedure of the use of health care services by insured persons on the territory of BiH, out of the area of Entities, that is, in Brčko District, which the insured persons belong to (Official Gazette of BiH, no. 30/01);
- Law on Protection of Persons with Mental Disabilities (Official Gazette of RS, no. 46/04);
- Law on Protection of Persons with Mental Disabilities (Official Gazette of FBiH, no. (translator’s note: lacking number)
- Entity and Cantonal Rulebooks on Extent, Contents and Method of Exercise of Health Protection;
- Law on Health Care (Official Gazette of DB, no. 2/01);
- Law on Health Insurance (Official Gazette of DB, no. 7/02);

1.4. Education
- Framework Law on Primary and Secondary Education in BiH (Official Gazette of BiH, no. 18/03);
- Law on Primary Schools (Official Gazette of RS, no. 38/04)
- Law on Primary Schools of FBiH (Official Gazette of FBiH, no. ???)
- Law on Education in Primary and Secondary Schools (Official Gazette of DB, nos. 28/03, 29/04);
- Law on Secondary Schools (Official Gazette of RS, no. 38/04);
• Law on Secondary Schools (Official Gazette of FBiH);
• Rulebook on Education of Children with Special Needs in Primary and Secondary Schools of RS (Official Gazette of RS, no. 85/04);
• Other laws and by-laws at the level of cantons and FBiH;

1.5.  **Labour and Employment**
• Law on Labour of FBiH (Official Gazette of FBiH, nos. 43/99, 32/00)
• Law on Labour of RS (Official Gazette of RS, nos. 38/00, 47/02)
• Laws on Mediation in Employment and Social Insurance of Unemployed Persons (Official Gazette of FBiH, no. 41/01);
• Law on Employment of RS (Official Gazette of RS, no. 105/05)
• Law on Professional Rehabilitation, Training and Employment of Persons with Disabilities (Official Gazette of RS, nos. 98/04, 91/06);
• Rulebooks and other by-laws in this field;

1.6.  **Pension and Disability Insurance**
• Law on Pension and Disability Insurance (Official gazette of RS, nos. 32/00,34/00,40/00,37/01,32/02,47/02 and 110/03)
• Law on Pension and Disability Insurance (Official Gazette of FBiH, nos. 29/98,73/05,59/06);
• Law on Types and Percentage of Physical Disabilities of FBiH (Official Gazette of FBiH, no. 42/04);
• By-laws which regulate the area of physical disabilities, assessment procedure and work of committees;

1.7.  **Protection of War Veterans with Disabilities**
• Law on Rights of War Veterans, Military Persons with Disabilities and families of Fallen Soldiers in the Homeland Defence War of RS (Official Gazette of RS, no. 46/04);  
• Law on Rights of War Veterans and Members of their Families of FBiH, with by-laws that regulate procedures and rights (Official Gazette of FBiH, no. 33/04) 
• Law on Civilian War Victims (Official Gazette of RS, no. 25/93)

1.8.  **Other documents which institutionally regulate models of protections in the field of taxes, customs fees, residential rents, telephone services use**;

1.9.  **Accessibility to Environment for Persons with Disabilities**
• Law on Urban Planning of RS (Official Gazette of RS);
• Instruction on Rules and Manner of Projection and Construction of Public Buildings in FBiH (Official Gazette of FBiH, no. /04 );
• Rulebook on Conditions for Planning and Projecting Building for Unimpeded Movement of Children and Persons with Diminished Physical Abilities in RS (Official Gazette of RS, no. 2/03);

1.10. **Organisation and Association**
• Law on Associations and Foundations of BiH (Official Gazette of BiH, no. 32/01)
• Law on Associations and Foundations of FBiH (official Gazette of FBiH, no. 45/02);
• Law on Associations and Foundations of RS (Official Gazette of RS, no. 45/02);
• Law on Associations and Foundations (Official Gazette of DB, no. 12/02).
**ANNEX NO 2. LIST OF INSTITUTIONS OF SOCIAL PROTECTION IN RS FOR PERSONS WITH DISABILITIES**

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF INSTITUTION</th>
<th>ACTIVITY</th>
<th>NO. OF BENEFICIARIES</th>
<th>NO. OF EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>HOME FOR MALE CHILDREN AND YOUTH WITH DISABILITIES, PRIJEDOR</td>
<td>EDUCATION, TRAINING, WORK ACTIVITIES, FULL CARE (RESIDENCE, NUTRITION, CARE, HEALTH PROTECTION, CULTURAL AND ENTERTAINMENT AND OTHER ACTIVITIES) OF MALE PERSONS WITH MODERATE, SEVERE AND MORE SEVERE MENTAL AND PHYSICAL DISABILITIES</td>
<td>224</td>
<td>65</td>
</tr>
<tr>
<td>2.</td>
<td>SOCIAL – GERIATRIC CENTRE, BANJA LUKA DEPARTMENT IN DRAGOČAJ</td>
<td>RESIDENCE, NUTRITION, CARE, HEALTH PROTECTION, CULTURAL, ENTERTAINMENT, RECREATIONAL, OCCUPATIONAL AND OTHER ACTIVITIES, SERVICES OF SOCIAL CARE TO PERSONS WITH EXPRESSED CHANGES IN MENTAL FUNCTIONING, WITH SEVERE DISABILITIES AND OLD PERSONS (AROUND 50 FROM THE GROUP OF DISABLED PERSONS)</td>
<td>276</td>
<td>65</td>
</tr>
<tr>
<td>3.</td>
<td>INSTITUTE FOR PROTECTION OF FEMALE CHILDREN AND YOUTH, VIŠEGRAD</td>
<td>EDUCATION, TRAINING, WORK ACTIVITIES, FULL CARE (RESIDENCE, NUTRITION, CARE, HEALTH PROTECTION, CULTURAL AND ENTERTAINMENT AND OTHER ACTIVITIES) OF FEMALE PERSONS WITH MODERATE, SEVERE AND MORE SEVERE MENTAL AND PHYSICAL DISABILITIES</td>
<td>127</td>
<td>38</td>
</tr>
<tr>
<td>4.</td>
<td>INSTITUTE FOR VISUALLY AND PARTLY VISUALLY IMPAIRED PERSONS, „BUDUĆNOST“ DERVENTA</td>
<td>RESIDENCE, HEALTH PROTECTION, EDUCATION AND PROFESSIONAL TRAINING, RECREATIONAL, CULTURAL AND ENTERTAINMENT ACTIVITIES FOR VISUALLY IMPAIRED CHILDREN AND YOUTH</td>
<td>33</td>
<td>37</td>
</tr>
</tbody>
</table>

The Project "Support to Disability Policy Development in Bosnia and Herzegovina (2005-2009)" (SDPD) is a bilateral project of Finland and Bosnia and Herzegovina implemented by: the Directorate for Economic Planning of Bosnia and Herzegovina, the Federal Ministry of Labour and Social Policy and the Ministry of Health and Social Welfare of Republika Srpska. The Supporting Agency is the Independent Bureau for Humanitarian Issues (IBHI), Šačira Sikića 12, 71000 Sarajevo, Bosnia and Herzegovina, 033 219 780/1, www.ibhibih.org, sdpd@ibhibih.org.
## ANNEX NO. 3. LIST OF INSTITUTIONS OF SOCIAL PROTECTION IN FBiH FOR PERSONS WITH DISABILITIES

<table>
<thead>
<tr>
<th>NO.</th>
<th>NAME OF INSTITUTION</th>
<th>ACTIVITY</th>
<th>NO. OF BENEFICIARIES</th>
<th>ACCOM. COST IN BAM</th>
<th>NO. OF EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>INSTITUTE FOR PROTECTION OF CHILDREN AND YOUTH, PAZARIĆ</td>
<td>RESIDENCE, NUTRITION, CLOTHES, SHOES, CARE, PRIMARY HEALTH PROTECTION, SOCIALISATION, WORK OCCUPATION AND WORK TRAINING OF PERSONS WITH MENTAL AND PHYSICAL DISABILITIES AND SEVERE MENTAL ILLNESSES</td>
<td>370 (49 FROM RS)</td>
<td>488</td>
<td>94</td>
</tr>
<tr>
<td>2.</td>
<td>INSTITUTE FOR CARE OF MENTALLY DISABLED PERSONS, FOJNICA BAKOVIĆ</td>
<td>RESIDENCE, NUTRITION, CLOTHES, SHOES, CARE, PRIMARY HEALTH PROTECTION, SOCIALISATION, WORK OCCUPATION AND WORK TRAINING OF PERSONS WITH MENTAL AND PHYSICAL DISABILITIES AND SEVERE MENTAL ILLNESSES</td>
<td>339 (24 FROM RS)</td>
<td></td>
<td>88</td>
</tr>
<tr>
<td>3.</td>
<td>INSTITUTE FOR CARE OF MENTALLY DISABLED PERSONS, FOJNICA DRIN</td>
<td>SOCIAL CARE, RESIDENCE, NUTRITION, CARE, CLOTHES, PRIMARY HEALTH PROTECTION, SOCIALISATION AND PERSONAL AND COLLECTIVE HYGIENE, SOCIALISATION AND REHABILITATION, PRESERVATION OF EARLIER ACQUIRED HABITS, CULTURAL AND ENTERTAINMENT ACTIVITIES FOR MENTALLY DISABLED PERSONS AND MENTALLY ILL PERSONS WITH COMPLETED TREATMENT</td>
<td>401 (125 FROM RS)</td>
<td>488</td>
<td>134</td>
</tr>
<tr>
<td>4.</td>
<td>CENTRE FOR SOCIAL AND HEALTH CARE FOR PERSONS WITH DISABILITIES AND OTHER PERSONS, SARAJEVO</td>
<td>RESIDENCE, NUTRITION, CLOTHES, SHOES, CARE, PRIMARY HEALTH PROTECTION, SOCIALISATION, WORK OCCUPATION AND WORK TRAINING OF PERSONS WITH MENTAL AND PHYSICAL DISABILITIES AND OLD PERSONS</td>
<td>233</td>
<td>FROM 273.00 TO 426.00</td>
<td>74</td>
</tr>
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</table>
VI Anes Ćehović and Sanja Zahirović: "Analysis of Mechanisms for Assessment of the Remaining Abilities of Persons with Disabilities in Bosnia and Herzegovina"

1. Introduction

Persons with disabilities have been present in all the societies and all of the social strata, in the past as well as in the present. As the societies changed, their treatment of the disability phenomenon changed as well, and depending on the scope of those changes, persons with disabilities were able to take part in activities of the community.

In the current social relations, there are three dominant models in terms of treatment of persons with disabilities on the part of the community:

- Charitable / Caritative model based on the belief that persons with disabilities were "punished" because of the "sin" committed by themselves or by their family member, and that those who believe to have sinned as well could protect themselves by helping persons with disabilities and in that way "deserve" absolution of the sin.

- Medical model is based on the progress of modern science and development of medicine and other sciences and understanding that disability is a "malfunction" an "error" that could be fixed, after which persons with disabilities would be able to take their place in the society and fulfil their social roles. This model is based on engagement of "professionals" of various profiles without possibility for considerable impact by persons with disabilities or other interested parties on processes that aim at "training" of persons with disabilities in independent participation in activities in the community. Impairment, "disability of an individual", is the cause for inability of such individual to get involved in the society and, once remedied, the cause of exclusion will be eliminated or decreased.

- Social / inclusive model is based on full participation of a person with disabilities in all process in the society, which means full realisation of rights belonging to all members of the society. The main cause for exclusion of persons with disabilities is not the individual but the community which creates various barriers for complete inclusion of persons with disabilities.

The dominant model of treatment of persons with disabilities by the society will greatly influence the definition of disability in a particular society, while the definition applied in a society will further influence the number of persons with disabilities.

At the international level, certain organisations have developed a definition of disability according to which disability is "an outcome or a result of a complex interaction between the health condition of the individual and the contextual factors of the environment as well as personal factors," in accordance with the ICFHD (International Classification of Functioning, Disability and Health).

In addition, in order to establish a single interpretation of the terms 'disability', 'handicap' and 'person with disabilities', these terms are given the following definitions in the Introduction to the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities:

- Disability is a common term for a great number of different functional limitations occurring in any population in any country of the world.
- Handicap means the loss or limitation of opportunities to take part in the life of the community on an equal level with others.

In its Preamble, the International Convention on the Rights of Persons with Disabilities gives the following definition:

(e) the phenomenon of disability is an evolving concept with disability resulting from the interaction between persons with impairments and barriers reflected in attitudes as well as environmental barriers that hinder their full and effective participation in society on an equal level with others.
Article 1 paragraph 2 states that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal level with others.

In Bosnia and Herzegovina there is no consensus as to the definitions of disability and persons with disabilities, and these terms are given different definitions in various laws and by-laws. These definitions refer to identifying disability and persons with disabilities in terms of individual laws in order to establish a basis for the exercise of individual rights or forms of protection defined by a given piece of legislation. The previous BiH practice of assessing the level of disability or remaining working ability was mainly related to the exercise of individual rights, which gave rise to different assessment mechanisms.

2. Goals of the research

The objectives of this research are the following:

- Research the legislative framework for assessing the remaining ability of persons with disabilities;
- Research the current institutional framework for assessing the remaining working abilities of different categories of persons with disability;
- Present the mechanisms for assessing the remaining working ability in terms of different categories of persons with disabilities in both BiH entities;
- Make a comparative analysis of the existing assessment mechanisms;
- Recommend changes that would lead to harmonisation or development of single remaining working ability assessment mechanism for all persons with disabilities in Bosnia and Herzegovina.

3. Methodology

In order to achieve the research objectives, the following methods were used in the research process:

- Collection of relevant laws and by-laws in both BiH entities and the Brčko District;
- Comparative analysis of the applicable legislation in terms of categories of persons with disabilities;
- Survey with regard to the existing assessment mechanisms in social work centres;
- Survey with regard to the existing mechanisms for assessing parents in day-care centres for children with disabilities;
- Analysis of the survey results;
- Formulation of recommendations for improving the current mechanisms for assessing the remaining working abilities of persons with disabilities.

4. Comparative analysis of the existing mechanisms of assessment of the remaining work ability of persons with disabilities

4.1. Federation of Bosnia and Herzegovina

4.1.1. Legal and institutional framework

In the BiH Federation, the legal and institutional frameworks for assessing disability level are related to:

- the constitutional system of the BiH Federation and competencies of certain institutional levels in the implementation of individual forms of rights of persons with disabilities;
- the category or age of the person with disabilities whose disability level is being assessed.
The institutions competent for disability level assessment are the following:

- **Social work centres** representing the framework for the work of boards for classification and categorisation of children and youth with impaired physical and mental development. The work of these boards is based on provisions of the BiH Federation Law on basic social protection, protection of civilian war victims and protection of families with children and cantonal laws on basic social protection, protection of civilian war victims and protection of families with children, as well as memoranda of association and Rulebook adopted by municipal councils of those cantons in which no relevant legislation is adopted, and by cantonal ministries of labour and social protection in those cantons in which laws on basic social protection, protection of civilian war victims and protection of families with children are adopted.

- With regard to disability assessment of adults with disabilities, regardless of the cause of disability, the FBiH Government, by its decision issued in March 2006, established a single **Institute for disability assessment and medical evaluation in the FBiH**, which is responsible for assessing disability level of all adults with disabilities in the BiH Federation regardless of the cause, type and level of disability.

- In order to ensure a fair procedure and a possibility of review or appeal against decisions of first-instance board, there are second-instance boards established within cantonal ministries of labour and social protection, which are responsible for classification and assessment of disability of children and youth, in addition to the second-instance board working within the Institute for the remaining working ability assessment in Sarajevo.

- **The FBiH ministries of labour and social policy, and of veteran issues** are responsible for the review of findings and opinions of first-instance boards.

- **Courts with territorial jurisdiction** in places of residence of persons being withdrawn their business capacity are competent for proceedings in matters of business capacity withdrawal.

The developed mechanisms for assessing disability level and remaining working ability of persons with disabilities in the BiH Federation are placed within the following legislative framework:

- The BiH Federation Constitution giving powers to cantons in the field of social protection;
- The BiH Federation Law on basic social protection, protection of civilian war victims and protection of families with children (**Official Gazette of FBiH** No. 36/99 and 54/04) defining social protection beneficiaries, forms of social protection, protection of civilian war victims and protection of families with children, as well as principles of exercising individual rights;
- The BiH Federation Law on the rights of disabled war veterans and families of fallen war veterans (**Official Gazette of FBiH** No. 33/04);
- The BiH Federation Law on pension and disability insurance;
- The Decision of the FBiH Government on the establishment of the Institute for disability assessment for persons with disabilities in the FBiH (23 March 2006);
- The Rulebook for assessing physical impairment of persons with disabilities in exercising their rights under the FBiH Law on basic social protection, protection of civilian war victims and protection of families with children (**Official Gazette of FBiH** No. 46/05);
- The Rulebook for the work of medical boards in the exercise of rights under the Law on the rights of war veterans and their families (**Official Gazette of FBiH** No. 41/04);
- The Rulebook for establishing the level of war disability (**Official Gazette of FBiH** No. 41/04);
- The Rulebook for allocation of orthopaedic prostheses to disabled veterans (**Official Gazette of FBiH** No. 41/04);
- Cantonal laws on basic social protection, protection of civilian war victims and protection of families with children;
- The Rulebook for the establishment and work of boards for classification and categorisation of children with disabilities at cantonal and municipal level.
4.1.2. Introduction to the procedure and mechanism for assessing disability level of children with disabilities

In the BiH Federation, classification and assessment of disability level of children are organised in social work centres, while the legal basis for the work of boards for classification and assessment is provided by the following legislation: the BiH Federation Law on basic social protection, protection of civilian war victims and protection of families with children, cantonal laws on basic social protection, protection of civilian war victims and protection of families with children in cantons having adopted these laws (all the cantons except Zenica-Doboj and Livno), and Rulebook for identification, registration, establishment and work of boards.

Boards for classification and assessment of the remaining working ability are established and operational in eight out of ten cantons of the BiH Federation, with certain differences among cantons in terms of their number, founders and territory they cover.

In the Sarajevo, Tuzla, Bosna-Podrinje, Central Bosnia, Hercegovina-Neretva and Posavina cantons, there are cantonal boards responsible for classification and assessment of children with disabilities covering the territory of the entire canton.

In the Livno and Zenica-Doboj cantons, there are boards at the level of municipal social work centres, where the Livno board is responsible for assessment in the whole canton, while in Zenica-Doboj Canton the Zenica board is responsible for assessment of children from Visoko and Zenica municipalities, while Zavidovići, Tešanj and Maglaj municipalities have their boards working within social work centres in these municipalities responsible for classification and assessment in these municipalities only.

Disability of children in West Herzegovina Canton are classified and assessed by the board of Herzegovina-Neretva Canton.

Since late 2005, classification and assessment of disability of children in Una-Sana Canton have been performed by the board working within the Bihač Department of the Institute for disability assessment and medical evaluation.

All the boards for classification and assessment of the remaining working ability of children with disabilities were established under provisions of the rulebooks on their appointment and operation. There are several important characteristics shared by all the rulebooks for establishment, composition and work of disability classification and assessment boards:
- All rulebooks identify institutions and individuals that can or must request assessment of a child with disabilities.
- All the rulebooks give such authority to healthcare institutions, social work centres, parents or guardians of children with disabilities, general or "special" educational institutions and associations of persons with disabilities.

Based on interviews with persons responsible for the work of boards in seven social work centres (Mostar, Livno, Travnik, Bihać, Zenica, Tuzla, Brčko District), it has been established that classification procedures are usually initiated by the parents of children with disabilities, social work centres or representatives of healthcare institutions and associations of persons with disabilities.

The participation of certain profiles of experts in all the boards is almost identical; the boards are composed of three to five permanent members and, depending on the type and level of disability, the board’s assessment procedure of each child is supported by experts in relevant fields offering the best possible assessment of each child with disabilities.
Permanent board members are the following:
A paediatrician, clinical psychologist or psychiatrist, social worker, special education teacher 
and a physician specialised in primary medical impairment diagnostics. (In cases of 
classification of children with sight impairment, an ophthalmologist is engaged, while an 
otherhinolaryngologist is engaged for assessment of children with hearing or speech 
impairments.

There are two dominant modes of classification and assessment used by the boards:
1. The board sits in its full composition and each member, based on previously collected 
documents and direct observation of the child with disabilities, gives findings and opinion 
relating to his/her field, following which joint findings and opinion of the board are 
formulated and adopted by the majority vote. A board member disagreeing with the board’s 
findings and opinion can express his/her dissenting opinion in writing.
2. After initiating the disability level classification and assessment procedure, the “permanent” 
board members – usually the paediatrician, psychiatrist or clinical psychologist and social 
worker – give their findings and opinions, while the parents or guardians are requested to 
supply additional findings and opinions of experts or affiliate members, which are then taken 
into consideration while forming the board findings and opinion.

Under the SR BiH Rulebook for classification and assessment of the remaining working 
abilities, which is still applied as the basis for the work of certain boards or whose provisions 
are incorporated into new rulebooks governing this field, parents or guardians can actively 
participate in the work of boards for classification and assessment of the remaining working 
abilities of children with disabilities.

After the findings and opinion of the disability level classification and assessment board are 
submitted, the competent centre for social work issues a decision on classification and level of 
disability of a child with disabilities.

In case that the classification and assessment applicant or other interested party (centre for 
social work, educational institution) are not satisfied with the board’s findings and opinion, they 
can initiate a procedure for reassessment or review of the first-instance decision before a 
second-instance board established within cantonal ministries of labour and social policy.

4.1.3. Disabled war veterans

The disability level assessment of disabled war veterans is performed to enable disabled 
veterans to exercise the rights and forms of protection they are entitled to as a form of 
compensation provided by the state for the loss or diminished function of organs or body parts 
which resulted from activities they were required to do by the state.

In the BiH Federation, the disability level of disabled war veterans is, in the first instance, 
established by medical boards of the Institute for medical evaluation and, in the second 
instance, by a second-instance board of the same Institute and the competent cantonal and 
FBiH ministries of war-veteran and disability protection.

The BiH Federation uses the single international impairment list for the purpose of assessment 
of disability level of disabled war veterans, according to which, disabled war veterans are 
classified into ten groups of the first and second degree, with the lowest disability level being 
20%.

Group I – Degree 1 100%; Group II 100%; Group III 90%; Group IV 80%; Group V 70%; Group 
VI 60%; Group VII 50%; Group VIII 40% (being different in the basic percentage: the basic 
percentage for Group VII 50% is 13, while for Group VII 40%, the basic percentage is 7%), 
Group VIII 30% and Group IX 20%.

In addition, it is evident that almost the same criteria for disability level assessment are used in 
both the BiH Federation and Republika Srpska.
With regard to their rights arising from war disability, disabled war veterans of the Brčko District can get their disability level assessment by the FBiH and RS boards, depending on the choice of the person being assessed.

### 4.1.4. Civilian war victims

During 2006, the BiH Federation saw changes in disability level assessment with regard to civilian war victims; there is now a single mode of assessment throughout the BiH Federation, while the institution responsible for disability assessment is the Institute for medical evaluation established by the FBiH Government in March 2006.

Civilian war victims are classified in six groups, as follows:
- Group I – first degree 100%;
- Group II 100%;
- Group III 90%;
- Group IV 80%;
- Group V 70%;
- Group VI 60%.

In addition, disability assessment of civilian war victims is performed in order to enable them to exercise their rights and forms of protection as compensation for the loss of function or a body part during direct or indirect warfare activities.

### 4.1.5. Disabled persons whose disabilities are not war-related

Upon the adoption of amendments to the BiH Federation Law on Law on basic social protection, protection of civilian war victims and protection of families with children, in order to secure a single mode of disability assessment of disabled persons entitled to social protection right, the BiH Federation established the Institute for medical Evaluation.

In addition, the Law on basic social protection, protection of civilian war victims and protection of families with children gives a definition of persons with disabilities in terms of this law, which reads as follows:

Persons with disabilities and persons with physical and mental impairments, under Article 12 paragraph 1 item 5 of this Law, are children and adults who:
- are blind or partially sighted,
- are deaf and hearing impaired,
- have speech and voice impairment,
- have physical impairment and permanent impairment in physical development,
- have mental development impairment (of low, medium, high and severe level),
- have combined impairments (multiple developmental impairments).

