



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

**Country:** Austria

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### Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

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

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



## PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

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

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

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

In the National report on social protection and social inclusion 2006, disability is mainstreamed in section 2.1 (Fight poverty and social exclusion of children and youth), section 3 National strategy report for pensions and part 4 National plan for healthcare and long term care. The focus of section 2.2 is less on disability and more aimed at the labour market opportunities. Section 2.3 “Enhanced participation of people with disabilities”, however, focuses entirely on disabled persons. Involved here are: subsections 2.3.1. Measures targeted on children and youths, 2.3.2. Vocational support measures for disabled youth: Clearing, 2.3.3. Vocational support measures of disabled people of working age, 2.3.4. Support measures for severely disabled people and 2.3.5. Equality of people with disabilities (National report on social protection and social inclusion 2006). This shows that there still exists an own “disability policy” and that the field of disability is not the primary focus of the report.

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



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

Furthermore, for most pupils with learning disabilities going to an “integrative class” ends at the end of “Sekundarstufe 1” (8<sup>th</sup> class), they have to leave classes and change into the “polytechnischer Lehrgang” or to special schools. There is urgent need to give those pupils the opportunity to proceed their education in an inclusive setting in Sekundarstufe 2 (until 12<sup>th</sup> class).

Furthermore, people with learning disabilities working in sheltered workshops are excluded from the social insurance and pensions system – they receive just a “Taschengeld” (pocket money) for their work which increases the poverty risk of this group of people, makes them dependent on benefits and exhibits a lack of social protection for this group.

### **1.2: In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)**

- on equal access to resources, rights and services for disabled people

There has been a program on special education but not a needed offensive for inclusive education.

- on fighting discrimination and increasing integration

Major Actions on fighting discrimination Behindertengleichstellungsgesetz... Concerning integration, the „Beschäftigungsoffensive für Menschen mit Behinderungen“

- How are disabled people and their organisations being involved in co-ordination of these policies ?

Only service providers are involved.

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

Austria is lacking research on disabled people’s equality and social inclusion. There are no publications based on empirical research concerning disabled people’s equality and social inclusion.

On social inclusion, concerning living, there is some research on the employment of disabled people:

On a national level:

- A descriptive study on employment and vocational training for people with disabilities, stated in the report of the situation of people with disabilities in Austria by the Austrian Ministry of Social Affairs (BMSGK 2003)
- An evaluation of a major action-program undertaken to facilitate employment of people with disabilities, the Austrian offensive for employment of people with disabilities (“Beschäftigungsoffensive für Menschen mit Behinderung”) (Horak, Schmid et al. 2003)



## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

As Martin Schenk stated in the most recent publication on disability and poverty, research on this issue very rare in Austria (Schenk 2007)

Publications dealing with poverty and disability on a national level are:

- Statistik Austria (2007): Einkommen, Armut und Lebensbedingungen. Ergebnisse aus EU SILC 2005
- Statistik Austria (2006): Einkommen, Armut und Lebensbedingungen. Ergebnisse aus EU SILC 2004
- Bundesministerium für Soziale Sicherheit, Generationen und Konsumentenschutz (2004): Sozialbericht 2003-2004

- Key findings:

People with disabilities face an above-average poverty risk (18% compared to 12%) due to deprivation, social exclusion and lacking participation (Schenk 2007). 39% of all disabled people cannot afford going on holidays, 12% cannot afford to buy new clothes, 6% cannot afford to heat their accommodation properly, 37% cannot incur unexpected investments (Statistik Austria 2007)

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

#### Official name of policy: provision for long-term care

(common name: long-term care benefit)

By Petra Flieger

#### Legal and financial basis

The legal basis for the Austrian long-term care benefit is the Federal Act for long-term care benefit that was introduced in 1993.

The expressed purpose of this legislation is as follows: "The long-term care benefit aims at compensating additional expenditure due to long-term care in the form of a flat-rate cash benefit to ensure as far as possible necessary attendance and support for persons with need for care and to improve their possibility to live an independent life according to their needs." (§ 1)

Depending on the kind of entitlement the financial responsibility lies either with the Federal Government or the Länder<sup>1</sup>. If a person is entitled to the long-term care benefit, there is a legal right to receive it. The Long-term care benefit is financed from contributions of employers and employees as well as from tax revenues.

In December 2002, 356.797 people received the long-term care benefit, 85% of them received a Federal long-term care benefit, and 15% received a long-term care benefit from the Länder.

#### Eligibility and needs

To receive the long-term care benefit a person has to qualify as follows:

- a person must be in need of care due to a physical, cognitive or mental impairment that will last for at least six months
- the permanent need of care must amount to at least 50 hours per month

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<sup>1</sup> Länder = 9 Austrian Provinces



The Long-term care benefit is organised into seven levels according to the need of care. The following table shows this structure as well as the monthly amount paid and the number of people receiving the long-term care benefit in December 2002.

level	monthly care requirements in hours	amount paid per month	people receiving in Dec. 02
1	more than 50	€ 145,50	69.136
2	more than 75	€ 268,00	126.449
3	more than 120	€ 413,50	62.634
4	more than 180	€ 620,30	52.584
5	more than 180 and unusually high level of care needed	€ 842,40	29.510
6	more than 180 and constant attendance needed	€ 1.148,70	10.093
7	more than 180 and virtual immobility	€ 1.531,50	6.391

The Long-term care benefit must be applied for at the relevant Federal or Länder authority. If a person receives a pension from the Federal social security system, the relevant assurance is responsible. If this is not the case, e.g. for children with disabilities, for employees with disabilities or those receiving social care benefit, it is the relevant authority of the Länder that's responsible.

The assessment of eligibility for the long-term care benefit is based on a medical model. Officially authorized doctors assess the applicant's need of care with a given screen. Different needs are translated into time needed, e.g. for getting dressed and undressed 2x20 minutes per day are being calculated. Apart from support on the body, such as personal hygiene, eating and dressing, there is a category for attendance, for example: shopping and support for housekeeping. For mobility, a flat-rate of 10 hours per month is estimated. The classification to a certain level follows the amount of hours per month. Applicants do not have much influence on the assessment by doctors, but they can add reports to their application: the more medical the better.

The decision on the level of long-term care can be appealed for at court. Appeal proceedings are usually time as well as energy consuming and costly. As the emphasis is on care, for those whose need of support is not in this area, like e.g. men and women with learning disabilities, with psychiatric disorders or deaf people, it is usually difficult to be classified according to their needs.

age	people receiving long term care benefit in Dec. 2002
0 - 20 years	11.067
21 - 40 years	17.879
41 - 60 years	33.015
total	61.961

### Coverage and accountability

The long-term care benefit does not aim at covering all needs of support for a person responsible for financing it. Additionally to the introduction of the long-term care benefit, the Länder committed to extend their social services comprehensively and to improve them qualitatively.

Recipients do not need to provide proof of how they use their long-term care benefit and therefore need not account for it.



## Evaluation

The evaluation of the Austrian long-term care benefit needs to be differentiated; there are obviously advantages as well as disadvantages to it. It is advantageous that people with disabilities receive cash benefits directly, regardless of their income or the reason of their disability, and that they have it at their own disposal without obligation to account for it.

The main problem is how the long-term care benefit is put into action. This action is based on a medical model; we characterize this as “bedside-table and bed”-mentality. This means that the life of disabled people is reduced to the space between bedside-table and bed.

The flat-rate benefit to meet personal needs is problematic, too. Based on our experience the following can be said: People who receive the long-term care benefit up to level 4 can usually finance their needs of personal support as they are defined in the regulation for long-term care provision. Further needs for Personal Assistance that would lead to a better quality of life and to more participation in society are not covered. For those men and women who receive the long-term care benefit from level 5 onward, it is even more problematic. They typically need assistance directly on the body several times a day and for them it’s not even possible to cover these basic needs with the money they receive. A report, that analysed the effects of the provision for long-term care, compared the time devoted to care per month with the monthly care requirements of the guidelines for eligibility and it supports the way we see the situation: “The results confirm that a number of people who receive the long-term care benefit, in fact, need intensive attendance every day. There is an obvious gap between the actually given support... the kind of support, that according to the legislative body is objectively necessary,” (Badelt et al. 1997, p. 68). People concerned are therefore either forced to have their assistance done by relatives whom they pay compensation, or they have to organise their assistance illegally by paying black wages. The latter can end up in a threat to the existence of the user as well as of the personal assistant. If neither of these strategies can be put into action, for people who require a lot of support, than the only option is moving to a residential care home with all its negative consequences.