The Institute is based in Sarajevo, with branches in Mostar, Zenica, Bihać, Tuzla and Sarajevo. The assessment of disability level/remaining working ability is mainly based on previously prepared medical documents, as well as the assessment of the medical team performing disability assessment within the Institute.

Civilian disabled persons in the FBiH are classified into five groups, as follows:
- Group I 100%;
- Group II 90%;
- Group III 80%;
- Group IV 70%;
- Group V 60% of disability.

Considering the fact that disability assessment of “civilian” persons with disabilities is performed to enable them to exercise their social protection rights, the assessment procedure is initiated by submitting a request and other required documents in order to exercise the rights arising from disability under the laws on basic social protection, protection of civilian war victims and protection of families with children. After the evaluation procedure, the Institute board gives its findings and opinion on disability level, while the competent centre for social work issues a decision in the first instance on the rights the applicant is entitled to under the above law.
In case the person with disabilities, his/her parent or legal guardian are not satisfied with the assessment and the subsequent decision, they can appeal against the decision of the centre for social work to the BiH Federation Ministry of labour and social policy. Upon the appeal, the evaluation procedure is repeated, where the Sarajevo Institute second-instance board performs the evaluation and gives the findings and opinion of the second-instance board.

In addition, all the decisions issued by centres for social work are subject to a review by the FBiH Ministry of labour and social policy.

4.1.6. Disabled workers

In the BiH Federation, disability level assessment of disabled workers is performed to enable them to exercise their rights and forms of protection arising from disability under the Law on pension and disability insurance and legislation governing labour and employment.

In the BiH Federation, medical evaluation of disabled workers is performed by the medical board of the Institute for medical evaluation on the basis of prepared medical documentation of industrial medicine experts and documentation on activities and tasks that the evaluated person performed for an employer until the evaluation. This part of the documentation is prepared by a representative of the employer and it constitutes part of the documentation on the basis of which the Institute board gives its findings and opinion. The findings and opinion include recommendations for less demanding tasks or reassignment to a less demanding post depending on the assessed disability level.

Medical boards for assessing disability of disabled workers are largely independent and it is often possible that, on the basis of prepared medical documentation, industrial medicine experts expect that a person should retire or be reassigned a more adequate / less demanding post, while the findings of the Institute board runs contrary to these expectations.

In addition, the procedure for assessing the remaining working ability, which is the primary aim of disabled worker assessment, includes two instances, providing a possibility of appeal against findings and opinions of first-instance boards.

4.1.7. Disability level assessment for the purpose of withdrawing business capacity

In both BiH entities, the procedure for assessing disability level for the purpose of temporary withdrawal of business capacity is performed only with regard to adult persons with mental impairments who are assessed as unable to make decisions about themselves and/or their business interests under any conditions.

In such cases, the competent centre for social work initiates the procedure of withdrawal of business capacity. The centre for social work is the body which issues a decision on guardianship over persons whose business capacity has been withdrawn. In the withdrawal procedure, the centre for social work represents one of the parties in the court proceedings.

In this procedure, the withdrawal of business capacity can only be done by the competent court, where the court issues its decision on business capacity withdrawal upon a request of a family member, a parent or a guardian and on the basis of the complete medical documentation and findings of independent expert witnesses – experts in certain fields (e.g. a psychiatrist, psychologist etc.).

The withdrawn business capacity can be restored to the person it was previously withdrawn from temporarily. It can be restored by means of proceedings before the competent court.
4.2. Republika Srpska

4.2.1. Legal and institutional framework

In Republika Srpska, the legal and institutional framework for assessing disability level, classifying children with disabilities and assessment of the remaining work abilities rest upon the following:

- The Constitution of Republika Srpska;
- The RS Law on social protection;
- The RS Law on pension and disability insurance;
- The Law on the rights of disabled war veterans and family members of fallen veterans;
- The Law on professional rehabilitation, training and employment of persons with disabilities;
- The Rulebook for classification of persons with physical and mental developmental impairment;
  (Article 17 of the Law on amendments to the Law on social protection, Official Gazette of RS No. 110/03, Article 112 of the Law on administrative service in RS administration, Official Gazette of RS Nos. 16/02, 62/02 and 38/03, and Article 58 of the Law on ministries, Official Gazette of RS No. 58/02)
- The Rulebook for assessing abilities of persons in the procedure for exercising social protection rights;
  (Articles 12 and 17 of the Law on amendments to the Law on social protection, Official Gazette of RS No. 110/03, Articles 109 and 112 paragraph 1 of the Law on administrative service in RS administration, Official Gazette of RS Nos. 16/02, 62/02 and 38/03, and Article 58 of the Law on ministries, Official Gazette of RS No. 70/02)
- The Rulebook on a single list of physical impairments;
  (Article 121 of the Law on pension and disability insurance, Official Gazette of RS No. 27/93)
- The Rulebook on the list of occupational diseases;
  (Article 62/2 of the Law on pension and disability insurance, Official Gazette of RS No. 27/93)
- The Rulebook for the work of medical boards in the procedure for exercising the rights under the law on the rights of disabled veterans and families of fallen veterans;
  (Article 72 of the Law on the rights of disabled war veterans and family members of fallen veterans, Official Gazette of RS No. 17/93)
- The Rulebook for establishing the level of a war-related disability;
  (Article 72 of the Law on the rights of disabled war veterans and family members of fallen veterans, Official Gazette of RS No. 17/93);
- The Rulebook for medical indications as to classification of disabled veterans into four groups based on the need for care and assistance provided by other persons and on the groups of war-related disabilities;
  (Article 87 of the Law on the rights of disabled war veterans and family members of fallen veterans, Official Gazette of RS No. 17/93)

The institutions competent for the procedure relating to remaining working ability assessment, classification and assessment of the level of disability in Republika Srpska are the following:

- Centres for social work;
- Municipal and regional boards for assessing disability level of civilian persons with disabilities in order to implement the social protection rights;
- Competent boards for disability assessment of disabled war veterans;
- Second-instance boards in the procedure for assessment of the level of disability, classification or assessment of the remaining work ability;
- Competent ministries of the RS Government: the Ministry of labour and veterans and the Ministry of health and social welfare;
- Courts having the jurisdiction over proceedings for withdrawal of business capacity of persons with disabilities.
4.2.2. Introduction to the procedure and mode for classification and assessment of disability level of children with disabilities

In Republika Srpska, there are 13 first-instance boards for classification of persons with physical and mental impairments, operating in: Prijedor, Banja Luka, Gradiška, Modriča, Doboj, Bijeljina, Istočna Ilidža, Trebinje, Foča, Tešlić, Zvornik, and Kozarska Dubica.

All the boards are established under the single Rulebook for detection of children with physical and mental impairments, establishment and composition of boards and modes of assessment of children with disabilities.

As stated above, the rulebooks for classification and assessment of disability level of children with physical and mental impairments mostly do not differ much in their provisions, while solutions of these rulebooks are taken over from the Rulebook for identification, classification, establishment and work of classification boards of SR BiH from 1984.

The assessment is made by professional boards composed of physicians specialised in certain fields (depending on the nature of impairment), social workers, special education teachers (special pedagogues) of certain professional orientation and psychologists.

The assessment procedure includes the following:

- Reporting to the competent centre for social work,
- Adequate treatment on the part of a professional team of the centre for social work in order to take timely action and remedy the situation,
- Medical findings on the child’s treatment,
- Individual assessment on the part of board members, applying methods specific for each field,
- Formulation of joint findings and opinion of the board, which classifies persons in accordance with the International disease classification (IDC-10, 1990)

The Rulebook for the work of municipal boards for classification and assessment of disability level define the categories of children with disabilities that could be assessed and classified:

- Children with visual impairments,
- Children with hearing impairments,
- Children with speech and voice impairments,
- Children with physical impairments,
- Children with mental development impairments,
- Children with multiple impairments,
- Autistic children,
- Children with other impairments in accordance with IDC-10.

Each category of children with disabilities includes several levels that, in principle, correspond to the severity of impairment. The findings must include proposed measures stating the following: what should be done in a given case to eliminate, reduce, overcome or accept the existing disability using programmes available.

This assessment is one of the high-quality disability assessments; it identifies not only the impairment but also the possibilities. Its main drawback is that it does not establish the percentage of disability required by many protection programmes and systems and as a result, its findings must be verified by other boards.

Owing to the complex composition of boards, the assessment is done regionally, since not all the municipalities have professional staff qualified to perform these tasks, which reduces the quality of work and dedication to the process.
4.2.3. Disabled war veterans

The legal basis for assessment of disability level of disabled war veterans in Republika Srpska is provided by the Law on the rights of disabled war veterans and family members of fallen veterans, as well as the Rulebook for assessment of the level of disability and the right to orthopaedic prostheses and the Rulebook on disabled war veterans exercising their right to assistance and care provided by other persons.

The assessment of the degree of loss of function is used to establish the rights of war veterans and civilian war victims in Republika Srpska. The assessment is performed within the Ministry of labour and veterans.

As in the BiH Federation, the basis for disability level assessment is the International list of impairments, according to which disabled war veterans can be classified in ten disability groups, as follows:

- Group I – Degree 1 100%; Group II 100%; Group III 90%; Group IV 80%; Group V 70%; Group VI 60%; Group VII 50%; Group VII 40% (being different in the basic percentage: the base percentage for Group VII 50% is 13, while for Group VII 40%, the basic percentage is 7%), Group VIII 30% and Group IX 20%.

In addition, it is evident that almost the same criteria for disability level assessment are used in both the BiH Federation and Republika Srpska, which is a good basis for further harmonisation of mechanisms for disability level assessment and harmonisation of procedures throughout BiH.

4.2.4. Civilian war victims

Unlike the BiH Federation, the institution responsible for disability assessment of civilian war victims is the RS Ministry of labour and veterans. The assessment follows procedures and the provisions of the Rulebook on assessment of the level of war-related disability, focusing on the fact that its purpose is to enable civilian war victims to exercise their rights. The ratios for calculation of these benefits are reduced in comparison with ratios applied to disabled war veterans of the same level of disability. In addition, the level of disability for entitlement to certain forms of protection is different; while the lowest level of disability qualifying for benefits is 20% for disabled veterans, the minimum level of disability of civilian war victims qualifying for benefits in both the FBiH and RS is at 60%.

Civilian war victims are classified into six disability groups, as follows:

- Group I Degree 1 100%; Group II 100%; Group III 90%; Group IV 80%; Group V 70% and Group VI 60%.

In addition, disability assessment of civilian war victims is performed in order to enable them to exercise their rights and forms of protection and/or get compensation for the loss of function or a body part resulting from direct or indirect warfare activities.

4.2.5. Persons with disabilities not related to the war

In Republika Srpska, in order to enable persons with disabilities not related to the war to exercise their social protection rights, remaining working ability assessment is done at the municipality level following the same criteria in assessment of work capacities (ability to work) and assessment of the need for assistance provided by other persons. The assessment is performed by mixed boards established by the municipality, composed of two physicians and a social worker or other social work expert. At the RS level, there is a second-instance board dealing with appeals. The opinion of the first-instance board is not subject to review.

These boards do not perform classification and do not assess disability level but give their findings on the existence or lack of work abilities and the need of a person for care provided by other persons or the person’s ability to fulfil his/her basic needs on his/her own.
Despite the fact that first-instance boards follow the same criteria, their work is rather inconsistent (their approach varies greatly in terms of how strict they are), manipulations occur often, procedures are often protracted, there is no supervision and review system, etc. Findings of these boards are used only within the RS system of social protection.

Some municipalities have not established their own boards and social work centres use the services of pension and disability boards or a single board performs these tasks for several municipalities, since there are no sufficient capacities for appointment of boards in all municipalities.

4.2.6. Disabled workers

Just as in the BiH Federation, in RS there is no assessment of level of disability of disabled workers but, rather, the assessment of the remaining work ability and the possibility for a person, to keep his/her job or be reassigned to another one, regardless of the established level of disability.

Assessment of the remaining work ability of disabled workers in Republika Srpska is performed by a board of the Pension and disability fund, while the “processing” and preparation of the required documentation is done by the competent medical board or physicians specialised in industrial medicine. In addition, the representative of the employer gives the opinion on the employee’s efficiency with regard to their current job performance and give possible recommendations as to reassignment to a different post in order to keep the disabled worker employed.

Boards for assessment of the remaining work ability include two specialist physicians and their opinion often differs from the findings and opinions of physicians specialised in industrial medicine and recommendations of the representative of the employer.

4.2.7. Disability level assessment for withdrawal of business capacity

Just as in the BiH Federation, in Republika Srpska there are also a number of proceedings instituted by parents, other relatives or ex officio by social work centres before competent courts for withdrawal of business capacity of persons with disabilities who are assessed as not being able to make decisions about themselves and/or their business interests relating to their activities, property or the like.

With active participation of the centre for social work and testimonies of expert witnesses engaged by the competent court, a business capacity of a person can be temporarily or permanently withdrawn on the basis of the assessed level of disability.

In the event the situation changes after the act of withdrawal of business capacity, making the reasons for withdrawal no longer applicable, proceedings may be instituted before the competent court to restore business capacity to a person whose business capacity have been withdrawn previously, in line with the decision of the court.

5. Impact analysis and final considerations

As illustrated above, there are several mechanisms for assessment of the remaining work ability or disability level applied in Bosnia and Herzegovina.

Disability assessment mechanisms have the following general characteristics:

- There is no single disability definition in BiH which would be accepted by the majority of stakeholders in different processes relating to disability;
- Despite the recognised common elements used in assessing individual categories of persons with disabilities, there is no minimum single legislative basis for assessment of level of disability of different categories of persons with disabilities;
• With the exception of the disability assessment and classification of children with disabilities, disability assessment for all other categories is performed to enable the implementation of rights relating to certain fields in which the state runs support programmes for persons with disabilities;

• Capacities of institutions and boards engaged in disability assessment and classification of persons with disabilities are limited and the period after the application preceding the actual disability assessment is often quite long;

• The relevant bureaucratic procedure (collection of the required documentation) is rather demanding and mostly irrelevant for assessment of the remaining work ability. Collection of the required documentation and initiation of the assessment procedure often require certain financial resources, which is a limiting factor for a number of persons with disabilities;

• Despite different local legislations, the International impairment list is used for assessment of different categories of persons with disabilities, which can represent a good starting point for harmonisation of the assessment criteria.

5.1. Children with disabilities

• Serious problems are present in the process for classification and disability assessment of children with disabilities;

• The legal framework for classification and assessment of the level of disability and the relevant by-laws are not harmonised (cantalontal laws on basic social protection, protection of civilian war victims and protection of families with children are not adopted in all cantons), while the by-laws used as the basis for the establishment and work of boards are mostly copied from the 1984 SR BiH Rulebook;

• Thus, the medical model in treatment of disability is used to a considerable extent as the basis for assessment of the level of disability, which can best be seen in boards the composition of which is dominated by medical practitioners specialising in various fields of medicine;

• In the BiH Federation, transfer of competencies in this field to cantons has lead to an inconsistent institutional system of bodies responsible for the assessment, which goes so far that no boards have been established in certain cantons;

• The mode of classification and assessment of children with disabilities in Republika Srpska is more harmonised, although assessment and classification boards are not fully staffed in those centres that have them.

5.2. Disabled war veterans and civilian war victims

• Despite the two assessment systems, the criteria for war disability assessment seem to be almost completely harmonised;

• It is evident that a low minimum level for veteran disability of 20%, enabled the award of status of disabled veteran to a large number of persons whose working ability is almost completely intact. There are several reasons for this approach, but certainly the most evident are "buying" of social peace, recognised political power of disabled veterans and sensitivity of constituencies to problems of this category of citizens, economic motives of a large number of those who realised the right to entitlements on the basis of veteran's disability and lack of alternative attractive programmes

5.3. Non-veteran disabled persons

• The differences in mechanisms for assessment of degree of disability and institutional framework for implementation of assessment are evident between entities;

• Legal framework for operation of institutions for assessment is different;
Social work centres, the Institute for medical evaluation and the Ministry of labour and social policy in the BiH Federation do not have enough capacities to carry out periodic evaluations and reviews of all persons with disabilities in the FBiH who have instituted relevant procedures;

It is evident that lack of a unique definition of disability creates opportunities for a large number of people to realise certain entitlements by gaining the status of a person with disabilities, without real need for types of support designed for the benefit of persons with disabilities;

It is indicative that in Republika Srpska little more than 6 thousand persons use the entitlement for care and assistance provided by another person, while based on Federal Law on social protection, protection of civil war victims and protection of families with children, by the end of 2006, this entitlement was realised by more than 10 thousand persons and twice as many persons are waiting for the procedure of assessment of degree of disability;
VII Anes Ćehović and Sanja Zahirović: "Overview of the best practices in the area of disability in Bosnia and Herzegovina"

1. Introductory considerations

Development of the society of BiH from 1995 onwards has been characterised with an overall transition of social relations and commencement of completely new processes in all segments of the social development.

Consequences of disintegration of the former joint state had most negative impact on social relations in Bosnia and Herzegovina. Still, apart from a series of aggravating circumstances under which the post-war society of BiH developed, some obvious positive changes occurred which are manifested in different segments of the social development.

Due to an increased number of persons with disabilities (PWDs) in Bosnia and Herzegovina, a more significant impact of organizations dealing with PWDs on changing attitude of the society towards persons with disabilities, as well as due to requirements of the International Community for introduction and application of standards in effect in developed countries in the key areas relating to PWDs, ongoing reforms and the need for rationalization of public spending, the disability issues are more often present in the agendas of not only governmental institutions but also of the civil society institutions.

It is characteristic that disability issues are dealt with not only by organizations of PWDs and governmental institutions but also by international and local non-governmental organizations, the media and other civil society institutions. The interest of different stakeholders in this matter resulted in a series of activities undertaken in the area of disability, which according to the effects they produced, sustainability and inclusion of the target groups and the place they have in the general policies developed by the state, can be conditionally divided into "bad" and "good" practices.

1.1. Goals of the research

The research under the title: "The best practices in the area of disability in Bosnia and Herzegovina" focused on collection of information on the best practices in the area of disability in Bosnia and Herzegovina.

The goal of the research was to facilitate a learning from experience and examples of good practices and motivate interested parties in taking more active participation in future efforts of integration of disability issues in the mainstream of the society by presenting examples of good practice in different activities of government bodies and organizations of PWDs.

1.2. Methodology

For the purpose of this research different methodologies will be used in different phases in order to ensure the results, which will lead to accomplishment of the research goals and provide a comprehensive overview of the current situation in the area of disability in the areas covered by the research.

For the purpose of presentation of the best practices in the area of disability, the method of description of the best practices will be used in line with the provisions of the UN Standard Rules, to give an overview in different areas of interest to PWDs.

Good practices in the disability policies will be reviewed in terms of:
- Legislation and bylaws;
- Practical application of good practices in different parts of B&H;
- Role of public state institutions in development and application of examples of good practice;
- Role of organizations of PWDs and other NGOs in applying the good practices in the area of disability.
Since the overall research will include analysis of institutional models in the area of disability in Bosnia and Herzegovina as well as the capacity assessment of the institutions dealing with different categories of PWDs, methodology for the remaining elements of the research will be presented in the relevant sections of the research, in addition to certain issues which will be elaborated in more detail in the sections of the research dedicated to some of the aforementioned areas.

1.3. Criteria for selection of the best practices in the area of disability

For the purpose of selection of the best practices in the area of disability in Bosnia and Herzegovina, the researchers have used several basic criteria that were, more or less, applicable in all areas in which the best practices were identified:

- Scope and importance of the change that a single good practice caused not only in the community in which it was applied but also on a broader scale;
- Sustainability of good practice upon completion of the project or upon expiry of the support provided for its implementation (adoption of good practice by local stakeholders and ensuring resources necessary for its sustainability);
- Practical application in different parts of Bosnia and Herzegovina;
- Role of public institutions in developing and applying the good practices;
- Role of organizations of PWDs and other NGOs in applying good practices in the area of disability.

2. Overview of good practices in the area of disability in Bosnia and Herzegovina

Despite the series of limiting factors which stood as an obstacle to implementation and development of programmes dedicated to PWDs over the past decade (since the Dayton Peace Agreement was signed), a significant number of projects dealing with PWDs have been implemented in Bosnia and Herzegovina, and have yielded results which were reflected in good practices that can nowadays serve as basis for development of future action plans in the area of disability in different segments of social life.

2.1. Awareness-raising

Soon after the end of the war in Bosnia and Herzegovina, a certain number of PWDs and a few organizations of PWDs recognized the need for launching the activities aimed at raising awareness of the community about persons with disabilities and their needs, as well as raising awareness of PWDs of their roles in society and their human rights that the society should guarantee.

The first projects, which among other things focused on raising awareness of the community of the needs of persons with disabilities, were implemented in several cities in Bosnia and Herzegovina, specifically in: Sarajevo, Tuzla, Banja Luka, and Goražde.

In 1999, the first large conference on human rights of PWDs was organized in Tuzla as a joint effort of the Finish Centre for independent living “Threshold” and “Lotos”, and a year later, in 2000, the city of Banja Luka hosted a conference on independent living of persons with disabilities.

The topics discussed in these two conferences relied on the content of the UN Standard Rules, which was handed out to all interested institutions, organizations and individuals in hard copy or in versions (techniques of print) adjusted to blind and partially sighted persons.(*1)

Awareness of the need for organizations of PWDs to undertake joint activities was manifested in the joint preparation and implementation of the seminar on the subject of Standard Rules, which was organized in May 2000 in Fojnica, for the benefit of representatives of governmental institutions (competent ministries from Republika Srpska and the Federation of Bosnia and
Herzegovina). This seminar was also attended by Mr. Bengkt Lindquist, a special reporter of UN Secretary General for application of the Rules in the countries and regions. Aforementioned activities resulted in a more frequent references to the recommendations contained in the Rules by both the persons with disabilities and government representatives.

The seminar was organised as a result of a collaborative effort of about a dozen organizations of PWDs, which recognized the importance of the Standard Rules and secured funding for organization of the seminar.

The seminar in Fojnica was followed by a few thematic meetings (Social welfare of PWDs and application of Standard Rules, Employment of PWDs, etc.), which again used the UN Standard Rules as a starting point for discussion.

During the pre-election campaign ahead of 2000 General Elections, four organizations of PWDs (Association of blind persons of Sarajevo Canton, Union of blind persons of Republika Srpska, Association of blind persons in Bijeljina and I. C. «Lotos») implemented the project under the title: "The right of PWDs to participation in the elections", which ensured that the pre-election platforms of majority of political parties included the issues of PWDs whose disability was neither direct nor indirect consequence of the war. Several political parties pledged to advocate within the government institutions after the elections for the adoption of the Standard Rules as a basis for planning of the activities to be undertaken by the government in the area of disability.

As a result of a continuous promotion of Standard Rules on part of organizations of PWDs, realised within the campaign "We are all equal", implemented by Centre of Civil Initiatives, an NGO, in collaboration with the organizations of PWDs, during the period between 2003 and 2005, the Standard Rules were adopted by the Council of Ministers on 30 September 2003, as a document which the Government ought to use as a basis in developing its activities in the area of disability.(*2)

As a result of promotion of the Standard Rules and adopting thereof by the Council of Ministers, a series of other activities has been launched in different areas of social life of Bosnia and Herzegovina that included disability issues, and this is certainly the best indicator of the raised awareness of the need for inclusion of PWDs and respect of their human rights:

- In its sectoral priority under the title: Social Policy, the Mid-term Development Strategy of Bosnia and Herzegovina (MTDS) devoted an entire chapter to different categories of PWDs (disabled veterans, civil victims of war, “other” disabled persons);(*3)
- In the process of adoption of the new legislation, as a part of the reform of the system of education inclusive education has been facilitated for PWDs and all forms of discrimination against any form of disability have been prohibited, while participation of PWDs has been enabled at all levels of education in the “regular” process of education.(*4)

There are numerous other examples demonstrating the progress made in terms of raising awareness of the society of Bosnia and Herzegovina about the disability phenomenon, but having in mind limited space available within this report and the fact that in listing of good practices in other fields, one will be able to recognize the change of awareness of different stakeholders towards PWDs, we deem that the aforementioned examples of good practices demonstrated various impacts on the attitude of the society towards PWDs, which can be interpreted as raised awareness of the society of the disability issues.