The fact that the Länder have not fulfilled their duty to extend and improve the social services makes it impossible right from the start that people with disabilities can buy the assistance they need. In large regions of Austria there are no organisations that offer personal assistance or even mobile attendance. Instead of building up such services the service providers raised their hourly rates enormously when the long-term care benefit was introduced. To complete the picture we want to add that the long-term care benefit has not been adjusted to inflation since 1996, but the service providers always raise their rates.

Experience obviously shows that the long-term care benefit, in spite of its basically positive characteristics, neither does justice to the diverse needs of people with different impairments nor to the objective of an independent and equalised way of living for disabled people. Improvements could be achieved if the long-term care benefit covered all costs that actually arise within regular employer-employee relationships for care-responsible Personal Assistance. We question, though, if the long-term care benefit can be a satisfying basis for Personal Assistance. In our opinion there should be a separate law for Personal Assistance. This should, on the one hand, clearly define concepts and terms. On the other hand, it should guarantee the funding of legal jobs for personal assistants as well as training and support for users.

### 2.3 Policy and Practice (Summary)

No information available.



## SECTION THREE: CARE AND SUPPORT SECTION THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

- What are the most important publications in the past two years?

Apart from some master theses at Universities or colleges for higher education no relevant research on care and support for people with disabilities has been published in Austria during the last two years. The focus of the theses is on particular questions regarding sheltered living and support for people with intellectual disabilities. Some research has been done regarding the care and support for elder people. One fairly new master thesis describes Personal Assistance as an alternative model to support people with disabilities.

Apart from a report published by the Ministry of Social Affairs in 2003 (comp. BMSGK 2003) there are no general publications on how men and women with disabilities live in Austria.

- What are the key findings and recommendations?

No research – no findings or recommendations.

- What new research is needed in your country?

An Austrian wide survey on the housing situation of people with disabilities should be done by an independent research institute. Apart from general data collected in the population census (comp. ÖSTAT 1998) there are no specific data available for people with disabilities. Surveys dealing with care usually cover all people with support needs but these include the large population of elderly and old people. So nation wide research dealing particularly with men and women between the age of 16 to 65 is urgently needed.

One group that has been significantly neglected are those living in institutions. The data on people living in residential homes or institutions in Austria are superficial and insufficient. Disabled women or men who live in group homes or share flats that are organised by the rehabilitation system, belong to this group. A brochure of the Austrian Ministry for Social Security and Generations states: "1,7% of the Austrian population<sup>2</sup> live in an institution or in shared accommodation. There are no data about this kind of accommodation and about the structure of the people living in shared accommodation." (BMSG 2001, p. 32, translation P.F.) It is characteristic of the population census that the managers of the institutions were asked to provide the results, and not the people living in the institutions themselves. Moreover, apart from the kind and extent of impairment, no data were collected on how people living in institutions cope with their every day life. Finally, the data of the population census are not really useful because they include not only homes for the elderly and for disabled people but also boarding schools, monasteries and prisons.

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

Availability of services mainly depends on where you live, in a larger town or in the country, and on the particular province. In Austria, services for housing, care and support are not a federal matter but an individual matter of each of the nine provinces. All provinces offer different kinds of institutional care (e.g. residential homes, day care, sheltered workshops, supported living) that are usually provided by private organisations. In those provinces with strong initiatives for independent living there are usually services that offer personal assistance. But personal assistance is not available everywhere in Austria.

<sup>2</sup> comment P.F.: In 2003 this was a total of 137,666 women and men. (resource: own calculation)



People with higher needs of support who do not live in an institution can usually receive some sort of support but usually not enough to live without family support.

A broad range of institutional care is being offered in Austria, especially for people with intellectual disabilities, and there are still some large institutions where more than 100 men and women with disabilities live. Respite care is only available in some places.

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

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

*To what extent does the quality care and support depend on the financial resources of the individual disabled person or their family?*

Comp. section on long-term care benefit

## **Digression on the Deinstitutionalisation of people with learning disabilities in Austria by Tobias Buchner**

### **Historical Background and current situation**

In Austria, deinstitutionalisation was *primarily conducted by moving people with learning disabilities out of psychiatric hospitals*. This process was named "Enthospitalisierung"<sup>3</sup>. Enthospitalisierung started with Viennese psychiatry-reform in the late 1970ies ("Wiener Psychiatriereform"). One result of that reform was a strategic plan for psychiatric and psychosocial care for people with "mental retardation" ("Zielplan für die psychiatrische und psychosoziale Versorgung für Menschen mit geistiger Behinderung") that aimed on moving people with learning disabilities out of hospitals and providing a community-based life for them (Schmidt 1993, 67-75). This strategic plan can be seen as a kick-off for the process of Enthospitalisierung in Austria. Inspired by the Viennese model, several other states (e.g. Tyrolia, Vorarlberg) started moving people with disabilities out of psychiatric hospitals. This first phase of Enthospitalisierung in Austria lasted until the beginning of the 1990's. On January 1, 1991, the Nationwide Law on Unterbringungsgesetz (National law on placement in psychiatric hospitals) came into force (Neubauer/Theunissen 1999, 15). According to the new law, psychiatric hospitals are no place to live for people with learning disabilities and persons in general can only be held in psychiatric hospitals if they are facing a condition that provides the potential to harm themselves or others. Furthermore the Unterbringungsgesetz implied a clear distinction between "mental retardation" and psychiatric disorder. This new law set the scene for the second phase of Enthospitalisierung which was characterised by broad efforts to move people with learning disabilities out of psychiatric hospitals all over Austria (Tiesler 1996, 98-102). The most recent project on Enthospitalisierung took place in Vienna from 1997 to 2002 (Berger 2003, Berger et al. 2006).

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

<sup>3</sup> A unique german expression that does not exist in english language as well in the English speaking academic discourse





On the other hand there are still some examples of “Umhospitalisierung”: In some large psychiatric hospitals wards for people with learning disabilities were renamed as foster-centres and people with learning disabilities, have to (at least in some cases), live on the hospital grounds (e.g. Förderpavillon Baumgartner Höhe in Vienna, the huge group home of the “Barmherzige Brüder” at Kainbach/Styria offering “600 places” according to the website ([http://www.barmherzigebrueder.at/kainbach/ueberuns/article.siteswift?so=all&do=all&c=select\\_default](http://www.barmherzigebrueder.at/kainbach/ueberuns/article.siteswift?so=all&do=all&c=select_default)) or the ward facilities for people with learning disabilities at Ybbs an der Donau (<http://www.wienkav.at/kav/tzy/>).

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

Klicpera/Gasteiger-Klicpera are right – there exist more types of services providing living arrangements for people with learning disabilities. But it can be assumed – especially in rural areas - that most of the people with learning disabilities have (if they are not living with their families) to live in facilities with more than 15 or up to 15 residents. Furthermore, as result of lacking competition between service providers in rural areas as well as a lack of places at services *in most cases there is no or only little choice on living arrangements for people with learning disabilities in Austria*. Another critical development in the field of housing/living arrangements deals with people with learning disabilities living who are in their families. A high percentage (*around 30-40%, personal estimate*) of people with learning disabilities (numbers can also be only assumed, because no research has been conducted on this issue either) live with their parents until their parents have to move into a group home for the elderly or the parents die. When this scenario emerges, there exists no choice in choosing a living arrangement as liked: authorities are stressed and push those people into the next free living arrangement service providers can offer- mostly in a group home with a large number of residents. Furthermore, in the scenario described, due to the death of parents or parents who have to live in a stationary setting by themselves, people with learning disabilities lose their most supporting advocates.

### **Policies on deinstitutionalisation**

Austrian disability policy is based on several principles: Integration, normalisation, self-determination, “ambulant” support and deinstitutionalisation (Federal Ministry of Social Security, Generations and Consumer Protection 2006, 63). Those principles were firstly mentioned in the guidelines of the Disability Concept in 1992 (Federal Ministry for Labour and Social Affairs in cooperation with Österreichische Arbeitsgemeinschaft für Rehabilitation 1992, 46) and represent necessary paradigms for “state of the art”-social services for people with learning disabilities in the beginning of the 1990ies: The first decade of the Austrian Enthospitalisierung movement had shown that there was a growing need for “structural changes” in services for people with learning disabilities (Berger 2003) in order to provide suitable services that met the paradigmatic demands of the Enthospitalisierung-movement. Based on the principles of integration, normalisation and deinstitutionalisation, community based living<sup>4</sup> became a key issue in Austrian Disability Policy. From 1992 until today, community based living for people with disabilities is stated constantly as one of the main aims of Austrian Disability Policy (e.g. Federal Ministry of Social Security, Generations and Consumer Protection 2003 a, 44; Federal Ministry of Social Security, Generations and Consumer Protection 2003 b, 193; Federal Ministry of Social Security, Generations and Consumer Protection 2005, 27; Federal Ministry of Social Affairs and Consumer Protection 2007, 11) and is recommended as a suitable model for community based living.