2.2. Medical Care

Medical care is one of the most important services that should be available to persons with disabilities without any restrictions. Available medical care implies a full access to all services, staff trained to provide different medical services, rehabilitation services and spa/preventive
treatments for physically disabled persons, mental health services and different forms of medical counselling centres. That way, impact can be made and the remaining capacity of persons with disabilities sustained or certain limitations that may be caused by disability reduced.

However, we were not able to single out a good practice in the area of medical care, although health reform was launched shortly after the end of the war in Bosnia and Herzegovina.

Based on the agreement between the Canadian Government and the Ministry of Health of the Federation of Bosnia and Herzegovina and Republika Srpska, a project of development of the community based rehabilitation service (CBR) was implemented. This project was supposed to ensure comprehensive rehabilitation services to citizens in several cities in the Federation of BiH and the RS, but primarily to disabled veterans and other categories of PWDs. It was anticipated that the project would provide not only use of CBR services by medical rehabilitation beneficiaries, but also give them access to different forms of psycho-social support. However, despite a significant number of war victims included in the project, especially in the early phase of its implementation in the Federation of BiH, these services made no significant effects in terms of medical care provided to PWDs other than developing medical capacities mainly for the purpose of physical therapy and partly removing architectural barriers to the facilities where these services were provided.

2.3. Rehabilitation

Rehabilitation programs for PWDs are implemented in several different ways, depending on the age of persons treated, cause of disability and institutional form of rehabilitation programme.

In this document, we shall not speak of the rehabilitation programs carried out in the specialized institutions for rehabilitation of PWDs, because an entire part of the research will be devoted to the analysis of capacities in the institutions for PWDs in Bosnia and Herzegovina.

Rehabilitation programme designed for the benefit of land-mine victims, which was implemented in Bosnia and Herzegovina through the Landmines Survivors Network (LSN), is a comprehensive programme of support to PWDs – land-mine victims. It certainly deserves to be mentioned as an example of good practice in terms of rehabilitation of a category of PWDs. (*5) Implementation of this programme was launched in 1997 by LSN. The programme includes several different activities aiming at a complete rehabilitation of land-mine survivors.

LSN established a multi-disciplinary rehabilitation team made of social workers, different types of counselling and support experts and professional associates for medical rehabilitation and orthopaedic aids. Apart from being composed of experts in different fields, one of the greatest values of rehabilitation teams lies in the fact that they also include rehabilitated persons as team members, who can significantly contribute to recovery of self-confidence of persons undergoing rehabilitation using their own example and “peer counselling”:

- Establishing first contact and providing assistance with medical care: Representatives of the team for rehabilitation contact the victim immediately following landmine injury and define necessary forms of assistance in cooperation with the medical institution that took care of the landmine survivor detailing type and scope of necessary medical rehabilitation and adequate orthopaedic aid and facilitating contact with a "peer" counsellor;
- Contact is established with the family of a landmine survivor and overall current and future conditions of life examined in terms of obstacles that the person with disability might encounter following the completion of the process of medical rehabilitation, including structural barriers and economic, social and emotional problems;
- On the basis of the assessment, in cooperation with the person with disability and his/her family, the team for rehabilitation prepares a programme of rehabilitation and commences its implementation;
During the course of implementation of the programme of rehabilitation, multidisciplinary monitoring is secured to ensure not only adequate forms of support, but also changes to the programme, if such changes are deemed necessary;

For the purpose of implementation of such a comprehensive programme, LSN established a network of field offices in twelve towns in Bosnia and Herzegovina. Managers of these field offices are rehabilitated landmine survivors with disabilities;

In addition to directly working on implementation of the programme of rehabilitation, LSN also provides financial and professional assistance for commencement of small-scale business in the area of agriculture, trade and provision of services to all interested landmine survivors with disabilities, as an integral element of the programme. There are several examples of successful entrepreneurs who started their own small-scale businesses in these areas or secured working engagement with the employer who received assistance from LSN to get equipment or create employment opportunities for landmine survivors;

Through its programmes of rehabilitation, LSN assisted over six thousand landmine survivors with disabilities, and over two hundred persons started some sort of independent business in one of the targeted areas.

Support to the programme of rehabilitation of landmine survivors with disabilities in Bosnia and Herzegovina was secured by the governments of the United States, Switzerland and Slovenia.

2.4. Additional services

Persons with disabilities are aware of the necessity of establishment of different support services that would enable them to fully exercise their human rights and accomplish equal participation in different every-day activities in their local communities.

In addition, on the other hand, representatives of government institutions recognize opportunities for decrease of cost of different forms of support through establishment of various support services for persons with disabilities, as opposed to direct monetary contributions.

Despite the awareness of necessity of establishment of support services, there is only a limited number of such services available in Bosnia and Herzegovina, with majority of them set up by organizations of persons with disabilities or humanitarian and non-government organizations.

We will not discuss day-care centres for children with disabilities in this document, since this type of service exceeds the scope of a support service. Chapter 2.6 (Personal Development and Education), will include more information on day-care centres as examples of good practices.

We will present four examples of good practices in the area of support services provided to different categories of persons with disabilities in Sarajevo, Tuzla and Banja Luka:

- As a part of activities of the Committee of Blind Women, over the period of past three years, the Association of Blind Persons of Sarajevo Canton implemented the project of provision of personal assistants for thirty blind women in Sarajevo Canton. (*6). The project was funded by the Swedish non-government organization Kvinna till Kvinna (Women to Women). It ensured full inclusion of beneficiaries of the project in various activities not only within the Association but also in their personal life, improving the level of their independence thus decreasing their dependence on their families, boosting the confidence of women recipients of the service and opening a number of opportunities for their full socialization. In addition, the service has significantly influenced the awareness of the community of blind persons in Sarajevo and other towns in the Federation of Bosnia and Herzegovina;

- The Union of Deaf and Hearing Impaired Persons of Bosnia and Herzegovina established the service of interpretation from/into sign language. As a part of the service, a substantial number of young persons closely related to persons with hearing
impairments completed the training for interpreters of sign language. That way, preconditions were created to advocate inclusion of interpretation into sign language of the most important TV shows of BHT, TVFBiH and TV Hayat. In addition, establishment of the service of interpretation from/into sign language created conditions for use of this service in organization of various seminars, conferences and meetings for persons with disabilities. That enabled persons with hearing impairments to exercise one of the essential rights – right to access to information; (*7)

- "Lotos" Informative Centre for persons with disabilities has been securing the service under the name of "Bank of Aids" for five years. Orthopaedic aids are either loaned or allocated for use to persons with different types of physical disabilities. All aids available to the service have been used before and were donated by humanitarian organizations from Western countries. Given the limited opportunities to obtain aids through the Health Insurance Fund, this service is recognized both by medical institutions where it is recommended to patients who require a particular type of aid and by other associations of persons with disabilities and centres for social work. The main feature of this service is that the aids are loaned and users required to return them to the service as soon as they no longer need them, to ensure they are redistributed to other persons who do need them; (*8)

- In Banja Luka, "Partner" humanitarian organization, working in cooperation with Centre for Social Work, established the service of provision of personal assistants for over sixty (60) beneficiaries with disabilities of different levels. The service was first initiated by "Partner" HO, for a rather limited number of beneficiaries, during the pilot phase of the service. Following implementation of the project under the title "Development of Social Policies at the Level of Local Communities", which targeted Banja Luka as one of the towns in which the project was implemented, and advocating work of representatives of "Partner" HO, Banja Luka Centre for Social Work added the service of provision of personal assistants into the spectrum of services it offers to different kinds of beneficiaries of social protection services. (*9)

2.5. Accessibility

Accessibility is one of the issues that both the government institutions and organizations of disabled persons started dealing with in 1996.

There are a number of examples of good practices which could serve as an illustration, and we will restrict ourselves to examples of good practices related to accessibility in several areas:

- Various laws and by-laws which deal with the issues of urban planning and construction were adopted in both entities of Bosnia and Herzegovina. (*10) In the Federation of Bosnia and Herzegovina, the Law on Construction, adopted in 2001, dealt with the issue of accessibility in all stages of construction making accessibility in construction of new facilities and reconstruction of existing facilities a mandatory requirement both formally and legally, from design to implementation of construction works. This Law was nullified as destructive to vital national interest and the new Federation level decree which details this area was adopted in 2004. (*11) However, it is important to note that in some cantons (Sarajevo, Tuzla), the area of construction is regulated by canton-level construction and urban planning regulations (*12), which detail solutions which fully guarantee application of accessibility standards.

- In the Republic of Srpska a Unique Rulebook on Rules, Standards and Conditions of Construction free of Structural Barriers is adopted. The Rulebook was promoted by the Ministry of Urbanism, Civil Engineering and Ecology of the Republic of Srpska and the Association of Persons with Paraplegia of Doboj Region in several places in the Republic of Srpska, and the activity was partially funded by SHARE SEE Project.

- The Municipality of Tuzla implemented activities in several areas, certainly deserving to be considered a noteworthy example. Those activities include:
  a. Back in 1995, the Municipal Urbanism Institute developed a project of removal of structural barriers in the streets and key public facilities in the town. Once the project
was developed, the Municipality secured funding and the project was implemented in 1997, resulting in removal of structural barriers on the streets of Tuzla, in post offices, schools and municipal departments for provision of services to citizens. In addition to removal of structural barriers, a map of town was prepared, which serves as a guide detailing accessible public facilities and indicating the level of their accessibility; (*13)

b. Accessible local public transportation services provided in low-floor buses are available to persons with disabilities in Tuzla since 2000. During the early years, such transportation was available only for public transportation services provided in urban areas. Additional low-floor buses made services of public transportation available to persons with disabilities in suburban areas as well. It is important to note that the good practice of accessible public transportation is not the result of a legal requirement for provider of transport services to secure accessible vehicles. Instead, it is primarily the result of successful advocating organized by "Lotos" Informative Centre for persons with disabilities and the ability of the management to understand multiple benefits which the introduction of low-floor buses brought to the business;

c. Removal of structural barriers in educational institutions is one of the key preconditions to enable persons with disabilities access education at all levels. However, examples of good practice in physical accessibility to educational institutions were found in universities, while educational institutions at lower levels remain inaccessible which results in high extent of exclusion of persons with disabilities from the processes of education. Structural barriers at Tuzla University were removed in two stages:

- During the first stage, the project of inclusion of students with disabilities in university studies was implemented in cooperation with Autonoma University of Barcelona. As a part of the project, several barriers were removed off several facilities and specialized vehicle was obtained to provide transportation services for persons with disabilities using wheelchairs. The Project also secured access to textbooks by promoting voluntary work of students in transfer of textbooks using techniques accessible to persons with disabilities. Additionally, necessary equipment was purchased (PCs with accessibility options, tape recorders and electronic notepads). Sustainability of these activities was secured by getting the students with disabilities organized into the Association of Students with Special Needs and Volunteers; (*14)

- After the project brought about increase of number of students with disabilities at Tuzla University and activities of the Association aimed at promotion of idea of organized support to students with disabilities at other universities in Bosnia and Herzegovina were implemented, during the course of 2003 and 2004, the process of removal of structural barriers commenced with the support of the UN Programme of Assistance at most faculties in Sarajevo and Tuzla universities and to some extent at Banja Luka University as well.

- Examples of good practice in removal of structural barriers and full application of construction standards which guarantee accessibility can be found in several large retail chains which constructed shopping centres throughout Bosnia and Herzegovina. It is obvious that those who did market research in our country found that consumers with physical disabilities make a substantial segment of the market;

- In 2000, as a part of the project of support funded by the Japanese Government, eight (8) low-floor buses were provided in Banja Luka to be used for the purpose of provision of public transportation services in Banja Luka in both urban and suburban areas.

As far as access to information is concerned, we wish to point out the improvement made in the area of securing access to information by getting the news broadcasts of BHT1, TVFBiH and RTRS, Tuzla Canton TV station and Hayat TV interpreted into sign language for deaf and hearing impaired persons. Additional significance of this example of good practice is reflected in the fact that it is fully supported by the Association of Deaf Persons (See details in Chapter 2.4.).
Association of Blind Persons of Sarajevo Canton secured access of blind and partially sighted persons to the most important international and local documents which deal with issues of persons with disabilities or serve as a basis for activities of non-government organizations in advocating certain issues at various levels. This enabled equal access to information for blind persons who wish to get actively involved in activities of non-government organizations. (*15)

2.6. Personal development and education

Personal development and education are the main preconditions for inclusion of persons with disabilities in all segments of social life. However, educational curricula for persons with disabilities in Bosnia and Herzegovina represent one of the weakest links of the chain of the system of support that needs to be provided. At this point, we will not get into the detailed analysis of the existing system of education for persons with disabilities as this issue will be reviewed in more detail in sections of the research dedicated to analysis of institutional capacities and existing models in the area of disability. However, we wish to point out two processes of critical importance that could be considered "revolutionary" elements of reform of educational system in Bosnia and Herzegovina:

1. Reform of preschool, elementary and secondary education and adoption of state level, entity level, and in the FBiH also canton level laws outlawed all forms of discrimination in the process of education, including ban of discrimination on the basis of disability; (*16)

2. Introduction of inclusive education open to everyone, which implies creating legal basis for inclusion of children with disabilities into mainstream education at all levels.

However, it seems that after the favourable legal framework was put into place, a number of other preconditions are yet to be created to ensure that the law would truly result in practical inclusion of children with disabilities into the process of education.

During the post war period, substantial number of day-care centres was established in many towns all over Bosnia and Herzegovina to work with children and youth with multiple disabilities. These centres represent an example of good practice of non-institutionalized form of care of children and youth with multiple disabilities. The majority of day-care centres are developed on the basis of experiences of the "Steps of Hope" centre for children with multiple disabilities from Tuzla, which not only served as a model for organization, but also secured a number of training programs in several day-care centres in the Federation of Bosnia and Herzegovina and Republika Srpska.

The example of good cooperation and joint action in securing support to children with multiple disabilities is demonstrated in the activities of the "The Sun Belongs to All of Us" association of parents from Trebinje. In cooperation with Trebinje Centre for Social Work, the Association implements programmes of support for children with multiple disabilities and provides various support programmes for parents. Unlike a large number of day-care centres in BiH which still function with the support of international donors, "The Sun Belongs to All of Us" centre is supported through various forms of cooperation with Trebinje Social Work Centre, which enabled standardization of services provided, long term sustainability and substantial participation of social protection sector at the local level in designing of programmes.

It is characteristic for almost all day-care centres for children with multiple disabilities that they encourage active participation of parents, employ multi-disciplinary approach in working with children who benefit from their services and have developed forms of cooperation with educational institutions in communities in which they operate to some degree. However, despite the paramount importance of the work they do, they still have little or no support from government institutions.

This form of educational work with children with multiple and the most severe level of disability certainly improved support provided both to children and to their families. However, it is necessary to secure standardization and develop procedures for certification and licensing for operation of such centres in the coming period, in order to create conditions to secure support
for operation of these centres from the budgetary resources designated for support to the process of education, social protection and healthcare of both children and families with disabilities.

Detailed analysis of day-care centres for work with children with the most severe multiple disabilities will be presented in the section of the research dedicated to the analysis of the existing institutional models in the area of disability in Bosnia and Herzegovina.

2.7. Employment

During the process of transition, Bosnia and Herzegovina adopted regulations which detail the area of labour and mediation in employment. Regulations which detail the area of labour and mediation in employment eliminated possibilities for discrimination on the basis of disability and recommended giving advantage in employment to persons with disabilities. (*17) Having researched the examples of good practices in the area of employment of persons with disabilities, we wish to point out the following:

- The process of definition of legal framework for support to professional rehabilitation and employment of persons with disabilities in Republika Srpska is almost complete. (*18) After several years that the organisations of persons with disabilities spent trying to get the Law on Professional Rehabilitation and Employment of Persons with Disabilities adopted by the National Assembly of Republika Srpska, the Law was finally adopted at the end of 2004. That created legal framework for implementation of various mechanisms of support to employment of persons with disabilities, both in open business sector and in various special forms of employment. We will highlight several parallel processes which will confirm our belief that activities jointly implemented by organisations of persons with disabilities, relevant ministries of the Government of Republika Srpska and other relevant institutions should be illustrated as examples of good practice:
  - Continuous monitoring of implementation of the Law is secured and public debates are organized periodically to discuss the effects of implementation of the Law and good sides and limitations to implementation of the Law. These debates are attended by representatives of different interested government institutions, companies for employment of persons with disabilities, institutions for professional rehabilitation and organizations of persons with disabilities (debates are organized twice a year); (*19)
  - Following adoption of the Law, the process of adoption of by-laws and establishment of the Fund for Professional Rehabilitation and Employment of Persons with Disabilities commenced. The main purpose of the Fund was to secure funding for employment of persons with disabilities and collect revenue in fines from legal entities in violation of the legal requirement which mandates minimum number of employees with disabilities;
  - Continuous monitoring of implementation of the Law indicated certain weaknesses and joint initiative of the RS Ministry for Labour and Veterans and organizations of persons with disabilities brought about initiation of the process of adoption of amendments, which the RS National Assembly adopted in June of 2006.

Since the Law was adopted, the number of companies in the RS employing persons with disabilities increased to eighteen.

Despite a large number of obstacles to initiation of independent businesses, several examples of good practices need to be highlighted:

- In Kozarska Dubica, a blind man initiated production of leather products specialising in production of leather garments for hunters. Despite difficulties, the business is thriving and the number of employees increased to eight (8). In addition, business owner spoke at the Employment Conference held in Doboj on 28 and 29 September of 2006, detailing further activities and plans for expansion of his business;
- In Široki Brijeg, as a part of activities of "Utjeha" association, a business was initiated for the purpose of recycling plastic waste and production of products made of recycled plastic;
• In the area of Lukavac, a man with physical disability moving in a wheelchair successfully produces honey significantly contributing to his household income;
• LSN secured support to development of small-scale businesses and independent commercial activities for over 200 landmine survivors.

2.8. Support from Income Earned and Social Security Net

Under the new social circumstances, one of the main functions of the state should be to secure or guarantee a social security net for all citizens, especially those in vulnerable categories, which most certainly include the majority of persons with disabilities and most households where a person with disability is either a provider or a family member.

However, Bosnia and Herzegovina is still unable to guarantee the so-called "existential minimum", even to the most vulnerable categories of citizens. For that reason, persons with disabilities are either below the poverty threshold or very close to it.

Therefore, if we exclude examples of good practices detailed above (See Chapter 2.7.), it is difficult to discuss examples of good practice in the context of support from one's own income and the social security net.

2.9. Family life and personal integrity

It is very difficult to identify examples of good practices in the context of family life and personal integrity, given the conditions in which the majority of persons with disabilities in Bosnia and Herzegovina live. If we consider persons whose disabilities occurred in the most severe forms, either at birth of in early childhood, examples of good practice in the context of family life and personal integrity are very rare.

Research on the status of persons with disabilities conducted by "Lotos" in the region of Tuzla Canton in 2002 (*20) and in the region of North-East Bosnia and Herzegovina in 2006 (*21) indicate that over 50% of participants in the research live with the family, most frequently with parents or close relatives, the percentage being much higher when it comes to women with disabilities.

Additionally, the survey of attitudes of citizens towards persons with disabilities indicated that a large number of participants in the survey believed that persons with the most severe disabilities were not capable of living independently, taking care of themselves and performing routine day activities.

Results of these surveys indicate that despite declarative belief that persons with disabilities should fully enjoy their human rights; there are very few activities in practice that could corroborate such belief.

Exceptions do exist though, as illustrated by the activity of Sarajevo Canton in construction of the so-called "social" apartments for the most vulnerable categories of citizens. In 2004, the Government of Sarajevo Canton awarded apartments to disabled veterans, civilian war victims, different categories of persons with disabilities not caused by the war and certain number of vulnerable individuals. That, at least to some extent, created conditions for independent family life of certain number of persons with disabilities.

2.10. Recreation and sports

Over the past ten years, persons with disabilities in Bosnia and Herzegovina earned international recognition in the area of sport. This research will highlight the example of the national sitting volleyball team of Bosnia and Herzegovina which, over the span of past several years, became the World Champion, European Champion and winner of the Olympics
demonstrating in the best way imaginable how persons with disabilities were capable of accomplishing top results in different areas. It appears that these accomplishments demonstrate extraordinary motivation of athletes to show that they could accomplish top results despite their disabilities, even with no adequate support from relevant institutions ordinarily provided to other sports clubs.

The result that the national sitting volleyball team of Bosnia and Herzegovina accomplished could best contribute to raising awareness of the society of capabilities of disabled persons, but even the organizations of persons with disabilities failed to recognize the importance of these results and show initiative to turn these results into an endeavour to develop positive attitudes of the community towards persons with disabilities.

2.11. Religion

During the post war period a lot of attention was focused on creating conditions for free expression of religious beliefs in our country. A significant number of religious facilities was constructed or reconstructed but there were no examples of removal of structural barriers. When it comes to reconstructed religious facilities, the most frequently noted reasons for failure to remove structural barriers was that any intervention to a facility that qualifies as a historic monument would be detrimental to the original design of the given facility.

However, for the purpose of this research, we identified publication of holy books in formats accessible to blind persons as an example of good practice. During the course of 2003, holy Koran was printed in Braille system by Centre for Blind and Partially Sighted Children in Sarajevo. In 2004 and 2005, the Association of Blind Persons of Sarajevo Canton prepared excerpts from Old Testament, New Testament and Torah and released the edition for blind persons in audio format available both on audio tape and CD formats.

2.12. Legislation

In several of the previous chapters, we noted examples of good practice in adoption of regulations which detail issues of importance to persons with disabilities and laws (see Chapter 2.7. Employment), which fully regulate issues of interest to persons with disabilities in a particular area.

Importance of adoption of the Standard Rules and their effect to the process of preparation of regulations was discussed in the Chapter which dealt with raising awareness (See Chapter 2.1.)

At this point, we wish to point out creation of conditions for participation of representatives of organisations of persons with disabilities in the process of preparation of particular regulations. Participation of representatives of organisations of persons with disabilities was in most cases a result of demonstrated interest for participation in the process of development of particular regulations, while in some cases, organizations of persons with disabilities were identified as an important partner and representatives of relevant government bodies enabled representatives of organisations of disabled persons to join working groups appointed to create specific regulations.

We will note several examples of successful partnership in the process of adoption of laws of interest to persons with disabilities, at different levels:

1. In Republika Srpska, the Law on Professional Rehabilitation and Employment of Persons with Disabilities was adopted upon the initiative of organisations of persons with disabilities. Following the initiative, the RS Ministry for Labour and Veterans working in cooperation with representatives of the Coordination Board of Organizations of Disabled Persons, prepared draft law and initiated the procedure of its adoption (See Chapter 2.7.).
2. In Sarajevo Canton, a representative of the Association of Blind Persons of Sarajevo Canton, acting as a member of the Working Group of the Federal Ministry of Labour and Social Policy, participated in all stages of preparation of the Law on Basis of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children;

3. In Tuzla Canton, representatives of "Lotos" Informative Centre for persons with disabilities, significantly influenced solutions integrated into Tuzla Canton Construction Law, through cooperation with parliament representatives. Since the Law was adopted in urgent procedure, representatives of "Lotos" prepared amendments which were presented to the Parliament by parliament representatives and adopted to be integrated into the Law which details accessibility issues.

2.13. Associations of persons with disabilities

An all-encompassing transition of the society of Bosnia and Herzegovina significantly influenced the method of organization and operation of organisations of persons with disabilities. It is almost a rule that the organizational structure of organisations of persons with disabilities reflects the organizational structure of Bosnia and Herzegovina. With the exception of several newly established organizations, organisations of persons with disabilities are organized by types or causes of disability (associations of blind persons, association of persons suffering from paraplegia, associations of disabled veterans, associations of disabled workers, etc.).

The Law on Associations and Foundations of Bosnia and Herzegovina (21) represents a legal framework for organization and operation of organisations of persons with disabilities, in addition to the laws on associations and foundations of the FBiH and the RS. (23).

A new development and an example of good practice in operation of organisations of persons with disabilities is certainly reflected in organizational development of associations of parents of children with mental and multiple disabilities. These associations were established in large number of towns in the Federation of Bosnia and Herzegovina and in Republika Srpska. These associations are organized into SUMERO Union of Associations of Persons with Mental Disabilities in the Federation of Bosnia and Herzegovina and the Union of Mentally Underdeveloped Persons of Republika Srpska. Development of these associations contributed to change of attitudes of the society to ways of securing support of the society for children who were, before the war, in most cases placed into institutions specialized in taking care of children with the most severe and multiple disabilities. The most significant contribution to development of good practices within associations of parents of children with disabilities is reflected in day-care centres which work with these children (See Chapter 2.6.), but it seems that not enough effort was made to ensure that this type of support to children with disabilities is included into programmes of provision of services for children with multiple disabilities and their parents. During the coming period, the provision of funding necessary for financial sustainability, standardization of services provided, certification of centres and supervision of their operations should be intensively advocated.