<sup>4</sup> “Gemeinwesenintegration”/“gemeinwesenintegriertes Wohnen”



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

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

There are no measures for deinstitutionalisation.

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

A barrier for a sustainable disability policy might be § 15a- an agreement that arranges responsibilities between the Federal Government and the states<sup>5</sup>: After that paragraph, the Federal ministry of Social Affairs is only elaborating guidelines for services for people with disabilities. The states are responsible for implementation and taking care of suitable services for people with disabilities – relatively autonomous.

### **Research on deinstitutionalisation of people with learning disabilities**

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

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

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

### **Best Practice**

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

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<sup>5</sup> Länder



*Verein GIN* (Verein für Gemeinwesenintegration und Normalisierung = Association for Integration and Normalisation; [www.gin.at](http://www.gin.at)) and *LOK* (Leben ohne Krankenhaus = Living without hospital; [www.lok.at](http://www.lok.at)) are 2 Vienna-based service providers that were funded in the beginning of the 1990's as result of new challenges for the Enthospitalisierung-movement: During the second phase of the Viennese Deinstitutionalisation Program it became obvious that the established service providers had some problems in offering good services to "the hard core"<sup>6</sup> of people with disabilities to be moved out of psychiatries. Customarily services were overstrained with this new type of user. GIN and LOK started to offer services based in a community setting with group homes of 2-8 people (every user with his own room) as well as supported living services for single persons living in their own flat – even for people with severe disabilities and challenging behaviour. The sections for supported living for single persons of GIN and LOK grew, until today, focussing on providing community-based-services for users with so called "double diagnosis", strong challenging behaviour or drug abuse.

*Alpha Nova* was funded in the beginning of the 1990's in Styria (Candussi 1993) with the explicit aim to offer community-based services "for people with a need for a high level of support" ("Menschen mit einem hohen Unterstützungsbedarf"; Leitlinien der Unternehmensstrategie 2005-2015, 2005) and to contribute to deinstitutionalisation. These services reach from group homes (with a maximum of 4 inhabitants), to inclusive group homes (assisted flat sharing of students with services users), personal assistance for people living in their own apartments, support for families with children with learning disability<sup>7</sup> as well as offering adult education. Current aims are the expansion of community-based services for single persons.

### Conclusions and recommendations for deinstitutionalisation

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

According to the 2<sup>nd</sup> National Action Plan on Social Inclusion, the Report on the situation of people with disability provides a broad overview of the current situation of people with disabilities in Austria (Federal Ministry of Social Security, Generations and Consumer Protection 2003, 41). A closer look on the report's section on "housing"<sup>8</sup> for people with disabilities shows that this section definitely does not provide a real report on the "situation" of people with disabilities – it rather repeats the aims for housing and living. An evidence based description of the situation of living and housing is missing in that report. To fulfil the aims of community based living, self-determination and deinstitutionalisation there is urgent need of empirical research. That empirical research should aim at:

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

<sup>6</sup> The – in german-speaking countries often cited (e. g. Egli 1993, Jantzen 1999) – "hard core" describes long-term "inhabitants" with learning disabilities of psychiatries that showed a high level on challenging behaviour due to long lasting hospitalisation.

<sup>7</sup> "Familientlastender Dienst"

<sup>8</sup> "Wohnen"



- identifying unspotted large institutions and elaborating concepts with service users for closing them

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

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

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### **Digression on Education by Ewald Feyerer**

In Austria, inclusion at school is established by law as a freedom of choice for the parents of children with disabilities since 1993 (§ 8 Compulsory Schooling Act<sup>9</sup>; 15<sup>th</sup> School Organisation Act Amendment<sup>10</sup>).

<sup>9</sup> [§ 8 SchPflG]

<sup>10</sup> [15. SchoG-Novelle]



And since, the special schools can be appointed as 'Centres of Special Education'<sup>11</sup> and have to coordinate and facilitate the integration regionally (§ 27 School Organisation Act<sup>12</sup>). Regulations concerning the number of students and employment of teachers are relinquished to the laws of the federal provinces and are ultimately undefined.