Association of Blind Persons of Sarajevo Canton is an organization whose post war development was based on both the traditional experiences in work with members of the association and on new trends of development of the non-government sector. The Association developed several programmes of support to its members (programmes of computer literacy training, programmes of mobility of blind persons, English language courses, Braille system literacy programmes) and the number of activities implemented by the Association contributed to change of attitudes towards needs and abilities of blind and partially sighted persons.

Establishment of partnership with government institutions of Sarajevo Canton enabled participation of representatives of the Association in the processes of preparation of laws and other regulations detailing issues of importance to persons with disabilities in Sarajevo Canton.
The Association also participated in activities of non-government organizations both in Sarajevo and through NGO networks which either influence development or monitor application of policies which include or should include issues related to persons with disabilities. The Association owns necessary premises and adequate material resources for implementation of various programme activities in addition to secured annual funding and human resources necessary for smooth implementation of the planned activities.

In Republika Srpska, the Coordination Board of organizations of persons with disabilities was established to serve the purpose of harmonization of issues of interest to persons with disabilities and advocating those interests with the government institutions of Republika Srpska. The Coordination Board has become the main partner of the Government for issues related to persons with disabilities. In addition, the Board has initiated a number of projects significant to both organizations of persons with disabilities and individuals with disabilities. (See Chapter 2.7.). At this point, we will note the project of development of a unique database for persons with disabilities the implementation of which will secure access to a variety of relevant information of importance to persons with disabilities to members of different associations throughout Republika Srpska. In addition to development of necessary software, computers and other necessary equipment were provided under the project and access to the Internet secured for about 40 organizations of persons with disabilities all over Republika Srpska.

We do not wish to present more detailed analysis of capacities of organizations of persons with disabilities at this point, because we will deal with this issue in the section of the research dedicated to assessment of capacities of institutions implementing programmes conceived for the benefit of persons with disabilities and in the section presenting analysis of institutional models dealing with the issue of disability.

3. Conclusion / recommendations

Although we are aware of the fact that it could be remarked that this research failed to illustrate individual examples of good practices in the area of disability in Bosnia and Herzegovina, we attempted to present the most effective activities undertaken by the various stakeholders in the area of disability in the post war Bosnia and Herzegovina. In addition, examples of good practice in the area of disability will also be highlighted in the following sections of the research, which relate to the assessment of capacities of institutions and institutional models in the area of disability in BiH.

Good practices in the area of disability ensured that this issue become important in the agenda of different stakeholders in the social development of the society of BiH.

However, during the course of the research, we found that there was not enough available information on different forms of activities of government institutions or organizations of persons with disabilities, which made it very difficult to analyze examples of good practices. We believe that interested stakeholders either do not wish to or are not able to learn enough from positive examples in the area of disability in our country. For that reasons, examples of good practices, as valuable as they are, in most cases remained isolated either within local communities where they developed or within existing programmes of work with specific categories of persons with disabilities.

Despite increasing presence of disability issues in the agendas of many stakeholders, it seems that relevant government institutions are still not interested in the issue to a degree that would get them to seriously approach the issue of disability. On the other hand, organizations of persons with disabilities still do not have enough influence or adequate capacities to improve the current attitude of the society towards persons with disabilities.

It seems that it would be of paramount importance to ensure access to more information on good practices in the area of disability in Bosnia and Herzegovina;
• Organization of study visits to organizations of persons with disabilities and towns in which examples of good practice were realized and learning from such examples would certainly bring about changes of attitude towards persons with disabilities in different areas in Bosnia and Herzegovina;
• Very often examples of good practices developed within projects supported by donors over a period of time, but because necessary capacities were not developed to an adequate degree, effects resulting from those good practices were not maintained in the long run;
• Lack of consistence in application of good practices is characteristic both for relevant government institutions and for organisations of persons with disabilities. Good example of such attitude is illustrated in the example of failure to implement regulations for construction free of structural barriers caused by insufficient interest and capacities of organizations of persons with disabilities to persist in implementation of those regulations.

During the coming period, and especially during the course of implementation of the Project of Support to the Disability Policy Development, examples of good practices should be taken into consideration in creating elements of unique policy in the area of disability, where they could serve as examples of pilot projects which practically already put certain solutions to the test.
VIII Velma Pijalović Tahmaz and Alen Stjepanović: "Evaluation of the Financial Sustainability, Implementation of the Strategy, policies and New Standards in the Field of Disability" - Efficiency of the Existing System of Provision of Funding and Potential Reform

Introduction

"Evaluation of the financial sustainability, implementation of the strategy, policies and new standards in the field of disability" is an integral part of the “Support to the Disability Policy Development in BiH (SDPD)” Project, aimed at the establishment of an adequate and sustainable system of social protection with full recognition of the rights and opportunities of PWDs and civilian war victims.

The research objective was to provide additional information relevant to the financial sustainability of the policy and strategy and standards in the field of disability, as well as to prepare a standardized guidelines for centres for social work and other professional entities involved.

This research relies on the research done by Belma Goralija, PhD, under the title: “Review of current policies and legislation in the region and the EU in the field of disability”, the research of Tamara Pribišev Beleslin, MA, under the title: “Review of national action plans on the social inclusion of the EU member states and countries in the region with the focus on the policies in the area of disability”, as well as on the joint research of Belma Goralija, PhD, and Tamara Pribišev Beleslin, MA, under the title: "EU standards in assessment of remaining work ability and EU experiences in organisation of mechanisms of assessment of capacities to provide equal opportunities for participation in social activities for girls and boys, young women and men, adult women and men and elderly women and men with disabilities – experiences in the region (Croatia and Serbia)"

For that reason, the EU experiences are not integrated in this research.

1. Social sector strategy within the Mid-Term Development Strategy (2004-2007) and its financial sustainability

The revised Mid-term Development Strategy (2004 – 2007) identifies the social sector as one of the key areas where improvements would lead to decrease of poverty. This document notes the following characteristics of the social sector in BiH:

- There is no law at the state level that regulates programs of social welfare,
- 680,000 poor persons live in BiH, while there are 324,071 registered beneficiaries of assistance under social welfare programs,
- There is a lack of targeting (identifying groups of beneficiaries), lack of adequacy and lack of efficient centralization in defining rights to entitlements,
- Eligibility to most of social welfare assistance transfers is motivated by status rather than by need, the system of cash transfer is focused on securing benefits to war veterans, with atypically small amounts for need-based transfers for categories of assistance such as social welfare and child care. As a result, the poorest beneficiaries and those with the highest extent of disability do not get the assistance they need,
- Standardization of social welfare benefits is poor – cash allocations for social welfare are determined by place of residence of a beneficiary,
- Law in the FBiH leaves possibilities for cantons to adopt separate laws dealing with this area, in accordance with their needs and resources. Conditions of qualification for assistance under a particular social programme as well as the amount of assistance received through such programme, is not defined in the same manner. Relatively limited attention and resources are devoted to those disabled persons in groups other than the disabled veterans, children and other categories of beneficiaries of social welfare
assistance. Of over 7% of population of BiH registered in centres for social work (CSW), only a fraction receives financial assistance,

- Categorization of disability is inconsistent in Bosnia and Herzegovina. For instance, in the FBiH, disabled veterans are categorized into 10 categories, while other disabled persons are categorized into five categories only,
- Benefits for disabled veterans are centralized in entities, and therefore equal within the territory of entities,
- There is no consistency among municipalities within one canton in the amount of benefits they pay for the same entitlement. Financing of most of the social programmes in the RS is made through municipal budgets; it also occurs that some municipalities do not make payments of benefits for some rights,
- Child care fund is non-existent in the RS. Child care is financed from mandatory payroll taxes (2% of the pay, which totals KM 24,286.00), and to a limited extent from the RS budget (in 2004, a total of 8.24% or KM 2 million was allocated from the budget for this purpose). Child protection program does not exist in the FBiH at the entity level. Each canton makes designations of funds to the extent possible, given the financial resources available.

Mid-term development strategy defines the following priorities for the social sector:18

- Adopt state level law and harmonize entity laws detailing the basis of social protection,
- Adopt the Law on Protection of Families with Children in the FBiH,
- Amend the Law on Social Protection in the RS and strengthen the role of entities as opposed to the role of municipalities,
- Resolve the issue of rights of founders of the institutions of social welfare in the FBiH,
- Continue work and adopt legal framework for functioning of NGO sector in the system of social welfare, by defining sources of funding and aiming to provide alternative types of social welfare in both entities,
- Build capacities and strengthen CRS in both entities, adopt the rulebook of standards, norms and procedures of work of CRS,
- Define directions of reform of pension system,
- Secure regular payment of mandatory payroll taxes on pay earned by citizens of BiH employed in international organizations and diplomatic and/or consular missions.

1.1. Financial implications of the Mid-Term Development Strategy

Total amount of spending on social welfare in BiH, shown as a percentage of GDP, does not exceed the average in other countries (average in the EU is at 19%).

Total annual allocations for social programs, including both budget and non-budget items in BiH for the period of 2003 – 2008, is presented in Table 2 of the Appendix.

1.1.1. Federation of Bosnia and Herzegovina

Total consolidated allocations for social care and protection in the FBiH in 2006 are budgeted at the amount of 1,519,600,000, or 15.4% of GDP. The mid-term framework of expenditures for the period 2006 – 2008 limits the budget allocation for social welfare from the budget of the FBiH for 2006 to KM 446,500,000, which represents an increase of 31.5% compared to 2005 and results from introduction of child allowance, benefits for civilian war victims, civilian disabled persons and recipients of special war-time medals. Spending for payment of pensions amounts to 54.5% in this sector.19

Budget assessment for the period 2006 – 2008 reflects recent decisions of the Government of the FBiH to introduce benefits for civilian war victims (totalling KM 25.6 million) and centralization and harmonization of child allowance (estimated to KM 63 million).

18 BiH Mid-term development strategy – revised document – p. 94
19 BiH Government, Mid-term framework of expenditures for the period of 2006 - 2008
Certain amount of additional funds is planned by the Ministry of Labour and Social Policy. However, given the fact that none of these entitlements were covered during the course of 2005, the Mid-term framework of expenditures takes this assessment with reserve.

Increases in assistance detailed above will partially be compensated through savings resulting from more rigorous eligibility criteria for allocation of veteran benefits. It is estimated that a total of KM 13 million would be saved as a result of this decision.

As a result of recent decisions of the Government, numerous demands from the budget are evident in the mid-term framework of expenditures for 2006 – 2008 affecting financial requirements for the period of 2006 – 2008. Four of a total of five demands noted in the budget refer to the social sector, specifically:

- Introduction of benefits for civilian war victims by the FBiH government (KM 7.2 million),
- Benefits for civilian disabled persons (KM 32 million),
- Benefits for recipients of war medals (KM 18 million), and
- Centralization of child allowance at the level of the Federation (KM 63 million).

1.1.2. Republika Srpska

Spending in the social welfare sector in Republika Srpska, presented as a percentage of GDP, is below the regional average and spending for payment of pensions represent almost half of the total spending, while spending for benefits paid to veterans represents most of the remaining amount of the total spending.

Transfers to individuals include transfers to soldiers and disabled veterans and transfers to refugees and displaced persons. During the period of 2006 – 2008, these transfers will range between a total KM 136.6 million, or 9.7% of the total budget allocation, or 3% of the GDP in 2006 and KM 132.6 million, or 8.6% of the budget, or 2.6% of GDP in 2008.

Allocations for this purpose have a trend of decrease in the absolute amount, which is a result of decrease of transfers for refugees and displaced persons.

Significant increase in the amount of planned funds for social welfare is a result of adoption of the Law on Rights of Veterans, Disabled Veterans and Families of Fallen Soldiers of the Fatherland War in the RS, which helped reduce the number of persons eligible to these benefits, increasing at the same time resources available for this category of beneficiaries. (The process of revision of war-related rights is not yet complete). In addition to the above, the Law also defines the scope of rights which are fully financed from the RS budget.

Allocations for Pension and Disability Fund also increased, which resulted from settlement of part of liabilities for unpaid pensions and increase of amount of average pension.

RS financed construction, adaptation, rehabilitation and provision of equipment for institutions of social protection, and a total of KM 3,100,000.00 was allocated during the course of 2005 for these purposes.

2. Social inclusion of persons with disabilities

The problem of social exclusion of persons with disabilities is not a new problem, nor is it characteristic for Bosnia and Herzegovina alone.

Development of attitude of the society to disabled persons has undergone a long and difficult transformation “from complete degradation and discouragement of human beings, to the attitude of ignoring, tolerance, charity, acknowledgement of special quality, integration to full social appreciation”.

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Unfortunately, BiH lags far behind in this transformation and the society as a whole is not sensitive to disability issues. Although the Council of Ministers adopted "Standard Rules for Equal Opportunities for Persons with Disabilities" in 2003, this document is not implemented to a substantial degree. According to the research of the Human Rights Centre of Sarajevo University, numerous rights of persons with disabilities are violated in Bosnia and Herzegovina. Most frequent and most severe examples of these violations are:

- Social protection sector (monetary assistance and other types of material assistance, programs of training for independent living and work, accommodation in institutions of social protection, care at home, etc.),
- Healthcare sector (right to healthcare, right to benefit to care and assistance provided by another person, orthopaedic aids, right to treatment, lack of health insurance coverage for children adults with mental disabilities),
- Education sector (right to education and educational tools, right to inclusive education, lack of choice of professions in special education institutions, lack of conditions for education of persons with disabilities in general education schools, inappropriate level of training of teachers, right to higher education),
- Right to receipt and dissemination of information (lack of accessibility options for transfer and receipt of information for disabled persons of all kinds, limited number of papers and magazines adapted to persons with disabilities),
- Area of employment and appropriate working engagement (lack of national strategy for stimulation of entrepreneurs for employment of persons with disabilities, limited choice or no choice in selection of profession, lack of system of retraining of persons with disabilities), and
- Area of the status and financing of organizations which deal with persons with disabilities (lack of national strategy for development of such organizations, insufficient and irregular co-financing by the state).21

The above forms of discrimination are a consequence of inadequate targeting of persons with disabilities and the fact that the issue of disability is observed from social policy perspective only, with no integration in the approach which would take all elements of the society into consideration.

To resolve problems listed above, a number of steps need to be taken, including:

- Develop regulations to deal with issues of disability which would focus on real needs of beneficiaries and ensure implementation of those regulations. It is a common trait of all laws in BiH that they are based on defining rights in line with categories of disability with no consideration of real needs of beneficiaries. To tell the truth, the RS Law on Rights of Veterans, Disabled Veterans and Families of Fallen Soldiers of the RS stipulates decrease of monthly benefits for those beneficiaries whose annual net income earned during the previous year exceeds double the amount of average annual net pay in Republika Srpska. However, as a result of constant pressure from associations of persons with disabilities, it is possible that this provision would be eliminated. That would result in distribution of the same amount of benefits to all persons with the same level of disability (regardless of their employment status and amount of monthly income they earn in addition to entitlements elaborated here),
- Shift the focus of social policy from the approach which aims to "take care" of persons with disabilities to the approach which would aim to encourage social investments to ensure social inclusion of persons with disabilities,
- Secure necessary funding for professional training, as a precondition for employment of disabled persons,
- Implement measures to stimulate employers to hire persons with disabilities.

These steps would result in decrease of number of potential recipients of benefits which would create possibilities for increase of amounts paid to persons with high level of disability, who are unable to earn income from other sources.

3. Financial sustainability of the disability strategy and policy

Based on the arguments elaborated in this document, it can be concluded that there is no strategy or a unique policy in Bosnia and Herzegovina which deals with issues of disability. However, on the basis of the available information and assessments made in this document, the following can be concluded:

- The FBiH and the RS allocate substantial amounts from their budgets for financing of benefits of disabled veterans, while significantly lower amounts are allocated to finance benefits of other persons with disabilities,
- Regulations dealing with rights of persons with disabilities categorize potential beneficiaries by the level of disability with no consideration of real needs of beneficiaries,
- Discrimination between disabled veterans and other persons with disabilities occur in several forms (in the number of categories, amount of benefits, scope and type of entitlements, etc.).

Such situation is not socially nor financially sustainable, which is the reason it is necessary to change it. Possible directions of changes include:

- Categorize all persons with disabilities, regardless of the origin of their disability, in accordance with the standards of the World Health Organization. That would create possibilities to use the funds previously used for benefits to disabled veterans with lower level of disability for payment of benefits to persons with high level of disability who were found to be unable to live independently and work,
- In detailing criteria for eligibility to financial assistance for persons with disabilities, employment status and amount of pay earned by a particular beneficiary need to be taken into consideration. Introduction of this criterion would decrease the number of beneficiaries, which would directly result in increase of funds available for distribution,
- Secure funding necessary for professional development, as a precondition of employment of disabled persons,
- Introduce incentive for employers to encourage them to hire disabled persons.

All of the above changes would result in changes of the number of beneficiaries in the long term, thus securing increase of available resources for persons with disabilities who truly require assistance, ultimately leading to establishment of financially sustainable system of social protection of persons with disabilities.

4. Analysis of differences in the financing of the rights of civilian pwds and disabled war veterans

Table 1 of the Appendix gives an overview of entitlements of individual groups of disabled persons in the FBiH and the RS.

Analyzing rights of persons with disabilities in Bosnia and Herzegovina, we can conclude that they are seriously discriminated against, in several ways.

First form of discrimination stems from the origin of disability. Disabled veterans both in the FBiH and the RS get the entitlement to personal disability benefit starting with 20% disability while civilian war victims and disabled civilians get the entitlement only when the extent of disability equals or exceeds 60%.

In addition, there are differences in the amount of benefits paid to persons with the same level of disability. So, disabled veterans with 100% disability in the I category get KM 734.00 per month, while persons with disabilities falling under the category of civilian war victims get KM
513.80 and civilians with disabilities get KM 149.10.22 Person with 90% disability who falls under the category of civilian with disabilities receives a little over a quarter of the disability benefit paid to the disabled veteran with the same level of disability.

In addition to differences in the amount of personal disability benefit, there are also differences in getting the entitlement and the amount of the entitlement for care and assistance provided by another person, orthopaedic benefits, etc.

The situation is similar in the RS. Persons in the same category of disability are entitled to personal disability benefits of different amounts, with disabled veterans getting higher amounts of benefits. (See Table 1 in the Appendix).

Second form of discrimination is related to the place of residence of a person with disabilities. In addition to differences that exist in two entities, there is also further differentiation within the FBiH. For example, during the course of 2005, persons with mental disabilities in Sarajevo Canton were entitled to KM 117.00 per month in benefits for care and assistance provided by another person. In Bihać in Una-Sana Canton this entitlement equalled KM 39.00, while in Mostar, persons with the same disability were not entitled to this benefit. The situation further deteriorates when data from different municipalities in the same canton are factored into the analysis, reflecting significant fluctuations.

Although this document focuses on differences resulting from amounts of benefits, we need to note that there are other forms of discrimination as well. For instance, the Law suggests that disabled veteran with 20% disability has the right to preferential treatment when waiting in lines in public institutions, while the person with 100% disability who is not a disabled veteran has to wait in the same line.

5. Financial aspects and sustainability of the current standards/criteria in the field of disability

Bosnia and Herzegovina does not have a unique strategy to deal with the issue of disability. In the revised Mid-term Development Strategy (2004-2007), the social sector was identified as one of the major fields where the progress would lead to the reduction of poverty. However, the issues related to the persons with disabilities have not been discussed as a separate issue within the social sector.

If we observe the legislation that deals with rights of persons with disabilities, we can conclude that there is not a single unique state policy in this area.

This claim is further corroborated by the fact that amounts of entitlements paid to persons with disabilities vary substantially, depending on the origin of disability. Disabled veterans both in the FBiH and the RS get the entitlement to personal disability benefit starting with 20% disability while civilian war victims and disabled civilians get the entitlement only when the extent of disability equals or exceeds 60%.

Besides, disabled war veterans with 100% disability are divided into two sub-categories, while other categories of PWDs with 100% disability are categorised into one category only.

In addition, there are differences in the amount of benefits paid to persons with the same level of disability. So, disabled veterans with 100% disability in the I category get KM 734.00 per month, while persons with disabilities falling under the category of civilian war victims get KM 513.80 and civilians with disabilities get KM 149.10.23 Person with 90% disability who falls under the category of civilian with disabilities receives a little over a quarter of the disability benefit paid to the disabled veteran with the same level of disability.

22 In the category of disabled civilians, all disabled persons with 100% disability get the same amount, while in other categories of beneficiaries these are split into two sub-categories.

23 In the category of disabled civilians, all persons with disabilities of 100% get the same amount, while in other categories of beneficiaries these are split into two sub-categories.
In addition to differences in the amount of personal disability benefit, there are also differences in getting the entitlement and the amount of the entitlement for care and assistance provided by another person, orthopaedic benefits, etc.

The situation is similar in the RS. Persons in the same category of disability are entitled to personal disability benefits of different amounts, with disabled veterans getting higher amounts of benefits.

Second form of discrimination is related to the place of residence of a person with disabilities. In addition to differences that exist in two entities, there is also further differentiation within the FBiH. For example, during the course of 2005, persons with mental disabilities in Sarajevo Canton were entitled to KM 117.00 per month in benefits for care and assistance provided by another person. In Bihać in Una-Sana Canton this entitlement equalled KM 39.00, while in Mostar, persons with the same disability were not entitled to this benefit. The situation further deteriorates when data from different municipalities in the same canton are factored into the analysis, reflecting significant fluctuations.

For the reasons detailed here, disability standards and criteria can only be analysed through monitoring of the legislation related to this field, and the analysis of the amount allocated for the assistance to persons with disabilities.

5.1. Amount of funds allocated for entitlements to persons with disabilities in the Federation of Bosnia and Herzegovina

5.1.1. Persons with disabilities not related to war

Rights of persons with disabilities (so called "Persons with disabilities not related to the war", herein referred to as "disabled civilians") are detailed by the provisions of the Law on Basis of Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of the FBiH", No. 36/99), the Law on Amendments to the Law on Basis of Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of the FBiH", No. 54/04) and the Law on Amendments to the Law on Basis of Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of the FBiH", 39/06).

Rights of persons with disabilities and persons with impediments in physical and psychological development are detailed by the provisions of Article 18. (a) of the Law on Amendments to the Law on Basis of Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of the FBiH", No. 54/04). Those rights are rights to:

- a) Personal disability benefit,
- b) Additional benefit for care and assistance provided by another person,
- c) Orthopaedic benefit,
- d) Assistance to cover the cost of medical treatment and purchase of orthopaedic aids,
- e) Vocational training (professional rehabilitation, retraining and additional training),
- f) Priority employment.

For the purpose of distribution of these benefits, persons with disabilities not related to war are divided into five categories:

Table 1: Categories of persons with disabilities not related to war

<table>
<thead>
<tr>
<th>Group</th>
<th>Level of damage to organism</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Group – persons with 100% disability</td>
</tr>
<tr>
<td>II</td>
<td>Group – persons with 90% disability</td>
</tr>
<tr>
<td>III</td>
<td>Group – persons with 80% disability</td>
</tr>
<tr>
<td>IV</td>
<td>Group – persons with 70% disability</td>
</tr>
<tr>
<td>V</td>
<td>Group – persons with 60% disability</td>
</tr>
</tbody>
</table>
All entitlements of persons with disabilities are defined as a percentage of the basic amount, set in line with the provisions of the same law (Article 18. f) at the rate of KM 213.00.

However, since the system of monitoring of persons with disabilities not related to the war, by categories of disability, as set forth by the Law is still not in place (only incomplete and unreliable data is available on number of persons with disabilities categorized by types of disabilities, i.e. visual or hearing impairments, etc), we can only note assessment of necessary funds to be allocated for this purpose, which is set at KM 54,400,000 for 2007. This assessment is made by the FBiH Ministry for Labour and Social Policy.

Table 2: Persons with disabilities not related to war in FBiH, assessment of necessary funds:

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>ASSESSMENT OF NECESSARY FUNDS (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal disability benefit</td>
<td>51,000,000.00</td>
</tr>
<tr>
<td>Introduction and implementation of benefits</td>
<td>2,000,000.00</td>
</tr>
<tr>
<td>Support to the employment of PWDs</td>
<td>1,000,000.00</td>
</tr>
<tr>
<td>Financial assistance to associations of PWDs</td>
<td>400,000.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>54,400,000.00</td>
</tr>
</tbody>
</table>

In addition to the amounts presented here, it is estimated that an additional KM 19,602,879.00 is needed for child protection. However, as this type of benefit did not exist in the Federation of BiH until now (in the post-war period), it is difficult to assess how much will be allocated for the purpose of provision of benefits for children with disabilities.

5.1.2. Civilian war victims

As at 31 December 2005, a total of 3,683 persons entitled to benefit for civilian war victims and a total of 4,605 persons entitled to family disability benefit lived in the Federation of BiH. However, it is anticipated that adopted amendments to the regulations referring to this category of persons with disabilities would result in increase of number of eligible persons.

In line with the provisions of Article 5 of the Law on Basis of Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of the FBiH", No. 39/06), civilian war victim is a person who became disabled, which includes mental disability or significant detriment to health, a person who went missing or a person who died, during the course of the war or during the course of immediate threat of the war, as a result of infliction of wounds or another form of war torture.

The status of a civilian war victim, according to the provisions of the mentioned Law is recognized to new categories of persons with disabilities. However, at this moment it is difficult to assess the number of persons who will be given such status, and it is even more difficult to assess their distribution in different categories. Civilian war victims are divided into six categories, which are identical as the categories persons with disabilities not related to the war are categorised into.

Civilian war victims, pursuant to the provisions of Article 8 of the above cited law, have the following entitlements:

1. Personal disability benefit, or monthly benefit,
2. Additional benefit for care and assistance provided by another person,
3. Orthopaedic benefit,
4. Family disability benefit,
5. Assistance to cover the cost of medical treatment and purchase of orthopaedic aids,
6. Vocational training (professional rehabilitation, retraining and additional training),
7. Priority employment,
8. Priority provision of housing,
9. Psychological therapy and legal assistance.
Depending on the available funding and the needs of civilian war victims, a canton can make provisions for additional benefits or expand the scope of the existing benefits. The funding is provided from the budgets of the FBiH and the budget of the respective canton. According to the assessment made by the FBiH Ministry of Labour and Social Policy, provision of benefits to civilian war victims for 2007 will require an allocation from the FBiH budget totalling KM 56,600,000.00.

5.1.3. Disabled war veterans

According to the data provided by the FBiH Ministry of Veteran Issues, on 20 November 2006, a total of 46,196 of disabled war veterans lived in the Federation of Bosnia and Herzegovina, which is 11.3% higher than the number noted on 20 January 2006, at which point, a total of 41,499 disabled war veterans were registered in the Federation of Bosnia and Herzegovina. The difference of 4,697 beneficiaries entitled to personal disability pay can be explained by the fact that the HVO component of the army was registered separately until January of 2006. After the passage of the law, which brought the amount of entitlements of the disabled war veterans of the HVO and the Army of BiH at the same level, some of the beneficiaries were late to submit all necessary revised documents.

The data taken on 20 November 2006 includes a total of 46,050 beneficiaries of family disability benefit. The number of beneficiaries in this category increased in comparison to January of 2006, when there were 44,292 beneficiaries registered, due to the same reason as explained above. It can be expected the number of persons entitled to personal and family disability benefits would remain unchanged in the following period.

The entitlements of disabled veterans are defined by the provisions of the Law on Rights of Veterans and Members of Their Families (“Official Gazette FBiH” nr. 33/04 and 56/05). For the purpose of distribution of benefits under the mentioned law, disabled veterans in the Federation of Bosnia and Herzegovina are categorized into ten categories depending on the level of their disability (Table 1).

Table 3: Categories of disabled veterans in the Federation of BiH

<table>
<thead>
<tr>
<th>GROUP</th>
<th>LEVEL OF DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Group – persons with 100% disability, who need care and assistance of another person in their daily life</td>
</tr>
<tr>
<td>II</td>
<td>Group – persons with 100% disability</td>
</tr>
<tr>
<td>III</td>
<td>Group – persons with 90% disability</td>
</tr>
<tr>
<td>IV</td>
<td>Group – persons with 80% disability</td>
</tr>
<tr>
<td>V</td>
<td>Group – persons with 70% disability</td>
</tr>
<tr>
<td>VI</td>
<td>Group – persons with 60% disability</td>
</tr>
<tr>
<td>VII</td>
<td>Group – persons with 50% disability</td>
</tr>
<tr>
<td>VIII</td>
<td>Group – persons with 40% disability</td>
</tr>
<tr>
<td>IX</td>
<td>Group – persons with 30% disability</td>
</tr>
<tr>
<td>X</td>
<td>Group – persons with 20% disability</td>
</tr>
</tbody>
</table>

5.1.3.1. Allocations for personal disability benefit

Personal disability benefit for disabled veterans is determined as a monthly amount, in accordance with the category of military disability.

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24 A correction of the mentioned law published in the Official Gazette FBiH 56/05 has been taken into account here.
In line with the provisions of this Law, basic amount of monthly benefits is set at the rate of KM 734.00. The rate is changed at the beginning of each year, per the decision of the Government of the Federation of Bosnia and Herzegovina and harmonized in line with the provisions of Article 57 of this Law.

In terms of the analysis of financial sustainability of allocations for personal disability benefits of disabled veterans, the structure of benefits with respect to the level of disability is very interesting. (Table 4). The Table below shows that the total monthly amount of funds allocated for payment of personal disability benefits is at KM 6,921,768.16, with 20% allocated for personal disability benefits of disabled veterans with 50% disability or less.

Table 4: Disabled veterans in the FBiH, number of beneficiaries and amounts allocated in personal disability benefits

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I GROUP</td>
<td>587</td>
<td>602</td>
</tr>
<tr>
<td>II GROUP</td>
<td>1,449</td>
<td>1,526</td>
</tr>
<tr>
<td>III GROUP</td>
<td>1,166</td>
<td>1,253</td>
</tr>
<tr>
<td>IV GROUP</td>
<td>2,411</td>
<td>3,066</td>
</tr>
<tr>
<td>V GROUP</td>
<td>5,951</td>
<td>8,262</td>
</tr>
<tr>
<td>VI GROUP</td>
<td>5,953</td>
<td>6,527</td>
</tr>
<tr>
<td>VII GROUP</td>
<td>5,138</td>
<td>5,438</td>
</tr>
<tr>
<td>VIII GROUP</td>
<td>6,457</td>
<td>6,517</td>
</tr>
<tr>
<td>IX GROUP</td>
<td>6,892</td>
<td>7,176</td>
</tr>
<tr>
<td>X GROUP</td>
<td>5,495</td>
<td>5,829</td>
</tr>
<tr>
<td>TOTAL</td>
<td>41,499</td>
<td>46,196</td>
</tr>
</tbody>
</table>

5.1.3.2. Allocations for additional benefit for care and assistance provided by another person

In November of 2006, additional benefit for care and assistance provided by another person was granted to a total of 72 disabled veterans. For the purpose of provision of this benefit, disabled veterans are categorized into three categories, as follows:

1. First degree – disabled veterans in group I who are completely incapable of taking care of themselves and independently meeting their everyday needs, who require permanent care and assistance provided by another person,

2. Second degree – other disabled veterans in I group, as well as disabled veterans in II, III and IV group, who suffered from other disabilities in addition to their military disability, which occurred independently from the military disability and which are, when combined with the military disability, equivalent to the disability of disabled veteran in I group in the first degree.

3. Third degree – disabled veterans in II, III and IV group whose disability is equal to the disability of disabled veteran in I group categorized under the second degree of the benefit.

The Table 5 gives presents financial allocations for additional benefits for assistance and care provided by another person, and indicates that, in November of the previous year, the amount allocated to this purpose was at KM 450,896.20.

Table 5: Disabled veterans of the FBiH, number of beneficiaries and amounts allocated for the additional benefit for care and assistance provided by another person

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I DEGREE</td>
<td>488</td>
<td>439</td>
</tr>
<tr>
<td>II DEGREE</td>
<td>160</td>
<td>194</td>
</tr>
<tr>
<td>III DEGREE</td>
<td>81</td>
<td>79</td>
</tr>
<tr>
<td>TOTAL</td>
<td>729</td>
<td>712</td>
</tr>
</tbody>
</table>
5.1.3.3. **Allocations for orthopaedic benefits**

In the FBiH, right to orthopaedic benefit is granted to disabled veterans with military disabilities, as confirmed by appropriate medical committee, caused by injuries which directly resulted from inflicted wounds, injuries, disease or deterioration of the disease which caused amputation of an extremity or severe impediment to the function of the extremity as well as loss of vision of both eyes or enucleation of one eye. During November of the previous year, this right was exercised by 9,116 beneficiaries, who received a total of KM 1,353,312.64.

Disabilities are categorized into three categories, depending on severity, type and cause of disability. Monthly benefit is determined for each category as a percentage of the basic amount, as follows: first degree 29% of the basic amount, second degree 22% of the basic amount and third degree 17% of the basic amount.

Orthopaedic benefit of disabled veteran who suffered several injuries qualifying under the first degree will be increased by 25%.

**Table 6: Disabled veterans in the FBIH, number of beneficiaries and amounts allocated in orthopaedic benefits**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I DEGREE</td>
<td>1,348</td>
<td>1,392</td>
<td>275,496.20</td>
<td>296,301.12</td>
</tr>
<tr>
<td>II DEGREE</td>
<td>2,335</td>
<td>2,432</td>
<td>362,047.84</td>
<td>392,719.36</td>
</tr>
<tr>
<td>III DEGREE</td>
<td>4,571</td>
<td>5,264</td>
<td>547,661.58</td>
<td>656,841.92</td>
</tr>
<tr>
<td>INCREASE (I DEGREE+53.22KM)</td>
<td>33</td>
<td>28</td>
<td>9,046.55</td>
<td>7,450.24</td>
</tr>
<tr>
<td>TOTAL</td>
<td>8,287</td>
<td>9,116</td>
<td>1,194,252.17</td>
<td>1,353,312.64</td>
</tr>
</tbody>
</table>

5.1.3.4. **Allocations for family disability benefits**

Following the death of the disabled veteran qualifying under categories I to IV, who was entitled to the additional benefit for care and assistance provided by another person, family members the deceased lived with five years before the moment of death are entitled to family disability benefit payable under conditions set forth by the provisions of Articles 17, 20 and 21 of this Law, as follows: benefit for one family member amounts to 43% of the basic amount, benefit for two family members amounts to 55% of the basic amount, benefit for three family members amounts to 60% of the basic amount and benefit for four or more family members amounts to 65% of the basic amount.

The total number of the beneficiaries entitled to family disability benefit was 46,050 in the month of November.

Table 7 shows that the right to the family disability benefit was exercised by 24,436 spouses and/or children of the deceased disabled war veterans in the month of November. According to the provisions of the Law, they can decide to collect the benefit as a lump sum of the total amount of family disability benefit that belongs to all family members or they can opt to collect benefits separately, which does not affect the total amount paid according on this ground. For November 2006, this amount totalled KM 8,897,414.34.

The right to family disability benefit was exercised by 21,614 parents of deceased disabled war veterans, who received KM 8,897,414.34.

25 The provisions of these articles specify in detail entitlements to family disability benefit.
Table 7: Disabled veterans FBIH, number of beneficiaries and amount of funds paid in family disability benefits to spouses and children

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 member</td>
<td>9,769</td>
<td>11,209</td>
<td>2,960,376.11</td>
<td>3,540,397.62</td>
<td></td>
</tr>
<tr>
<td>2 members</td>
<td>7,988</td>
<td>8,203</td>
<td>3,086,706.66</td>
<td>3,305,071.92</td>
<td></td>
</tr>
<tr>
<td>3 members</td>
<td>4,070</td>
<td>3,672</td>
<td>1,704,864.16</td>
<td>1,601,803.40</td>
<td></td>
</tr>
<tr>
<td>4 + members</td>
<td>768</td>
<td>627</td>
<td>343,330.72</td>
<td>292,844.40</td>
<td></td>
</tr>
<tr>
<td>spouse, no children, w/income</td>
<td>193</td>
<td>237</td>
<td>27,211.11</td>
<td>34,805.80</td>
<td></td>
</tr>
<tr>
<td>excluded married couple</td>
<td>179</td>
<td>200</td>
<td>54,236.94</td>
<td>63,124.00</td>
<td></td>
</tr>
<tr>
<td>2 members (division ½)</td>
<td>115</td>
<td>119</td>
<td>22,284.64</td>
<td>24,020.15</td>
<td></td>
</tr>
<tr>
<td>3 members (division 1/3)</td>
<td>63</td>
<td>68</td>
<td>8,878.56</td>
<td>9,982.40</td>
<td></td>
</tr>
<tr>
<td>3 members (division 2/3 )</td>
<td>53</td>
<td>54</td>
<td>14,938.50</td>
<td>15,854.40</td>
<td></td>
</tr>
<tr>
<td>4 + members (division ¼)</td>
<td>27</td>
<td>22</td>
<td>3,091.50</td>
<td>2,624.16</td>
<td></td>
</tr>
<tr>
<td>4 + members (division 2/4 or ½)</td>
<td>4</td>
<td>2</td>
<td>916.04</td>
<td>477.10</td>
<td></td>
</tr>
<tr>
<td>4 + members (division ¾)</td>
<td>21</td>
<td>16</td>
<td>7,213.71</td>
<td>5,725.28</td>
<td></td>
</tr>
<tr>
<td>4 + members (division 1/5)</td>
<td>0</td>
<td>1</td>
<td>0.00</td>
<td>95.42</td>
<td></td>
</tr>
<tr>
<td>4 + members (division 2/5)</td>
<td>1</td>
<td>1</td>
<td>183.21</td>
<td>190.84</td>
<td></td>
</tr>
<tr>
<td>4 + members (division 4/5)</td>
<td>1</td>
<td>0</td>
<td>366.41</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>4 + members (division 1/6)</td>
<td>4</td>
<td>5</td>
<td>305.24</td>
<td>397.45</td>
<td></td>
</tr>
<tr>
<td>4 + members (division 2/6)</td>
<td>2</td>
<td>0</td>
<td>305.40</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>23,258</td>
<td>24,436</td>
<td>8,235,208.91</td>
<td>8,897,414.34</td>
<td></td>
</tr>
</tbody>
</table>
Table 8: Disabled veterans of the FBIH, number of beneficiaries and amount of funds paid in family disability benefits to parents

<table>
<thead>
<tr>
<th>NUMBER OF FAMILY MEMBERS</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>one parent, single son, regardless of income</td>
<td>5,003</td>
<td>5,364</td>
</tr>
<tr>
<td>two parents, single son, regardless of income</td>
<td>5,900</td>
<td>6,035</td>
</tr>
<tr>
<td>one parent, married son, with income</td>
<td>4,426</td>
<td>4,555</td>
</tr>
<tr>
<td>one parent, married son, without income</td>
<td>1,846</td>
<td>1,835</td>
</tr>
<tr>
<td>two parents, married son, without income</td>
<td>828</td>
<td>822</td>
</tr>
<tr>
<td>two parents, married son, without income</td>
<td>2,569</td>
<td>2,477</td>
</tr>
<tr>
<td>two parents, married son, no income</td>
<td>47</td>
<td>38</td>
</tr>
<tr>
<td>two parents, single son, no income (division ½)</td>
<td>281</td>
<td>330</td>
</tr>
<tr>
<td>two parents, married son, no income (division ½)</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>two parents, married son, with income (division ½)</td>
<td>106</td>
<td>125</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>21,034</strong></td>
<td><strong>21,614</strong></td>
</tr>
</tbody>
</table>

In addition to the above listed categories, the Law recognizes the right to increased family disability benefits for children without parents (398 beneficiaries) and parents who lost their only child or more children (4,899 beneficiaries). In the month of November of the previous year, a total of KM 201,147.16 was paid to these categories of beneficiaries.

Pursuant to the provision of Article 25 of the Law, KM 2,202,00 was allocated in assistance in the event of death.
Table 9: Disabled veterans of the FBIH, number of beneficiaries and amount of funds paid in increased family disability benefits to children without parents

<table>
<thead>
<tr>
<th>FAMILY DISABILITY PAY</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>one child, without parents</td>
<td>272</td>
<td>263</td>
</tr>
<tr>
<td>two children, without parents</td>
<td>70</td>
<td>73</td>
</tr>
<tr>
<td>three and more children, without parents</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>two children (division ½)</td>
<td>38</td>
<td>35</td>
</tr>
<tr>
<td>three and more children (division 1/3)</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>three and more children (division 2/3)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>three and more children (division ¼)</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>410</strong></td>
<td><strong>398</strong></td>
</tr>
</tbody>
</table>

Table 10: Disabled veterans in the FBIH, number of beneficiaries and amount of funds paid in increased family disability benefits to parents who lost their only child or more children

<table>
<thead>
<tr>
<th>FAMILY DISABILITY PAY</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>parents who lost one child</td>
<td>493</td>
<td>568</td>
</tr>
<tr>
<td>family with 2 killed members</td>
<td>3,425</td>
<td>3,466</td>
</tr>
<tr>
<td>family with 3 killed members</td>
<td>659</td>
<td>659</td>
</tr>
<tr>
<td>family with 4 killed members</td>
<td>138</td>
<td>140</td>
</tr>
<tr>
<td>family with 5 killed members</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>family with 6 killed members</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>division ½</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>family with 2 killed members ½</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td><strong>TOTAL :</strong></td>
<td><strong>4,777</strong></td>
<td><strong>4,899</strong></td>
</tr>
</tbody>
</table>
5.1.3.5. Amount of funds that should be allocated in benefits to peacetime disabled soldiers

Pursuant to the provisions of Article 3 of the Law which defines the rights of soldiers, peacetime disabled soldiers are defined as persons who, during the time of peace, without intention, while performing military duties, suffered wounds or injuries, which caused damage to their body of at least 20%, or whose bodies were damaged by at least 60% as a result of a disease or complications during the period after December 24, 1996. These include: soldiers serving obligatory service, military school recruits and members of the military reserve at the time of duty.

Peacetime disabled soldiers are divided into categories based on the level of their disability, in the same way as the disabled war veterans. In November of 2006, payments in personal disability benefits for this category of beneficiaries totalled KM 265,838.65, while KM 21,924.79 was paid in additional benefits for care and assistance provided by another person, which brings the total paid in this category to KM 304,494.89.

In addition to this category of beneficiaries, the entitlement to financial assistance was also awarded to peacetime disabled soldiers who became eligible to this type of assistance before 6 April 1992, and to their family members. For this purpose, a total of KM 1,862,262 was paid retroactively for these benefits in November of 2006.

5.2. REPUBLIKA SRPSKA

5.2.1 CIVILIAN WAR VICTIMS

In the RS, rights of civilian war victims are set forth by the provisions of the Law on Protection of Civilian War Victims, ("Official Gazette of Republika Srpska", No. 25/93 and 32/94). Article 8 of the cited Law defines entitlements of civilian war victims to various benefits, as follows:

1. Civilian, or family disability benefit,
2. Additional benefit for care and assistance provided by another person,
3. Additional benefit for family member incapable for employment,
4. Additional financial assistance,
5. Additional benefit for single parents,
6. Medical care,
7. Professional rehabilitation.

The civilian war victims exercise their rights in line with categorization into six categories, as demonstrated below:

Table 11: Categorisation of civilian war victims in the RS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>LEVEL OF DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Group – persons with 100% disability of the I degree, who need assistance of another person for their daily life;</td>
</tr>
<tr>
<td>II</td>
<td>Group – persons with 100% disability;</td>
</tr>
<tr>
<td>III</td>
<td>Group – persons with 90% disability;</td>
</tr>
<tr>
<td>IV</td>
<td>Group – persons with 80% disability;</td>
</tr>
<tr>
<td>V</td>
<td>Group – persons with 70% disability;</td>
</tr>
<tr>
<td>VI</td>
<td>Group – persons with 60% disability.</td>
</tr>
</tbody>
</table>

The right to the civilian disability benefit is awarded to the civilian war victims who suffered disability of between 60% and 100%. Monthly amount of benefit is defined as a percentage of the average monthly pay in the RS for the month for which the payment is made, and depends on the level of disability (Table 12). The basic amount is set at KM 259.00.
Table 12: Civilian war victims in the RS, number of beneficiaries and amounts needed for payment of personal disability benefits

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>DISABILITY BENEFITS AS PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>98</td>
<td>233.10</td>
<td>22,843.80</td>
</tr>
<tr>
<td>II</td>
<td>131</td>
<td>181.00</td>
<td>23,711.00</td>
</tr>
<tr>
<td>III</td>
<td>85</td>
<td>129.50</td>
<td>11,007.50</td>
</tr>
<tr>
<td>IV</td>
<td>214</td>
<td>103.60</td>
<td>22,170.40</td>
</tr>
<tr>
<td>V</td>
<td>469</td>
<td>90.70</td>
<td>42,538.30</td>
</tr>
<tr>
<td>VI</td>
<td>826</td>
<td>77.70</td>
<td>64,180.20</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>1,823</td>
<td></td>
<td>186,451.20</td>
</tr>
</tbody>
</table>

Pursuant to the provisions of the Article 11, the entitlement to care and assistance provided by another person is awarded to those civilian war victims who are not able to meet their basic needs, or persons who share household with such persons.

Table 13: Civilian war victims in the RS, number of beneficiaries and amount needed for benefits for care and assistance provided by another person

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>CIVILIAN WAR VICTIMS</th>
<th>DISABILITY BENEFIT AS PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly addition</td>
<td>94</td>
<td>186.50</td>
<td>17,531.00</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>94</td>
<td></td>
<td>17,531.00</td>
</tr>
</tbody>
</table>

Right to a benefit for family member who is unable to work is granted to: a) Persons unable to work, as set forth by the provisions of the Law on Disability Insurance, b) Children up to the age of 15 or to completion of schooling if they are in school, or if unable to work, under the condition that the inability to work occurred before the age of 15, c) Women up to the age of 55 or younger if mothering a child of less then 7 years of age, or older, if unable to work or if mothering more children of less then 15 years of age living in the same household, and d) Men of over 65 years of age. According to the data provided by the RS Ministry of Labour Veterans and War Victims, in the RS, the right to additional benefit for the family member who is unable to work is awarded to 84 civilian war victims and 41 family members, who are entitled to 50% of the total additional financial support. However, given the fact that the relevant Ministry has not provided concrete data on the number of beneficiaries broken down in categories, it is not possible to make a precise assessment of the funds necessary for distribution of these benefits.

The right to additional financial assistance is also awarded to civilian war victims, in categories I to V, regardless of their ability, as well as the civilian war victims of the VI category who are not able to work, who are unemployed, or whose share of the total family income per family member does not exceed 10% of the average pay in the RS for the respective month. The amount of the additional monthly assistance is determined for each month, and it totals 20% of the disability benefit. 332 beneficiaries and 66 family members of civilian war victims are entitled to this benefit.

Additional benefit for single parents amounts 50% of the basic amount. The right to this income is exercised by 13 civilian war victims and 22 family members of civilian war victims, which brings a monthly total to KM 4,532.50.

In the end, it should be noted that the responsible Ministry plans the budgetary allocation for protection of the rights of civilian war victims in 2007 to total KM 7,500,000.00.
5.2.2. Disabled war veterans – RS


Article 38. of the Law defines entitlements of disabled veterans, as follows:
1. Personal disability benefit,
2. Additional benefit for care and assistance,
3. Orthopaedic benefit,
4. Medical care and other rights related to medical care,
5. Orthopaedic and other aids,
6. Medical treatment in spa facilities,
7. Priority employment,
8. Priority provision of housing,
9. Tax and customs benefits,
10. Removal of structural barriers,
11. Preferential treatment given by state bodies, public institutions and other legal entities in provision of services of such bodies related to rights and interests of disabled veterans.

Pursuant to the provisions of Article 40 of the cited Law, depending on the extent of disability, disabled veterans are categorized into 10 categories, in the same manner as detailed by the provisions of the Law on Rights of Veterans and Members of their Families in the FBiH.