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

In 2001, the curriculum for the pre-vocational year<sup>13</sup> at special schools is decided. Therewith the remit for special education is expanded to the 9<sup>th</sup> school grade (however with no additional resources). The curriculum for the pre-vocational year is oriented to the curriculum of the pre-vocational school<sup>14</sup> to make inclusion easier.

In 2002, as already previously in 2001, the establishment of inclusion by law in and respectively from the ninth grade fails. Therefore school trials for inclusion are still running during the last year of compulsory schooling.

In 2003, with the change of the Vocational Training Act, inclusion in the field of vocational schools as a school trial is enshrined. Vocational school students with learning difficulties have the possibility to expand the first vocational school year to two years, or just to graduate with a partial qualification.

With the revised form of the § 15 Compulsory Schooling Act the Second Education Act Package of 2005 finally abolishes the "school inability". There is only liberation from school attendance for medical reasons.

The Austrian Education Acts enables a broad and qualitative inclusion in compulsory schooling everywhere where it is wanted by the school board, special needs leaders and teachers. The personnel resources that the federation provides to the federal provinces for the special needs field have been at most 2.7% of all students for years, although the actual percentage (around 3.5% in the school year 2003/04) lies clearly higher. Therefore the resources, especially for integration, are running short (Specht et al. 2006: 39-40). As compensation 24 million Euro for 2008 – 2010 and 25 million Euro for 2011 – 2013 are granted to the provinces yearly to reduce structural problems because of decreasing numbers of students and in the area of special needs support. This however does not really defuse this whole problem.

The project 'Quality in Special Education' (QSP) has carried out a broad analysis of the special education support in the school area. After a statistic analysis of the existing data and a paper-and-pencil-interview (qualitative) of experts of all fields (school board, Centres for Special Education Needs, teachers, leaders, parents, therapists, scientists), strategies to improve the situation were developed in five working groups (Specht et al. 2006; Specht et al. 2007).

In a sub-study to the Quality in Special Education Project on the theme Individual Support Plan for Students with *general special school-curriculum* [curriculum for special school for pupils with learning difficulties] (Hauer/Feyerer 2006), the current condition concerning this matter was surveyed, concrete support plans of practical experience were analysed and suggestions for improvement were worked out.

<sup>11</sup> [Sonderpädagogische Zentren, SPZ]

<sup>12</sup> [§ 27 SchOG]

<sup>13</sup> [Berufsvorbereitungsjahr]

<sup>14</sup> [Polytechnische Schule]



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

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

Regarding the concrete implementation there is a large difference between the separate provinces (from around 35% to 80% integrated children with special educational needs), but also between the political districts within a province. Styria and Burgenland are described to have a 'one-track approach', because their education policy strategy aims at inclusion of almost all students. On the other hand, Lower Austria, Tyrol and Vorarlberg have a 'two-track approach'. Children with special educational needs are usually taught in special schools and classes. The other provinces reflect the Austrian average and thus the 'multi-track approach' is attributed to the whole of Austria by the European Agency. The 'multi-track approach' tracks several different special needs methods at the same time.

The development in the federal provinces is very similar (there was an increase in inclusion until 2000/01, but then a flattening in the curve), but it is displayed on clearly different levels. Therefore these differences can not be explained by a saturation effect. In fact, this could depend on the local and regional traditions, as well as the will of transformation of the educational-administrative executives. As the underlying frame and value decisions are explicated only in the minority of cases, there is "the impression of a certain arbitrariness concerning the idea of quality of special education." (Specht et al. 2006: 24-29)

Klicpera (2005: 169) points out that the available regional offer strongly influences both the consulting on the part of the school board and the decision of the parents. Parents report on significant differences in the attitude of representatives of the school board: "In Styria the representatives were predominantly advocates of inclusion (...) In Vienna the attitude was significantly more conservative and in Lower Austria the attitude of at least part of the representatives was even adverse. As a reason for the reserved up to adverse attitude the parents observed an unwillingness to change the usual special needs approach, as well as the concern about the preservation of the existing special schools".