5.2.2.1. Amount necessary for personal disability benefits

Personal disability benefits for the disabled war veterans are determined depending on the category of disability. Monthly amount of disability benefits is defined as a percentage of the basic amount, which is set at KM 486, distributed in categories of disability, as follows:

Table 14: Disabled veterans in the RS - number of beneficiaries and amounts of funds needed

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT IN KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>665</td>
<td>421.20</td>
<td>280,098.00</td>
</tr>
<tr>
<td>II</td>
<td>1,458</td>
<td>307.48</td>
<td>448,305.84</td>
</tr>
<tr>
<td>III</td>
<td>1,049</td>
<td>231.66</td>
<td>243,011.34</td>
</tr>
<tr>
<td>IV</td>
<td>2,515</td>
<td>172.69</td>
<td>434,315.35</td>
</tr>
<tr>
<td>V</td>
<td>7,006</td>
<td>122.15</td>
<td>855,782.90</td>
</tr>
<tr>
<td>VI</td>
<td>3,738</td>
<td>75.82</td>
<td>283,415.16</td>
</tr>
<tr>
<td>VII</td>
<td>5,977</td>
<td>54.76</td>
<td>327,300.52</td>
</tr>
<tr>
<td>VIII</td>
<td>5,376</td>
<td>29.48</td>
<td>158,484.48</td>
</tr>
<tr>
<td>IX</td>
<td>6,692</td>
<td>25.27</td>
<td>169,106.84</td>
</tr>
<tr>
<td>X</td>
<td>3,392</td>
<td>21.06</td>
<td>71,435.52</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>37,868</strong></td>
<td></td>
<td><strong>3,271,255.95</strong></td>
</tr>
</tbody>
</table>

5.2.2.2. Amount necessary for additional benefit for care and assistance provided by another person

Additional benefit for care and assistance provided by another person, which is defined under the provisions of Article 43 of the same Law, is calculated as a percentage of the basic amount
and it amounts to 86% of the basic amount for the first degree, 66% of the basic amount for the second and 46% of the basic amount for the third degree. Disabled war veterans in Category I, who exercised their right on the grounds of having been wounded, are entitled to additional benefit for care and assistance provided by another person at the rate of 120% of the basic amount.

Table 15: Disabled veterans in the RS – Number of beneficiaries and amount of necessary funds for additional benefit for assistance provided by another person

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>DISABILITY BENEFIT PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>911</td>
<td>122.15</td>
<td>111,597.50</td>
</tr>
<tr>
<td>II</td>
<td>1,392</td>
<td>92.66</td>
<td>128,982.72</td>
</tr>
<tr>
<td>III</td>
<td>3,151</td>
<td>58.97</td>
<td>185,814.47</td>
</tr>
<tr>
<td>IV</td>
<td>113</td>
<td>29.48</td>
<td>3,331.24</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>5,567</strong></td>
<td><strong>429,725.93</strong></td>
<td></td>
</tr>
</tbody>
</table>

5.2.2.3. Allocations for orthopaedic benefits

Right to orthopaedic benefit is granted to disabled veteran under the category I to VI who was found to have military disability directly resulting from a wound, an injury or a disease which caused amputation of an extremity or severe damage to the function of an extremity, as well as from the complete loss of vision of both eyes.

Depending on the cause, type and severity of disability, orthopaedic benefit is categorized into four degrees.

Orthopaedic benefit for the first degree is set at the rate of 35% of the basic amount, if disabled veteran has several injuries of the first degree.

Table 16: Disabled veterans in the RS – Number of beneficiaries and amounts necessary for orthopaedic benefits

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>72</td>
<td>326.23</td>
<td>23,488.56</td>
</tr>
<tr>
<td>II</td>
<td>93</td>
<td>277.99</td>
<td>25,853.07</td>
</tr>
<tr>
<td>III</td>
<td>122</td>
<td>193.75</td>
<td>23,637.50</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>287</strong></td>
<td><strong>72,979.13</strong></td>
<td></td>
</tr>
</tbody>
</table>

5.2.2.4. Amount of necessary funds for the family disability pay and additional financial support

Family disability benefit payable to one recipient of the family disability benefit, following death of the disabled veteran falling under category I to IV, totals 20% of the basic amount.

Family disability benefit for a beneficiary who got the entitlement as a member of the family of fallen soldier, a soldier who died whilst serving in the army or whilst serving as a military reservist, who got killed or died of a consequences of an injury, a wound, or a disease contracted during the time of involvement in military operation or whilst serving in the military in peace, amounts to 40% of the basic amount.
If several family members are entitled to family disability benefit, amount of the benefit is increased by 50% for each beneficiary of family disability benefit eligible under the provisions of paragraphs 1 and 2 of this Article.

Parents or adoptive parents of fallen soldier who have no other children and orphaned children of a fallen soldier, eligible to the family disability benefit, are entitled to an increased amount of the family disability benefit which amounts to 35% of the basic amount.

Benefits paid to those beneficiaries whose annual net income earned during the previous year exceeds double the amount of annual average net pay earned in Republika Srpska will, in line with the provisions of this Law, be reduced by 50%. Annual net income does not include the amount of monthly benefits paid in line with this Law and the Law on Protection of Civilian War Victims.

Tables 17, 18, 19 and 20 present an overview of the number of beneficiaries and amounts needed under the provisions of this Law, relating to payment of family disability benefits.

**Table 17: Family disability benefits – for family members of deceased and killed civilian war victims**

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>CIVILIAN WAR VICTIMS</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members of civilian war victim, killed, deceased or missing under conditions defined in the Article 1, item 1, of the Law</td>
<td>1,335</td>
<td>93.20</td>
<td>124,422.00</td>
</tr>
<tr>
<td>Family members of a deceased civilian war victim with recognized status</td>
<td>261</td>
<td>46.60</td>
<td>12162.60</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>1,596</strong></td>
<td><strong>136,584.60</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Table 18: Number of beneficiaries and amount of benefits, in line with the provisions of Article 97 of the Law**

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>NUMBER OF ELIGIBLE FAMILY MEMBERS</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary</td>
<td>700</td>
<td>147.40</td>
<td>103,180.00</td>
</tr>
<tr>
<td>Co-beneficiary</td>
<td>160</td>
<td>147.40</td>
<td>23,584.00</td>
</tr>
<tr>
<td>Divorced co-beneficiary and beneficiary</td>
<td>24</td>
<td>147.40</td>
<td>3,537.60</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>884</strong></td>
<td><strong>130,301.60</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Table 19: Disabled war veterans in the RS: number of beneficiaries and funds needed for special financial support**

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>NUMBER OF ELIGIBLE FAMILY MEMBERS</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary</td>
<td>262</td>
<td>84.20</td>
<td>22,060.40</td>
</tr>
<tr>
<td>Co-beneficiary</td>
<td>154</td>
<td>42.10</td>
<td>6,483.40</td>
</tr>
<tr>
<td>Divorced co-beneficiary and beneficiary</td>
<td>6</td>
<td>63.20</td>
<td>379.20</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>422</strong></td>
<td><strong>28,923.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

26 Article 97 stipulates that due but unpaid benefits resulting from the rights defined under this Law could be inherited.
Table 20: Number of beneficiaries and the amount of increased family disability benefits paid to disabled war veterans in the RS

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>NECESSARY MONTHLY AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>653</td>
<td>341.10</td>
<td>22,273.83</td>
</tr>
<tr>
<td>II</td>
<td>143</td>
<td>272.90</td>
<td>39,024.70</td>
</tr>
<tr>
<td>III</td>
<td>14</td>
<td>204.70</td>
<td>2,865.80</td>
</tr>
<tr>
<td>IV</td>
<td>10</td>
<td>136.40</td>
<td>1,364.00</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>820</td>
<td></td>
<td>65,528.33</td>
</tr>
</tbody>
</table>

The data presented in the previous chapter indicates that the amount of funds allocated for distribution of benefits to persons with disabilities is considerable, and that the discrepancy between the funds allocated for the disabled war veterans and other PWDs is evident. In the Federation of Bosnia and Herzegovina, annual allocation for benefits to disabled war veterans amounts to over KM 310,000,000, while the allocations to all other categories of PWDs are estimated to KM 111,000,000 per annum. The situation is similar in Republika Srpska. If we keep in mind the fact that these benefits are not tailored to needs of beneficiaries, but rather reflecting types and levels of disabilities, we can conclude that the existing situation is not financially sustainable.

Fully respecting the specific nature of Bosnia and Herzegovina as a country undergoing the process of transition that has gone through a war, our analysis of data, standards and measures related to PWDs implemented by the EU countries, can serve as a good foundation for development and adoption of the policy in the area of disability in BiH.

6. Financial implications of EU standards on the financial sustainability of the disability policies

If we observe the disability policies in Bosnia and Herzegovina in comparison to the EU member states, we find that Bosnia and Herzegovina is in a specific position. The issue of the disability policy development, as well as the ways of financing in Bosnia and Herzegovina have a specific weight, especially having in mind the number of disabled war veterans and civilian war victims.

Although the Council of Ministers adopted "Standard Rules for Equal Opportunities for Persons with Disabilities" in 2003, this document is not implemented to a substantial degree. According to the research of the Human Rights Centre of Sarajevo University, numerous rights of persons with disabilities are violated in Bosnia and Herzegovina. Most frequent and most severe examples of these violations are:

- Social protection sector (monetary assistance and other types of material assistance, programs of training for independent living and work, accommodation in institutions of social protection, care at home, etc.),
- Healthcare sector (right to healthcare, right to benefit to care and assistance provided by another person, orthopaedic aids, right to treatment, lack of health insurance coverage for children adults with mental disabilities),
- Education sector (right to education and educational tools, right to inclusive education, lack of choice of professions in special education institutions, lack of conditions for education of persons with disabilities in general education schools, inappropriate level of training of teachers, right to higher education),
- Right to receipt and dissemination of information (lack of accessibility options for transfer and receipt of information for disabled persons of all kinds, limited number of papers and magazines adapted to persons with disabilities),
• Area of employment and appropriate working engagement (lack of national strategy for stimulation of entrepreneurs for employment of persons with disabilities, limited choice or no choice in selection of profession, lack of system of retraining of persons with disabilities), and
• Area of the status and financing of organizations which deal with persons with disabilities (lack of national strategy for development of such organizations, insufficient and irregular co-financing by the state).

As demonstrated in the first part of this chapter, all measures and mechanisms implemented within the disability policies in the EU member stated are focused on activation of the persons with disabilities, and essentially include multiple sectors.

On the other side, the “system of care” for the persons with disabilities in Bosnia and Herzegovina is reduced to provision of financial benefits, with enormous discrepancies between benefits paid to disabled war veterans and those paid to other categories of PWDs.

Existing measures in the area of employment focusing at activation of as many persons with disabilities as possible both in the FBiH and the RS include exemptions from payroll taxes, workplace modifications, etc. These measures have not produced adequate results so far, which can be explained by the fact that there are no programmes focusing on evaluation of measures. So far, projects which aimed at retraining of PWDs, mostly implemented by the NGO sector, did not yield desired effects either.

As for the measures in the area of education of children with disabilities, the project which aimed at inclusion of children with special needs into regular schools proved to be painstaking. With the exception of specialized schools, few educational institutions have the adequately trained staff needed to help the children, teachers and parents. Few schools have solved the issue of architectural barriers, and there are examples of schools that have taken the measures to solve this issue, but were not successful implementing those measures (they installed lifts that wheelchairs cannot fit into, etc.).

Since thorough reform of health sector was not yet realised, there are numerous problems in it as well. The greatest problem is in the fact that the main principle according to which everyone should have equal access to healthcare services is not respected (in BiH, access and quality of healthcare services is primarily determined by the place of residence). Inadequate health care, as already known, presents additional risk for increase of number of persons with disabilities. Furthermore, a large number of persons with disabilities (children in particular) are not covered with mandatory health insurance.

As for the measures in the area of public transportation, housing, culture, sport and recreation, which are largely related to elimination of architectural and other barriers and inclusion of persons with disabilities in cultural, sport and recreational activities, it can be said that those measures are not implemented at all, or at the very best, they are implemented very slowly. Even those persons with disabilities who are active and successful experience lack of interest of the Government and sometimes of the broader public in these areas, which dos not contribute to fulfilment of aspirations of persons with disabilities to become included in the mainstream society.

Poor E-inclusion of persons with disabilities could also be listed as a problem although there are positive examples of associations and individuals who implement their activities (even those activities related to contribution in development of disability policies) using Internet.

To be able to appropriately address all of the above issues, it is necessary to mainstream disability policies. In the short term, adoption of standards and criteria based on the EU experiences and implementation of necessary measures would lead to higher allocations for these purposes, however, in the long run, they would address most of the problems of this population, which is quite numerous in Bosnia and Herzegovina.
7. Financial sustainability of possible reforms in the area of disability

In order to evaluate financial implications of the possible directions of reform in the area of disability, we present here the assessment of necessary funds for two possible case scenarios:

- Case Scenario I: Equal rights to all persons with disabilities, and harmonization of categories with the EU standards
- Case Scenario II: Equal rights to all persons with disabilities of the same source between the two entities

As this study indicates, in addition to the right to financial support, persons with disabilities are entitled to other rights as well. However, as there is no data as to the amount spending for distribution of benefits under the other rights, the focus here is on the evaluation of financial sustainability of allocations for personal disability benefits, additional benefit for care and assistance provided by another person and orthopaedic benefits.

7.1. CASE SCENARIO 1 – EQUAL RIGHTS TO ALL PERSONS WITH DISABILITIES

7.1.1. Federation of Bosnia and Herzegovina

The first of the possible directions of the reform in the area of disability is equalization of rights of all persons with disabilities, regardless of the cause and time when the disability occurred, and harmonization of those rights with the EU standards.

According to this scenario, the benefits based on the disability would be awarded to all persons with disabilities, in categories I to VI. The evaluation is based on the amount of basic pay applicable to disabled war veterans in the FBIH.

Table 1: Right to personal disability benefit

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>MONTHLY AMOUNT OF DISABILITY BENEFIT</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DISABLED WAR VETERANS</td>
<td>CIVILIAN WAR VICTIMS</td>
</tr>
<tr>
<td>GROUP I</td>
<td>734.00</td>
<td>602</td>
<td>214</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>441,868</td>
</tr>
<tr>
<td>GROUP II</td>
<td>535.82</td>
<td>1,526</td>
<td>448</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>817,661.32</td>
</tr>
<tr>
<td>GROUP III</td>
<td>403.70</td>
<td>1,253</td>
<td>424</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>505,836.10</td>
</tr>
<tr>
<td>GROUP IV</td>
<td>315.62</td>
<td>3,066</td>
<td>466</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>967,690.92</td>
</tr>
<tr>
<td>GROUP V</td>
<td>234.88</td>
<td>8,262</td>
<td>802</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,940,578.56</td>
</tr>
<tr>
<td>GROUP VI</td>
<td>132.12</td>
<td>6,527</td>
<td>1329</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>862,347.24</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21,236</td>
<td>3,683</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5,535,982.14</td>
</tr>
</tbody>
</table>

The table indicates that the total amount of funds that should be allocated per month in personal disability benefits is at KM 6,615,314.46, which is less than the amount currently allocated in personal disability benefits to the disabled war veterans (all ten categories defined under the Law currently receive KM 6,921,768.16 in these benefits per month). If we keep in mind the fact that the monthly allocation in personal disability benefits for civilian war victims is at KM 775,526.98, we come to a total amount of KM 7,683,295.14 payable per month under the relevant legislation. Therefore, implementation of this case scenario would lead to savings of KM 1,067,980.68 per month or KM 12,815,768.16 per annum.

According to this case scenario, 24,960 disabled war veterans with disability of 50% or less would lose heir right to personal disability benefits. On the other hand, 3,683 disabled civilian war victims would receive higher amount of personal disability benefits.
Table 2: Estimated funds needed for additional benefit for care and assistance provided by another person

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>MONTHLY AMOUNT (KM)</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DISABLED WAR VETERANS</td>
<td>CIVILIAN WAR VICTIMS</td>
</tr>
<tr>
<td>I</td>
<td>734.0</td>
<td>439</td>
<td>202</td>
</tr>
<tr>
<td>II</td>
<td>513.7</td>
<td>194</td>
<td>113</td>
</tr>
<tr>
<td>III</td>
<td>367.0</td>
<td>79</td>
<td>*</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>712</td>
<td>315</td>
</tr>
</tbody>
</table>

Total amount of funds required for the payment of the additional benefit for care and assistance provided by another person totals KM 657,212.30 per month. As the current legislation stipulates lower basis for the payment of benefits to the civilian war victims, the implementation of the Case Scenario I would lead to the increase in allocation by KM 61,887.92 per month or by KM 742,655.04 per annum.

Table 3: Estimated funds needed for orthopaedic benefits

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>MONTHLY AMOUNT (KM)</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DISABLED WAR VETERANS</td>
<td>CIVILIAN WAR VICTIMS</td>
</tr>
<tr>
<td>I</td>
<td>212.86</td>
<td>1,392</td>
<td>340</td>
</tr>
<tr>
<td>II</td>
<td>161.48</td>
<td>2,432</td>
<td>698</td>
</tr>
<tr>
<td>III</td>
<td>124.78</td>
<td>5,264</td>
<td>*</td>
</tr>
<tr>
<td>increase DEGREE I + 53.22 KM</td>
<td>266.08</td>
<td>28</td>
<td>*</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>9,116</td>
<td>1038</td>
</tr>
</tbody>
</table>

Total amount needed for orthopaedic benefits is at KM 1,538,398.08 per month, and in comparison to the current situation, increase of KM 55,551.44 per month or KM 666,617.28 per annum would result from implementation of this Case Scenario.

Since the system of monitoring of persons with disabilities not related to the war, by categories of disability, as set forth by the Law is still not in place (only incomplete and unreliable data is available on number of persons with disabilities categorized by types of disabilities, i.e. visual or hearing impairments, etc), we can only note assessment of necessary funds to be allocated for this purpose, which is set at KM 54,400,000 for 2007. This assessment is made by the FBiH Ministry for Labour and Social Policy.

Table 4: Estimated funds needed for payment of family disability benefits

<table>
<thead>
<tr>
<th>Number of family members</th>
<th>KM amount of disability benefits</th>
<th>Disabled war veterans</th>
<th>Civilian war victims</th>
<th>Monthly KM disabled war veterans</th>
<th>Monthly KM civilian war victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>315.62</td>
<td>11,209</td>
<td>3,044</td>
<td>3,537,784.58</td>
<td>960,747.30</td>
</tr>
<tr>
<td>2</td>
<td>403.7</td>
<td>8,203</td>
<td>1,155</td>
<td>3,311,551.10</td>
<td>466,273.50</td>
</tr>
<tr>
<td>3</td>
<td>440.4</td>
<td>3,672</td>
<td>267</td>
<td>1,617,148.80</td>
<td>117,586.80</td>
</tr>
<tr>
<td>4 +</td>
<td>477.1</td>
<td>627</td>
<td>47</td>
<td>299,141.70</td>
<td>22,423.70</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23,711</td>
<td>4,513</td>
<td></td>
<td>8,765,626.18</td>
<td>1,567,031</td>
</tr>
</tbody>
</table>

27 There are no reliable data for the items marked with asterisk.
A total monthly allocation for the family disability pay would, according to this Case Scenario amount to a total of KM 10,332,657.48. In comparison to the legislation in effect, the implementation of this Case Scenario would lead to an increase in the budgetary allocations for family disability benefits to the family members of civilian war victims by KM 470,121.64 per month, or KM 5,641,459.68 per annum. It should be noted that the table above only presents the data on the amount of funds necessary for payment of family disability benefits to spouses. In addition to this, the Law recognizes the right of parents of disabled war veterans to family disability benefits, as well as the right to increased family disability benefits.

### 7.1.2. Republika Srpska

This section presents an assessment of the funds needed for the payments stemming from rights to different entitlements of PWDs in the RS. As well as in the FBiH, the Scenario is based on the calculation of benefits paid to disabled war veterans, while the categorization is made in accordance with the EU standards.

#### Table 5: RS – Assessment of funds needed for payment of personal disability benefits

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>DISABLED WAR VETERANS</th>
<th>CIVILIAN WAR VICTIMS</th>
<th>NEEDED PER MONTH – DISABLED WAR VETERANS</th>
<th>NEEDED PER MONTH – CIVILIAN WAR VICTIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>421.20</td>
<td>665</td>
<td>98</td>
<td>280,098.00</td>
<td>41,277.6</td>
</tr>
<tr>
<td>II</td>
<td>307.48</td>
<td>1,458</td>
<td>131</td>
<td>448,305.84</td>
<td>40,279.88</td>
</tr>
<tr>
<td>III</td>
<td>231.66</td>
<td>1,049</td>
<td>85</td>
<td>243,011.34</td>
<td>19,691.1</td>
</tr>
<tr>
<td>IV</td>
<td>172.69</td>
<td>2,515</td>
<td>214</td>
<td>434,315.35</td>
<td>36,955.66</td>
</tr>
<tr>
<td>V</td>
<td>122.15</td>
<td>7,006</td>
<td>469</td>
<td>855,782.90</td>
<td>57,288.35</td>
</tr>
<tr>
<td>VI</td>
<td>75.82</td>
<td>3,738</td>
<td>826</td>
<td>283,415.16</td>
<td>62,627.32</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>16,431</strong></td>
<td><strong>1,823</strong></td>
<td><strong>2,544,928.59</strong></td>
<td><strong>258,119.91</strong></td>
<td></td>
</tr>
</tbody>
</table>

Total amount of funds needed for payment of personal disability benefits for disabled war veterans and civilian war victims in the RS, according to the Case Scenario I, is KM 2,803,048.50. According to the regulations in effect in the RS, the allocation for payment of disability benefits to disabled war veterans and civilian war victims totals KM 3,457,707.15 per month, which means that implementation of this scenario would result in savings of KM 654,658.65 per month, or KM 7,855,903.80 per year.

According to this Scenario, 21,437 of disabled war veterans in the RS with disability of 50% or less would lose their entitlements to personal disability benefits.

As precise data on the number of beneficiaries entitled to the benefit for care and assistance provided by another person and the orthopaedic benefit (broken down by categories) is not available, it is not possible to calculate the increase in allocations for payment of these benefits that would result from implementation of the Case Scenario I.
Table 6: RS – amount needed payment of additional benefit for care and assistance provided by another person

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>DISABLED WAR VETERANS</th>
<th>CIVILIAN WAR VICTIMS</th>
<th>NEEDED PER MONTH – DISABLED WAR VETERANS</th>
<th>NEEDED PER MONTH – CIVILIAN WAR VICTIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>326.23</td>
<td>72</td>
<td>*</td>
<td>23,488.56</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>277.99</td>
<td>93</td>
<td>*</td>
<td>25,853.07</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>193.75</td>
<td>122</td>
<td>*</td>
<td>23,637.50</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>287</strong></td>
<td><strong>94</strong></td>
<td></td>
<td><strong>72,979.13</strong></td>
<td></td>
</tr>
</tbody>
</table>

Cumulative data on the number of civilian war victims entitled to the benefit for care and assistance provided by another person is not available.

Table 7: Right orthopaedic benefits

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>DISABILITY BENEFITS PER RATIO OF 0.90</th>
<th>DISABLED WAR VETERANS</th>
<th>CIVILIAN WAR VICTIMS</th>
<th>MONTHLY KM NEEDED – DISABLED WAR VETERANS</th>
<th>MONTHLY KM NEEDED – CIVILIAN WAR VICTIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>122.15</td>
<td>911</td>
<td>*</td>
<td>111,597.50</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>92.66</td>
<td>1,392</td>
<td>*</td>
<td>128,982.72</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>58.97</td>
<td>3,151</td>
<td>*</td>
<td>185,814.47</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>29.48</td>
<td>113</td>
<td>*</td>
<td>3,331.24</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>5.567</strong></td>
<td><strong>113</strong></td>
<td></td>
<td><strong>429,725.93</strong></td>
<td></td>
</tr>
</tbody>
</table>

Cumulative data on the number of civilian war victims entitled to orthopaedic benefits in the RS is not available.

7.2. CASE SCENARIO II – EQUAL RIGHTS OF PERSONS WITH DISABILITIES OF THE SAME SOURCE BETWEEN THE TWO ENTITIES

According to this Case Scenario, the rights of disabled war veterans in the RS and disabled war veterans in the FBiH should be harmonized. As in the Case Scenario I, the main problem with such evaluation would be that a unique database on the number and entitlements of persons with disabilities is still not in place. For that reason, this analysis is based only on the data on the disabled veterans and civilian war victims.

7.2.1. DISABLED VETERANS

Table 8: Disabled veterans – personal disability benefits

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>MONTHLY DISABILITY BENEFITS</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FBIH RS</td>
<td>FBIH RS</td>
<td></td>
</tr>
<tr>
<td>GROUP I</td>
<td>734.00</td>
<td>602 665</td>
<td>441,868 488,110</td>
</tr>
<tr>
<td>GROUP II</td>
<td>535.82</td>
<td>1,526 1,458</td>
<td>817,661.32 781,225.56</td>
</tr>
<tr>
<td>GROUP III</td>
<td>403.70</td>
<td>1,253 1,049</td>
<td>505,836.10 423,481.30</td>
</tr>
<tr>
<td>GROUP IV</td>
<td>315.62</td>
<td>3,066 2,515</td>
<td>967,690.92 793,784.30</td>
</tr>
<tr>
<td>GROUP V</td>
<td>234.88</td>
<td>8,262 7,006</td>
<td>1,940,578.56 1,645,569.28</td>
</tr>
<tr>
<td>GROUP VI</td>
<td>132.12</td>
<td>6,527 3,738</td>
<td>862,347.24 493,864.56</td>
</tr>
<tr>
<td>GROUP VII</td>
<td>95.42</td>
<td>5,438 5,977</td>
<td>518,893.96 570,324.34</td>
</tr>
<tr>
<td>GROUP VIII</td>
<td>51.38</td>
<td>6,517 5,356</td>
<td>334,043.46 276,218.88</td>
</tr>
<tr>
<td>GROUP IX</td>
<td>44.04</td>
<td>7,176 6,692</td>
<td>316,802.01 294,715.56</td>
</tr>
<tr>
<td>GROUP X</td>
<td>36.7</td>
<td>5,829 3,392</td>
<td>215,620.93 124,486.40</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>46,196</strong></td>
<td><strong>37,868</strong></td>
<td><strong>6,921,768.16 5,900,780.2</strong></td>
</tr>
</tbody>
</table>
If, under the Case Scenario II, the basis for calculation of personal disability benefits in the FBiH was applied in the RS as well, the total allocation for personal disability benefits for disabled war veterans in Bosnia and Herzegovina would amount to the total of KM 12,822,548.36. Implementation of this criterion would result in an increase of the RS budgetary allocation by KM 2,480,941.05 per month, or KM 29,771,292.60 per annum.

The other option of this Case Scenario would be the implementation of the EU standards (payment of disability benefits only to the first six categories) combined with harmonization of amounts of benefits in the two entities. Implementation of this option would reduce the total amount to KM 4,635,035 in the RS and to KM 5,535,982.14 in the FBiH, which would bring the total to KM 10,171,017.14 per month. In this case, budgetary allocations in the RS would be increased by KM 1,177,327.87 and the total allocation would equal KM 14,127,933 per annum.

Since it is based on the current budgetary spending in the FBiH, this Case Scenario does not have any implications on the FBiH budget (except for the other option explained in the previous chapter).

**Table 9: Disabled veterans – additional benefit for care and assistance provided by another person**

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>MONTHLY DISABILITY BENEFIT</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FBIH</td>
<td>RS</td>
<td>FBIH</td>
</tr>
<tr>
<td>I</td>
<td>734.00</td>
<td>439</td>
<td>72</td>
</tr>
<tr>
<td>II</td>
<td>513.70</td>
<td>194</td>
<td>93</td>
</tr>
<tr>
<td>III</td>
<td>367.00</td>
<td>79</td>
<td>122</td>
</tr>
<tr>
<td>TOTAL</td>
<td>712</td>
<td>287</td>
<td>450,896.20</td>
</tr>
</tbody>
</table>

According to this Case Scenario, the total amount of funds that should be allocated for the additional benefit for care and assistance provided by another person in the RS would be almost twice as high as the current allocation, totalling KM 145,396.

**Table 10: Disabled veterans – orthopaedic benefits**

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>MONTHLY DISABILITY BENEFIT</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FBIH</td>
<td>RS</td>
<td>FBIH</td>
</tr>
<tr>
<td>I</td>
<td>212.86</td>
<td>1,392</td>
<td>911</td>
</tr>
<tr>
<td>II</td>
<td>161.48</td>
<td>2,432</td>
<td>1,392</td>
</tr>
<tr>
<td>III</td>
<td>124.78</td>
<td>5,264</td>
<td>3,151</td>
</tr>
<tr>
<td>increase</td>
<td>(I degree +53.22 KM)</td>
<td>266.08</td>
<td>28</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9,116</td>
<td>5,454</td>
<td>1,353,312.64</td>
</tr>
</tbody>
</table>

Since the eligibility to orthopaedic benefits in the Federation of Bosnia and Herzegovina is defined on the basis of three categories of disabilities, the implementation of this Scenario in the RS would mean that 113 beneficiaries would no longer be eligible to orthopaedic benefits, and the total amount of necessary funds would be increased by KM 382,151.47, and would come to a total of KM 811,877.40 per month.
### 7.2.2. CIVILIAN WAR VICTIMS

#### Table 11: Civilian war victims – personal disability benefits

<table>
<thead>
<tr>
<th>DISABILITY CATEGORY</th>
<th>MONTHLY DISABILITY BENEFIT</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FBIH</td>
<td>RS</td>
</tr>
<tr>
<td>GROUP I</td>
<td>513.8</td>
<td>214</td>
<td>98</td>
</tr>
<tr>
<td>GROUP II</td>
<td>375.07</td>
<td>448</td>
<td>131</td>
</tr>
<tr>
<td>GROUP III</td>
<td>282.59</td>
<td>424</td>
<td>85</td>
</tr>
<tr>
<td>GROUP IV</td>
<td>220.93</td>
<td>466</td>
<td>214</td>
</tr>
<tr>
<td>GROUP V</td>
<td>164.42</td>
<td>802</td>
<td>469</td>
</tr>
<tr>
<td>GROUP VI</td>
<td>92.48</td>
<td>1,329</td>
<td>826</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>3,683</td>
<td>1,823</td>
<td></td>
</tr>
</tbody>
</table>

According to this case scenario, the total amount of funds needed for payment of personal disability benefits for civilian war victims in the RS would amount to KM 324,287.20, which is KM 137,836 over the current monthly allocation.

#### Table 12: Additional benefit for care and assistance provided by another person

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>MONTHLY DISABILITY BENEFIT</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FBIH</td>
<td>RS</td>
</tr>
<tr>
<td>I</td>
<td>513.8</td>
<td>202</td>
<td>*</td>
</tr>
<tr>
<td>II</td>
<td>359.66</td>
<td>113</td>
<td>*</td>
</tr>
<tr>
<td>III</td>
<td>256.9</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>315</td>
<td>94</td>
</tr>
</tbody>
</table>

Since we do not have data on the number of beneficiaries entitled to additional benefit for care and assistance provided by another person in from the category of civilian war victims in the RS, it was not possible to make the assessment of this particular segment. The same applies to entitlement to orthopaedic benefits.

#### Table 13: Civilian war victims – orthopaedic benefits

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>MONTHLY DISABILITY BENEFIT</th>
<th>NUMBER OF BENEFICIARIES</th>
<th>AMOUNT (KM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FBIH</td>
<td>RS</td>
</tr>
<tr>
<td>I</td>
<td>149</td>
<td>340</td>
<td>*</td>
</tr>
<tr>
<td>II</td>
<td>113.00</td>
<td>698</td>
<td>*</td>
</tr>
<tr>
<td>III</td>
<td>87.35</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>1038</td>
<td></td>
</tr>
</tbody>
</table>

Table 14 presents a comparison of the two case scenarios presented in the previous section:

#### Table 14: Comparative review of Case Scenarios I and II

<table>
<thead>
<tr>
<th>SCENARIO I</th>
<th>SCENARIO II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRENGTHS</strong></td>
<td><strong>STRENGTHS</strong></td>
</tr>
<tr>
<td>1. Getting closer to compliance with the EU standards;</td>
<td>1. Getting closer to compliance with the EU standards;</td>
</tr>
<tr>
<td>2. Eliminating discrimination in benefits based on the origin of disability;</td>
<td>2. Eliminating territory-based discrimination;</td>
</tr>
<tr>
<td>3. Higher income for the civilian war victims (and disabled civilians, although the lack of relevant data prevented us from making a precise assessment);</td>
<td>3. Higher income of all categories of persons with disabilities in the RS.</td>
</tr>
<tr>
<td>4. Less budgetary spending (annual savings of KM 19,261,895.64)</td>
<td></td>
</tr>
</tbody>
</table>
WEAKNESSES

1. No calculations for disabled civilians;
2. About 46,397 of disabled veterans in BiH would no longer be eligible to disability benefits;
3. Disabled veterans in the FBIH and the RS (categories I - VI) would be getting the same benefits they are getting now;
4. Possible difficulties in implementation and dissatisfaction of veterans;
5. Possible lack of political will for implementation.

1. No calculations for disabled civilians;
2. In the event the first option is selected, discrimination based on the origin of disability would remain present;
3. Substantial differences in benefits between persons with disabilities related to the war and those whose disabilities are not related to the war;
4. All categories of disabled persons in the FBIH would continue getting the same benefits they are getting now;
5. Higher spending from the RS budget.

Based on the facts presented here, it may be concluded that, from the perspective of financial sustainability, the Case Scenario I is more acceptable. However, in the event of implementation of this Case Scenario, special attention should be paid to the amount of benefits. In cases when the personal disability benefit presents a significant source of income of persons with 50% disability or less, appropriate employment programmes and/or social welfare programmes need to be prepared for this category.
Annex

Table 1: Overview of entitlements of persons with disabilities per category, in the FBiH and the RS

<table>
<thead>
<tr>
<th></th>
<th>FEDERATION OF BOSNIA AND HERZEGOVINA</th>
<th>REPUBLIKA SRPSKA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>disabled war veterans</td>
<td>civilian war victims</td>
</tr>
<tr>
<td>Personal disability benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I - 100%</td>
<td>734</td>
<td>513.8</td>
</tr>
<tr>
<td>II- 100%</td>
<td>535.82</td>
<td>375.07</td>
</tr>
<tr>
<td>III - 90%</td>
<td>403.70</td>
<td>282.59</td>
</tr>
<tr>
<td>IV - 90%</td>
<td>315.62</td>
<td>220.93</td>
</tr>
<tr>
<td>V - 70%</td>
<td>234.88</td>
<td>164.42</td>
</tr>
<tr>
<td>VI - 60%</td>
<td>132.12</td>
<td>92.48</td>
</tr>
<tr>
<td>VII- 50%</td>
<td>95.42</td>
<td>*</td>
</tr>
<tr>
<td>VIII-40%</td>
<td>51.38</td>
<td>*</td>
</tr>
<tr>
<td>IX - 30%</td>
<td>44.04</td>
<td>*</td>
</tr>
<tr>
<td>X - 20%</td>
<td>36.7</td>
<td>*</td>
</tr>
<tr>
<td>Additional benefit for assistance and care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>level I</td>
<td>734</td>
<td>513.8</td>
</tr>
<tr>
<td>level II</td>
<td>513.7</td>
<td>359.66</td>
</tr>
<tr>
<td>level III</td>
<td>367</td>
<td>256.9</td>
</tr>
<tr>
<td>level IV</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Orthopaedic benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>level I</td>
<td>212.86</td>
<td>149</td>
</tr>
<tr>
<td>level II</td>
<td>161.48</td>
<td>113.00</td>
</tr>
<tr>
<td>level III</td>
<td>124.78</td>
<td>87.35</td>
</tr>
<tr>
<td>level IV</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Family disability benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 member</td>
<td>315.62</td>
<td>220.93</td>
</tr>
<tr>
<td>2 members</td>
<td>403.7</td>
<td>282.59</td>
</tr>
<tr>
<td>3 members</td>
<td>440.4</td>
<td>308.28</td>
</tr>
<tr>
<td>4 members</td>
<td>477.1</td>
<td>333.97</td>
</tr>
<tr>
<td>4 + members</td>
<td>477.1</td>
<td>333.97</td>
</tr>
<tr>
<td>For parents with no remaining children and children with no parents 28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28 Overview of entitlements presented the Table 1 is based on the regulations in effect in 2006. Calculations for the RS are based on the 2006 ratios.
Table 2: Total annual allocations for social programmes including budgetary and non-budgetary items in BiH in millions of KM29

<table>
<thead>
<tr>
<th>Level</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBIH</td>
<td>Allocation for social protection</td>
<td>1265.4</td>
<td>1388.0</td>
<td>1497.1</td>
<td>1519.6</td>
<td>1565.1</td>
</tr>
<tr>
<td></td>
<td>%GDP</td>
<td>15.2%</td>
<td>16.1%</td>
<td>16.35</td>
<td>15.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>RS</td>
<td>Allocation for social protection</td>
<td>492.8</td>
<td>594.0</td>
<td>630.7</td>
<td>678.9</td>
<td>709.5</td>
</tr>
<tr>
<td></td>
<td>%GDP</td>
<td>13.3%</td>
<td>15.1%</td>
<td>15.0%</td>
<td>15.0%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Total</td>
<td>Allocation for social protection</td>
<td>1758.2</td>
<td>1982.0</td>
<td>2127.8</td>
<td>2198.5</td>
<td>2274.6</td>
</tr>
<tr>
<td></td>
<td>%GDP</td>
<td>14.6%</td>
<td>15.8%</td>
<td>15.9%</td>
<td>15.3%</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

Table 3: Assessment of the funds needed for personal disability benefits for civilian war victims in the FBiH in line with the provisions of the Law

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DISABILITY</th>
<th>NUMBER OF BENEFICIARIES IN FBiH</th>
<th>MONTHLY AMOUNT IN KM</th>
<th>ANNUAL TOTAL FOR FBiH IN KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>100</td>
<td>214</td>
<td>513.8</td>
<td>1,319,438</td>
</tr>
<tr>
<td>II</td>
<td>100</td>
<td>448</td>
<td>375.07</td>
<td>2,016,376</td>
</tr>
<tr>
<td>III</td>
<td>90</td>
<td>424</td>
<td>282.59</td>
<td>1,437,818</td>
</tr>
<tr>
<td>IV</td>
<td>80</td>
<td>466</td>
<td>220.93</td>
<td>1,235,441</td>
</tr>
<tr>
<td>V</td>
<td>70</td>
<td>802</td>
<td>164.42</td>
<td>1,582,378</td>
</tr>
<tr>
<td>VI</td>
<td>60</td>
<td>1329</td>
<td>92.48</td>
<td>1,474,871</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>3,683</td>
<td>-</td>
<td>9,066,322</td>
</tr>
</tbody>
</table>

Table 4: FBIH – Civilian war victims – assessment of funds needed for payment of additional benefits for care and assistance provided by another person30

<table>
<thead>
<tr>
<th>DISABILITY LEVEL</th>
<th>NUMBER OF BENEFICIARIES IN FBiH</th>
<th>MONTHLY AMOUNT IN KM</th>
<th>ANNUAL TOTAL FOR FBiH IN KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>202</td>
<td>513.8</td>
<td>124,545</td>
</tr>
<tr>
<td>II</td>
<td>113</td>
<td>359.66</td>
<td>487,699</td>
</tr>
<tr>
<td>III</td>
<td>*</td>
<td>256.9</td>
<td>*</td>
</tr>
<tr>
<td>Total</td>
<td>315</td>
<td>-</td>
<td>612,244</td>
</tr>
</tbody>
</table>

Table 5: FBIH – Civilian war victims – assessment of funds needed for payment of orthopaedic benefits31

<table>
<thead>
<tr>
<th>DISABILITY LEVEL</th>
<th>NUMBER OF BENEFICIARIES IN FBiH</th>
<th>MONTHLY AMOUNT IN KM</th>
<th>ANNUAL TOTAL FOR FBiH IN KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>340</td>
<td>149.0</td>
<td>607,920</td>
</tr>
<tr>
<td>II</td>
<td>698</td>
<td>113.00</td>
<td>946,488</td>
</tr>
<tr>
<td>III</td>
<td>*</td>
<td>87.35</td>
<td>*</td>
</tr>
<tr>
<td>Total</td>
<td>1,308</td>
<td>-</td>
<td>1,554,408</td>
</tr>
</tbody>
</table>

---

29 Mid-term Development Strategy 2004-2008, revised document, pp.95
30 Data on the number of beneficiaries qualifying under Category III is not available
31 Data on the number of beneficiaries qualifying under Category III is not available
Table 6: Civilian war victims– assessment of funds needed for payment of family disability benefits

<table>
<thead>
<tr>
<th>NUMBER OF FAMILY MEMBERS</th>
<th>NUMBER OF BENEFICIARIES IN FBiH</th>
<th>MONTHLY AMOUNT IN KM</th>
<th>ANNUAL TOTAL FOR FBiH IN KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>One member</td>
<td>3.044</td>
<td>220.93</td>
<td>8,070,131</td>
</tr>
<tr>
<td>Two members</td>
<td>1,155</td>
<td>282.59</td>
<td>3,916,697</td>
</tr>
<tr>
<td>Three members</td>
<td>267</td>
<td>308.28</td>
<td>987,729</td>
</tr>
<tr>
<td>Four + members</td>
<td>47</td>
<td>333.97</td>
<td>188,359</td>
</tr>
<tr>
<td>Total</td>
<td>4513</td>
<td>-</td>
<td>13,162,916</td>
</tr>
</tbody>
</table>

Table 7: Disabled veterans in the FBiH – assessment of funds needed for payment of personal disability benefits

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DISABILITY %</th>
<th>NUMBER OF BENEFICIARIES IN FBiH</th>
<th>MONTHLY AMOUNT OF DISABILITY PAY IN KM</th>
<th>ANNUAL TOTAL FOR FBiH IN KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>100</td>
<td>704</td>
<td>734.00</td>
<td>6,200,832</td>
</tr>
<tr>
<td>II</td>
<td>100</td>
<td>1,836</td>
<td>535.82</td>
<td>11,805,186</td>
</tr>
<tr>
<td>III</td>
<td>90</td>
<td>1,363</td>
<td>403.70</td>
<td>6,602,917</td>
</tr>
<tr>
<td>IV</td>
<td>80</td>
<td>2,318</td>
<td>315.62</td>
<td>8,779,286</td>
</tr>
<tr>
<td>V</td>
<td>70</td>
<td>5,018</td>
<td>234.88</td>
<td>14,143,534</td>
</tr>
<tr>
<td>VI</td>
<td>60</td>
<td>6,329</td>
<td>132.12</td>
<td>10,034,250</td>
</tr>
<tr>
<td>VII</td>
<td>50</td>
<td>5,366</td>
<td>95.42</td>
<td>6,144,284</td>
</tr>
<tr>
<td>VIII</td>
<td>40</td>
<td>7,006</td>
<td>51.38</td>
<td>4,319,619</td>
</tr>
<tr>
<td>IX</td>
<td>30</td>
<td>8,143</td>
<td>44.04</td>
<td>4,303,413</td>
</tr>
<tr>
<td>X</td>
<td>20</td>
<td>7,244</td>
<td>36.70</td>
<td>3,190,258</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>45,327</td>
<td>-</td>
<td>75,523,579</td>
</tr>
</tbody>
</table>

Table 8: Disabled veterans in the FBiH – assessment of funds needed for payment of personal disability benefits

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DISABILITY %</th>
<th>NUMBER OF BENEFICIARIES IN FBiH</th>
<th>MONTHLY AMOUNT OF DISABILITY PAY IN KM</th>
<th>ANNUAL TOTAL FOR FBiH IN KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>100</td>
<td>704</td>
<td>734.00</td>
<td>6,200,832</td>
</tr>
<tr>
<td>II</td>
<td>100</td>
<td>1,836</td>
<td>535.82</td>
<td>11,805,186</td>
</tr>
<tr>
<td>III</td>
<td>90</td>
<td>1,363</td>
<td>403.70</td>
<td>6,602,917</td>
</tr>
<tr>
<td>IV</td>
<td>80</td>
<td>2,318</td>
<td>315.62</td>
<td>8,779,286</td>
</tr>
<tr>
<td>V</td>
<td>70</td>
<td>5,018</td>
<td>234.88</td>
<td>14,143,534</td>
</tr>
<tr>
<td>VI</td>
<td>60</td>
<td>6,329</td>
<td>132.12</td>
<td>10,034,250</td>
</tr>
<tr>
<td>VII</td>
<td>50</td>
<td>5,366</td>
<td>95.42</td>
<td>6,144,284</td>
</tr>
<tr>
<td>VIII</td>
<td>40</td>
<td>7,006</td>
<td>51.38</td>
<td>4,319,619</td>
</tr>
<tr>
<td>IX</td>
<td>30</td>
<td>8,143</td>
<td>44.04</td>
<td>4,303,413</td>
</tr>
<tr>
<td>X</td>
<td>20</td>
<td>7,244</td>
<td>36.70</td>
<td>3,190,258</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>45,327</td>
<td>-</td>
<td>75,523,579</td>
</tr>
</tbody>
</table>

32 All amounts calculated based on the provisions of regulations in effect in 2006. Calculations for the RS are based on 2006 ratios (0.9).
33 All amounts calculated on the basis of the provisions of regulations in effect in 2006.
Table 9: Disabled veterans in the FBiH – assessment of funds needed for payment of orthopaedic benefits

<table>
<thead>
<tr>
<th>DISABILITY LEVEL</th>
<th>Number of beneficiaries in FBiH</th>
<th>Monthly amount in KM</th>
<th>2006 total for FBiH</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1,780</td>
<td>212.86</td>
<td>4,546,690</td>
</tr>
<tr>
<td>II</td>
<td>3,068</td>
<td>161.48</td>
<td>5,945,048</td>
</tr>
<tr>
<td>III</td>
<td>4,167</td>
<td>124.78</td>
<td>6,239,499</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,015</strong></td>
<td><strong>-</strong></td>
<td><strong>16,731,237</strong></td>
</tr>
</tbody>
</table>

Table 10: Assessment of funds needed for payment of personal disability benefits for civilian war victims – RS

<table>
<thead>
<tr>
<th>DISABILITY LEVEL</th>
<th>Number of beneficiaries</th>
<th>Monthly amount in KM</th>
<th>Annual amount in KM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>99</td>
<td>233.1</td>
<td>276,922</td>
</tr>
<tr>
<td>II</td>
<td>134</td>
<td>181.3</td>
<td>291,530</td>
</tr>
<tr>
<td>III</td>
<td>86</td>
<td>129.5</td>
<td>133,644</td>
</tr>
<tr>
<td>IV</td>
<td>214</td>
<td>103.6</td>
<td>266,045</td>
</tr>
<tr>
<td>V</td>
<td>437</td>
<td>90.7</td>
<td>475,631</td>
</tr>
<tr>
<td>VI</td>
<td>828</td>
<td>77.7</td>
<td>772,027</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,798</strong></td>
<td><strong>-</strong></td>
<td><strong>2,215,799</strong></td>
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</tbody>
</table>

Table 11: Disabled veterans in the RS – assessment of funds needed for payment of personal disability benefits

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>% DISABILITY</th>
<th>NUMBER OF BENEFICIARIES IN RS</th>
<th>DISABILITY PAY IN KM</th>
<th>ANNUAL TOTAL IN KM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>100</td>
<td>655</td>
<td>421</td>
<td>3,309,060</td>
</tr>
<tr>
<td>II</td>
<td>100</td>
<td>1,462</td>
<td>307.01</td>
<td>5,386,183</td>
</tr>
<tr>
<td>III</td>
<td>90</td>
<td>1,052</td>
<td>231.66</td>
<td>2,924,476</td>
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<tr>
<td>IV</td>
<td>80</td>
<td>2,512</td>
<td>172.69</td>
<td>5,205,567</td>
</tr>
<tr>
<td>V</td>
<td>70</td>
<td>3,744</td>
<td>112.15</td>
<td>5,038,675</td>
</tr>
<tr>
<td>VI</td>
<td>60</td>
<td>6,006</td>
<td>75.82</td>
<td>5,464,499</td>
</tr>
<tr>
<td>VII</td>
<td>50</td>
<td>5,394</td>
<td>54.76</td>
<td>5,544,505</td>
</tr>
<tr>
<td>VIII</td>
<td>40</td>
<td>6,711</td>
<td>29.48</td>
<td>3,374,083</td>
</tr>
<tr>
<td>IX</td>
<td>30</td>
<td>7,022</td>
<td>25.27</td>
<td>2,129,351</td>
</tr>
<tr>
<td>X</td>
<td>20</td>
<td>3,397</td>
<td>21.06</td>
<td>858,490</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>37,955</strong></td>
<td><strong>-</strong></td>
<td><strong>30,770,390</strong></td>
</tr>
</tbody>
</table>

---

Data on the number of eligible beneficiaries was provided by the relevant RS ministry. Number of beneficiaries entitled to additional benefit for assistance and care provided by another person and orthopedic benefits was not provided.
IX - Recommendations for disability Policy and strategies

All chapters of this Study, especially those in the second part, are consisting basis for recommendations or already defining them. Taking this fact into consideration as a starting point, in this chapter, recommendations that can be very useful in the process of development of disability policies were systematized.

1. Disability policies, their development and reforms are an integral part of necessary social policy reform in general. It is about the shift necessary in the social policy concept - from provision of assistance to inclusion. It is about development of an inclusive social policy. On the other hand, development of inclusive disability policies is important element of the social policy reform. It is about the two sides of the medal, it is about strengthening of social inclusion.

Inclusive social policy must focus on individual needs of beneficiaries, on social protection provided outside institutions, on services and on expansion of network of social system stakeholders. Partnership with beneficiaries is a cornerstone of such approach. That way, the beneficiaries become the subject of support provided by the society; they are involved in resolution of their own problems. In other words, it is about the change of focus, from social assistance towards social inclusion. It requires better targeting based on real needs and assessment of resources available to beneficiaries.

The role of civil society organizations is very important element of this framework. They can be more efficient and better in provision of a variety of services compared to public institutions.

Integral part of this is social investment is the support of the society to inclusion of beneficiaries into the labour market. The effect is twofold. They will be able to make a living (or at least contribute in supporting themselves) and cease to be “the budgetary burden”, and on the other hand, they will become fully socially included and will move from the margins of the society into its mainstream.

Specific directions of necessary inclusive social policy reforms are the following:

- Social service reform must be followed by reform of the social sector in general, especially in segments of labour and employment, pension and disability insurance.
- It is necessary to provide assistance to the most vulnerable categories of population and ensure equal treatment of all beneficiaries of financial assistance who really require such assistance (the assistance should not focus on categories or entitlements, as it was the case to date).
- It is important to improve efficiency of social services system through organizational changes, starting from the relevant ministries on entity and cantonal levels, with particular emphasis on norms, standards and simplification of procedures related to activities of centres for social work, in line with the established international standards.

2. Three important reform frameworks to provide this are:

- For further development of efficient social protection system, which is harmonized with EU standards, especially within the context of Stabilization and Accession Agreement, reforms related to social policy management are necessary. In order to improve well being of BiH citizens, it is necessary to harmonize standards and policies in this sector and create further possibilities for it at the state level.
- Regarding an achievement of efficient social protection financing, it is necessary to establish balance between financing of disabled veterans, on one side, and all other social protection beneficiaries on the other. Financing of social transfers, reflected as a percentage of GDP and as government spending, should be harmonized with regional averages. This will require a gradual decrease of general costs represented as a share in GDP, as well as balance and shift from provision of assistance without inspection of property, such as assistance provided to veterans, towards award of assistance on the
basis of property status and needs of beneficiary, which will create a social safety net for the most vulnerable categories.

- Social policy reform should be based on a mixed welfare system, focusing on client based approach with clear role of public institutions (for example Canters for Social Work), civil society organizations (CSOs), private sector and volunteers.

3. For the purpose of reform and development of a new system and model in the area of disability, the following recommendations could serve as a foundation:

Detection and registration

- It is necessary to provide a system of early detection of persons with disabilities, especially children with mental and physical disabilities. Existing research work done under this project should provide answers to these questions and create conditions for promotion of new policies.
- Unique approach to development of records on persons with disabilities could be accomplished through defining of basic data for all databases and through establishment of rules for availability and use of data from registers.

Cash benefits and assistance

- Work on amendments of laws from various areas in the RS that should provide new benefits for persons with disabilities available at equal rates throughout the RS.
- Reconsider possibilities of set up entitlements to cash benefits in the RS in the same way as in the FBiH or in another adequate way, which is the request of persons with disabilities.
- Start discussion about unjustified differences and uneven treatment by the State through introduction of measures and forms of protection of disabled veterans and disabled civilians and provide conditions for unique approach and harmonisation of entitlements of disabled veterans and civilians eligible for social protection.
- Come to an agreement about harmonisation of cash benefits of all three systems (veterans’ protection, social protection and protection of civilian war victims), through establishment of a unique base for calculation of benefits based on a unique approach towards disability.
- Work on developing specific approaches to provision of material aid to families taking care of person with disability, as well as work towards development of services aiming to provide assistance to families.
- For persons with disability it is of a vital importance that all categories receiving disability entitlements or other benefits have an adequate health insurance coverage. Moreover, it is extremely important that all health institutions design make necessary architectural modifications to provide physical access to everyone.

Institutional care

- Support work of institutions that provide accommodation and care for persons with disabilities in order to maintain and improve basic services and develop additional services tailored to particular needs, by implementing European living standards in this kind of institutions. Support should be directed towards modification and humanization of space, employment of professional staff, education and training of staff, supervision, introduction of new approaches and models of work, etc.
- Define status of institutions which have no founder in the FBiH.
- In cooperation with the healthcare sector, develop mechanisms for financing of social protection measures provided in institutions within entities as well between entities.
- Reassess the system of institutional accommodation and adjust it to needs of institutions and clients.
- Develop system of foster care for persons with disabilities as well as models for their employment and promote examples of good practices.
Labour and employment

- Develop and support programmes of support o personnel, introduce mandatory supervision of personnel employed in institutions and introduce expert supervision over activities in institutions;
- Develop cooperation between employers and employment authorities in identification of those jobs that could be done by persons with disabilities, identification of necessary workplace modifications and creation of adequate conditions;
- Define quote for employment of persons with disabilities and ensure implementation of this quote (one of the alternatives is payment of certain amount to the Fund for the purpose of employment of persons with disability);
- Improvement of psychical accessibility for persons with disabilities;
- Improve and develop knowledge and skills of persons with disabilities through implementation of different training programmes;
- Ensure support to inclusion of persons with disabilities in education programmes that are tailored in accordance with their individual capacities;
- Ensure adoption of the law which regulates professional rehabilitation and employment of persons with disability in the FBiH as well;
- Organize public campaigns aiming to inform employers and persons with disabilities of existing advantages and possibilities provided under the Law and stimulate employers to employ persons with disabilities;
- Develop strategy at the state level related to employment of persons with disabilities including professional development staff working within employment authorities with particular emphasis on employment of persons with disabilities (gaining knowledge in assisting persons with disabilities in finding employment and start up of independent business initiatives and raise awareness about issues related to persons with disabilities and their employment);
- Create measures within the tax and tariff system for stimulation of employment of persons with disabilities as well provide sources of funding within this system to sponsor activities relating to the issues of disability;
- Provide monitoring of implementation of the existing laws and develop sanction measures for failure to comply with the provisions of the law;
- Support initiatives of all organizations and individuals that are related to employment of persons with disabilities through various projects and create conditions for integration of examples of good practice into the system;

Education and inclusion

- Intensify activities within the school system related to creation of conditions for inclusive education of children through additional investments in education of teachers, preparation of children and removal of physical barriers;
- Develop programmes of lifelong learning through activities implemented in day centres, workshops, groups and stimulate other ways for learning, also focusing on socialization, integration, awareness and inclusion of children and youth.
- Within the programme of inclusion, it is necessary to ensure development of inclusion programmes in kindergartens and programmes for professional courses for training in work with children and youth with disabilities;
- Develop programmes which provide access to education for adults with disabilities;
- Social services, community-based rehabilitation and care;
- It is necessary to create the balance between monetary benefits and types of support focusing on participation in parts of legislation dealing with rights of persons with disabilities;
- Provide distribution and dissemination of information on the new approaches and new practices in order to inform and stimulate other communities to undertake similar programmes tailored to their needs, through distribution of adequate materials, printed publications, organization of study visits, presentations on academic sessions, etc.
- Increase efforts in institutional regulation of new models, which received positive reviews in implementation in wider areas and which were also supported managed by local communities;
- Create conditions for development of day care centres, especially centres for children, in each municipality aiming to provide development of wider scope of social services for persons and families and prevent placement of persons with disabilities into specialised institutions;
- Healthcare sector must provide professional monitoring of new models developed under this system and ensure restoration of elementary functions of these institutions;
- Ensure support to staff development to train the staff in community work and effect change of attitudes towards persons with disabilities;

Accessibility to facilities and transportation

- Ensure implementation of international standards in the area of accessibility to facilities through revision of existing laws and regulations;
- Adopt the Law on access to transportation, which would impose a requirement to transportation agency in terms of accessibility for persons with disabilities;
- Perform an assessment of implementation of existing laws and regulations and introduce measures that will insure their wider implementation;
- Disseminate information on experiences in local communities and adopt the action plans in each of the local communities aiming at removal of architectural barriers in public facilities;

Organisations of persons with disabilities

- Work on establishment of organizations of persons with disabilities and develop their activities in the areas where these kind of organizations do not exist and solve the problem of representation of organisations of persons with disabilities through adoption of adequate laws;
- Develop partnership between these organizations with public institutions and authorities by providing programmes for persons with disabilities;
- Develop capacities of existing organizations and enable them to act as partners of authorities in policy planning in the area of disability;
- Establish a database of disability issues, which would include statistical data about available resources and programmes, as well data on various groups of PWDs. For this particular purpose, the need of protection of privacy and personal integrity should be kept in mind.

4. Based on the general overview of mechanisms for assessment of degree of disability and based on the overview of each mechanism in both BiH entities, the following recommendations may be suggested for their improvement:

- Develop the kind of mechanisms within the system of assessment, which would provide a transition from medical model and assessment of disability as the basis for disability benefits and gradually introduce social model, which aims at assessment of all available possibilities and all resources.
- Provide disability assessment for children at very early age and improve quality of assessment, which should aim to not only to define the current condition, but also to fully explore and identify children’s potentials present adequate measures that will improve socialization, integration and abilities of children.
- It is necessary to work on harmonization of laws and by-laws that are the foundation of not only assessment mechanisms, but also the foundation of operation of institutions conducting assessment of disability for all categories of persons with disabilities;
- It is necessary to work on establishment of a unique institutional model related to assessment of disability level for all categories of persons with disabilities, including children with disabilities, which would be implemented on entire territory of BiH;
It is necessary to ensure that the work of institutions for assessment of disability level is based upon the social model and social approach towards disability issues, which means multidisciplinary model and the respect for persons with disabilities and treatment of persons with disabilities as equal partners in the process of assessment;

In the coming period, it is necessary to work on development of definitions related to the area of disability in Bosnia and Herzegovina and reach consensus among all/majority of main stakeholders in the area of disability about those definitions. That definitions would be used for development of a unique system of assessment of disability level, which should be focused on consequences of disabilities and not on the origin of disabilities;

It is necessary to effect harmonization of distribution of persons with disabilities into categories aiming at award of status of PWD only to persons with 60% disabilities or more, regardless of the causes of disability;

It is important to work on development of partnership between different partners aiming at timely identification of persons with disabilities and their registration in the support system for persons with disabilities;

Further education of staff is needed. They should be involved in the process of disability level assessment;

It is necessary to develop and maintain unique system of collection of data on persons with disabilities which completed assessment of disability level, in order to plan adequate support programmes or undertake revision of status of persons with disabilities;

It is important to work on development of cooperation between institutions responsible for disability level assessment and organizations of persons with disabilities, in order to get persons with disabilities involved as equal partners in the assessment;

It is necessary to develop more simplified procedures of access to commissions responsible for disability level assessment. This would result in decrease of scope of bureaucratic procedures preceding assessment;

It is necessary to ensure assessment by the commissions at two levels in order to guarantee fairness and transparency of procedures, facilitating appeals for persons who are not satisfied with outcomes of the assessment;

It is necessary to develop a special Manual specifying all necessary forms and providing detailed explanation of procedures and make it available to all stakeholders interested in assessment of disability level;

These assessment mechanisms should be expanded to other areas of life of persons with disabilities, aiming to facilitate their easier inclusion in different activities implemented in communities in which persons with disabilities live (assessments related to education, abilities for life and work, professional rehabilitation, necessary equipment and necessary modifications appropriate to the level and type of disability);

It is necessary to ensure transfer of knowledge and good practice in development and implementation of new models of assessment of disability level in BiH as well as in the region and the EU.

5. During the coming period, and especially following implementation of the Project of Support to the Disability Policy Development, examples of good practices should be taken into consideration in creating elements of unique policy in the area of disability, where they could serve as examples of pilot projects which practically already put certain solutions to the test.

Organization of study visits to organizations of persons with disabilities and towns in which examples of good practice were realized and learning from such examples would certainly bring about changes of attitude towards persons with disabilities in different areas in Bosnia and Herzegovina;

Very often examples of good practices developed within projects supported by donors over a period of time, but because necessary capacities were not developed to an adequate degree, effects resulting from those good practices were not maintained in the long run;
Lack of consistence in application of good practices is characteristic both for relevant government institutions and for organisations of persons with disabilities. Good example of such attitude is illustrated in the example of failure to implement regulations for construction free of structural barriers caused by insufficient interest and capacities of organizations of persons with disabilities to persist in implementation of those regulations.

6. The analysis of financial resources allocated by the FBiH and the RS for benefits to persons with disabilities, especially disabled veterans and evidence of various forms of discrimination among persons with disabilities of different categories indicate that the situation, as it is, is not financially sustainable.

Introduction of EU standards in this area would increase amount of available funding in the short term. Although effects of implementation of these measures would result in inclusion of persons with disabilities, especially their inclusion in the area of labour market, which would result in resolution of long term problems, as well as problems related to financial sources, the question of provision of funding in the short term remains open.

Policy in the area of disability must be flexible and client-oriented. In this sense, persons that are capable to work should be supported and assisted in meeting job requirements. Employed persons with disabilities should be treated separately, to ensure the amount of their earnings is taken into consideration (the amount they earn over their disability benefits).

It is necessary to introduce certain amendments of regulations detailing the threshold of disability, which should serve as a foundation for designation of financial benefits. In this sense, categorization should be introduced for all persons with disabilities, regardless of the period of disability or causes of disability.

Following recommendations are related to benefits intended for disabled veterans and members of their families and they can represent a good foundation for development of sustainable disability policy:

- Improvements in directing the available funding towards the most vulnerable persons,
- Harmonization of benefits for disabled veterans in order to bring the eligibility criteria applicable to disabled veterans to the same level as the criteria applicable to civilian war victims harmonise them with the international practice,
- Revise Rulebook for assessment of disability level in order to introduce provisions on assessment of work capacities to a more considerable extent and create unique system for assessment and registration of all persons with disabilities,
- Conduct categorization of all persons with disabilities, regardless of origin of their disability, in line with the standards of the World Health Organization. Having done that, additional funding will become available from what was previously directed towards categories of disabled veterans with lower level of disability to now be allocated for persons with higher level of disability who are unable to live independently;
- When assessing eligibility to financial benefits, employment status and amount of income of person in question should be taken in consideration. Introducing this criterion, the number of beneficiaries eligible to financial assistance would be reduced, which would directly result in increase of available funding;
- Ensure necessary funds for professional development as a pre-condition for employment of persons with disabilities;
- Introduce incentive for employers to encourage employment of persons with disabilities.

All of the above mentioned measures would reduce the number of beneficiaries and lead to increase of available funds to be allocated for benefits of persons with disabilities. This would lead to sustainable system of financial protection of persons with disabilities.
7. In Chapter VIII, in order to assess financial implications of possible option of reform in the area of disability, assessment of required funds was presented in two possible scenarios:
   - Case Scenario I: Equal rights to all persons with disabilities, and harmonization of categories with the EU standards
   - Case Scenario II: Equal rights to all persons with disabilities of the same source between the two entities

These two scenarios are not in disagreement with each other, because both of them led towards compliance with the EU standards.

In addition to financial benefits, persons with disabilities are also entitled to other rights. However, since there is no data on allocation of funds for rights other than financial benefits, emphasis is put on assessment of financial sustainability of allocation of funds for personal disability benefits, additional benefits for care and assistance provided by another person and orthopaedic benefits (where relevant data was available).

Comparative review of Case Scenarios I and II

<table>
<thead>
<tr>
<th></th>
<th>SCENARIO I</th>
<th>SCENARIO II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRENGTHS</strong></td>
<td>1. Getting closer to compliance with the EU standards;</td>
<td>1. Getting closer to compliance with the EU standards;</td>
</tr>
<tr>
<td></td>
<td>2. Eliminating discrimination in benefits based on the origin of disability;</td>
<td>2. Eliminating territory-based discrimination;</td>
</tr>
<tr>
<td></td>
<td>3. Higher income for the civilian war victims (and disabled civilians,</td>
<td>3. Higher income of all categories of persons with disabilities in the RS.</td>
</tr>
<tr>
<td></td>
<td>although the lack of relevant data prevented us from making a precise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>assessment);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Less budgetary spending (annual savings of KM 19,261,895.64)</td>
<td></td>
</tr>
<tr>
<td><strong>WEAKNESSES</strong></td>
<td>1. No calculations for disabled civilians;</td>
<td>1. No calculations for disabled civilians;</td>
</tr>
<tr>
<td></td>
<td>2. About 46,397 of disabled veterans in BiH would no longer be eligible to</td>
<td>2. In the event the first option is selected, discrimination based on the</td>
</tr>
<tr>
<td></td>
<td>disability benefits;</td>
<td>origin of disability would remain present;</td>
</tr>
<tr>
<td></td>
<td>3. Disabled veterans in the FBIH and the RS (categories I - VI) would be</td>
<td>3. Substantial differences in benefits between persons with disabilities</td>
</tr>
<tr>
<td></td>
<td>getting the same benefits they are getting now;</td>
<td>related to the war and those whose disabilities are not related to the war;</td>
</tr>
<tr>
<td></td>
<td>4. Possible difficulties in implementation and dissatisfaction of veterans</td>
<td>4. All categories of disabled persons in the FBIH would continue getting the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>same benefits they are getting now;</td>
</tr>
<tr>
<td></td>
<td>5. Possible lack of political will for implementation.</td>
<td>5. Higher spending from the RS budget.</td>
</tr>
</tbody>
</table>

This comparative SWOT analysis may prove useful as a good foundation for development of policy based on facts.

8. All of the recommendations presented here should be further developed and elaborated in Action plans within the process of development of the following developmental documents of BiH:
   - Medium Term Development Strategy of BiH and the Action Plan for the period beyond 2007 as well as BiH Development Plan, which will complement the Strategy.
   - BiH Social Inclusion Strategy and Action Plan, the development of which should commence in 2007.

9. Further development of recommendation specified in documents related to disability policy, developed under the SDPD Project will present an important contribution.
Sources

1. Instrument for Pre-Accession Assistance (IPA), Bosnia and Herzegovina, Multi-year Indicative Planning Document 2007 – 2009


http://ec.europa.eu/employment_social/social_inclusion/docs/napincl_03_at_en.pdf


   Implementation Report.
   exclusion.
   para a Inclusao.
   exclusion. Social and Welfare Policies Department. Directorate-General for family and 
   social issues and the protection of minor's right.
55. Finnish National Action Plan against Poverty and Social Exclusion – implementation 
   report 2005.
   Disabilities 2003 to 2006
   Employment Strategy for the period 2005-2010 
   Brussels, 13th March.
   intervention analysis of situations in Europe. Key aspects and recommendations. 
   Middelfart: European Agency for Development in Special Needs Education. 
   http://www.european-agency.org/eci/eci.html


76. Standard Rules on Equal Opportunities for Persons with Disabilities ("Lotos" Informative Centre Tuzla – October of 1999);

77. Official Gazette of Bosnia and Herzegovina No: 41/03 dated 24 December 2003;

78. Mid-Term Development Strategy of Bosnia and Herzegovina, (Sarajevo, March of 2004);

79. Framework Law on Primary and Secondary Education in Bosnia and Herzegovina (Official Gazette of Bosnia and Herzegovina No: 18/03);

80. www.lsn.org

81. USG Annual Report for 2005;

82. "Mostovi", Sarajevo, 2005;

83. http//www.ic-lotos.org;

84. Proceedings of the Conference in Doboj (September of 2006);

85. Law on Urban Planning in the RS;

86. Decree on Rules and Methods of Design and Construction of Public Facilities in the FBiH, 2004;

87. Tuzla Canton Law on Construction, March of 2005;

88. Map – Tuzla Accessibility Guide;

89. www.ussppv.org;


91. Law on Labour (Official Gazette of the FBiH No: 43/99 and 32/00);

92. Law on Mediation in Employment and Social Security of Unemployed Persons (Official Gazette of the FBiH No: 41/01);

93. Law on Labour in the RS;

94. Law on Employment in the RS;

95. Law on Professional Rehabilitation and Employment of Persons with Disabilities in the RS;

96. Conclusions of Roundtable Discussion on Implementation of the Employment Law and Conference on Employment held in Doboj in September of 2006;

97. "Equality – Right or Special Need" – Research of attitudes of citizens towards persons with disabilities in Tuzla Canton and status of persons with disabilities in Tuzla Canton ("Lotos" Informative Centre Tuzla, September of 2002);

98. Feasibility Study of Possibilities of Establishment of Centres for Retraining of Persons with Disabilities in North-East Bosnia and Herzegovina ("Lotos" Informative Centre Tuzla, September of 2006);
99. Law on Associations and Foundations of Bosnia and Herzegovina (Official Gazette of BiH, No: 32/01);

100. Law on Associations and Foundations of the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, No: 45/02);

101. Law on Associations and Foundations of Republika Srpska;

102. Law on Health Insurance (Official Gazette of the FBiH, No: 30/97);

103. Law on Health Protection (Official Gazette of the FBiH, No: 29/97).

104. Law on Basis of Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of the FBiH", No. 36/99),

105. Law on Amendments to the Law on Basis of Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of the FBiH", No. 54/04),

106. Law on Amendments to the Law on Basis of Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of the FBiH", No. 39/06),

107. Law on Rights of Veterans and Members of their Families ("Official Gazette FBiH" 33/04 and 56/05)

108. Law on Protection of Civilian Victims of War, ("Official Gazette the RS" No. 25/93 and 32/94)


111. BIH Government “Mid-term Expenditure Framework 2006-2008“


113. FBiH Ministry for Issues of Veterans and Disabled Veterans of the Defensive- Liberation War, "Information on the situation in the area of protection of veterans and disabled veterans and implementation of the Law on Rights of Veterans and Members of their Families ", Sarajevo, 2005


117. Izmirlija, M., “International Mechanisms for Protection of Human Rights for PWDs “, Human Rights Centre, University of Sarajevo, Sarajevo, 2006
118. Stjepanović, A., “Report of the meeting held on 11 October 2006, at the RS Ministry of Labour and Veterans (meeting held on the subject of number of beneficiaries per category of disability)”, Banja Luka, 2006


120. Data provided by the FBiH Ministry of Labour and Social Policy

121. Kočović, D. PhD. “Social Insurance”; faculty of Political Studies, University of Belgrade, Belgrade, 2005

122. Pribišev Beleslin, T., “Overview of national action plans for social inclusion of EU member states and countries of the region with emphasis on disability policies”, October 2006

123. Goralija, B. PhD, “Overview of the existing policies and legislation in the region and the EU in the area of disability”, October 2006

124. Goralija, Belma, PhD, Pribišev Beleslin, Tamara, MA, "EU standards in assessment of remaining work ability and EU experiences in organisation of mechanisms of assessment of capacities to provide equal opportunities for participation in social activities for girls and boys, young women and men, adult women and men and elderly women and men with disabilities – experiences in the region (Croatia and Serbia)"

125. World Bank, Bosnia and Herzegovina: Facing Fiscal Challenges and Strengthening Growth Perspectives, Survey of Public Spending and Institutions”, November 2006

126. Stjepanović, A., “Report of the meeting held on 11 October 2006, at the RS Ministry of Labour and Veterans (meeting held on the subject of number of beneficiaries per category of disability)”, Banja Luka, 2006

127. Data provided by the FBiH Ministry for Issues of Veterans and Disabled Veterans of the Defensive- Liberation War