The orientation of special education towards the medical, or rather individual, theoretical idea of disability is also still firmly conserved in integrative settings and is principally the basis of all legal measures. Thus, Hauer/Feyerer (2006) showed that the theoretical point of view of the regional head of school board, the establishment of inclusion by law as well as the plans for implementation recommended by special needs experts and the teacher's practice are built upon the deficiencies of the pupils. Special needs methods for the child are planned without consideration of the learning material for the whole class or extracurricular assistance methods. An systemic analysis of the child and its environment, which also includes the learning environment (the attitude of the teacher, teaching and learning material, teaching and learning methods, schoolfellows, other participants) as a possible cause of learning difficulties, could just as little be detected as a structurally anchored participation of the affected parents and pupils in the assessment process.



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

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

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

Concerning the children with special educational needs, it would be interesting to have especially long-term studies with reference to stigmatisation effect, regarding independence in lifestyle (housing, partnership, leisure time), inclusion in the employment market, assistance requirement or claiming offers for lifelong learning (andragogy for people with disabilities).

There is also a lack of representative micro longitudinal section data that would incorporate special educational needs during compulsory schooling with attended types of school and graduations, which makes a systematic exploration of life and career after school possible. The statistical elicitation system should thus be extended and differentiated quickly.

In total it has to be recorded that the realisation of inclusive education is principally possible with the existing official regulations. The concrete implementation with the same legal frame however considerably depends on traditions, dispositions and attitudes of the local school board, special educational needs leaders and teachers. Without long-term intensive efforts the concrete implementation also has clear borders: the lower the inclusion quotient of a country, the higher the danger of institutional discrimination through assessment scopes. Through the flexible usage of diffuse criterias and the coupling of educational diagnostics, labelling and placing of resources especially the socially deprived, the children with migration background and the young people are disadvantaged.

The defined suffrage regarding the school type in article 24 of the UN-convention forms the statutory basis for inclusion in Austria and enables a qualitative as well as quantitative good implementation of inclusion at school where the will for it exists. The legal establishment of the parent's suffrage in 1993 was therefore an important step considering that significantly more children with special educational needs are integrated in Austria than e.g. in Germany or Switzerland. However the vagueness of legal regulations also enables the adhesion to special schools. So the parent's suffrage has to be designated as fiction today. In the places where inclusion is strongly developed, a special school can not be built up again and in places where the school board prefers the special school there is consultation in the special school.

As a sufficiently good equipment of resources for both parallel systems is not financeable and the compulsory schools already have the legal assignment for inclusion, the next step recommended is the establishment of inclusion as central theme in the Austrian





educational policy. Within a certain period of time the special schools should be closed down or converted into general schools.

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

Furthermore, most of the experts demand a specification and a nationwide standardisation of the legal regulations, the adaption of the special needs contingent to the actual demand, increased efficiency of the resource input with prevention of double tracking and form variances.

Advocates of an inclusive system also demand, following the regulations in Finland and Schleswig-Holstein, a uniform curriculum for all pupils with the task of individualisation and internal differentiation. The task of matching between the uniform curriculum and the individual special educational needs of children would go to individual special educational needs plans.

The development towards inclusion at school would require the demobilization of labelling and diagnostic procedures as well as the renunciation of an input financing relating to pupils in favour of a systematically orientated approach with elements of an output financing. Referring to this development, projects based on science for a reorientation of the centres for special education would be indispensable in continuing the project "quality in special education" (Specht et al. 2007). So far, special educational need is only limited to compulsory schooling in Austria. While other western industrial countries such as Sweden, Denmark, Great Britain, the Netherlands and the US offer numerous, partly highly differentiated types of inclusion at school in secondary education/higher level; this education sector has been disregarded in Austria until now. According to this, Austrian pupils with special educational needs are the ones that leave the system of school the earliest in national and international comparison. Therewith they lack important years of experience of life and education, which are naturally granted to other adolescents, although just adolescents with impairments would need rather more than less education time for acquiring the knowledge and key qualifications, the development of independent day structuring and/or the development of job interests.

Here, a legal establishment of inclusion from the ninth grade in all school types of secondary education/higher level, and a regulation of competences between the involved federal ministries, is recommended.

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## PART FOUR: SUMMARY INFORMATION

### 4.1 Conclusions and recommendations (summary)

The situation for boys and girls, women and men with disabilities in Austria has improved during the last three decades but it is still far from equalisation of opportunities, non-discrimination or even inclusion. Segregating systems (e.g. in education, in housing or technical barriers in historical buildings) are still strong and supported by politicians who in public would always be for inclusion. Inherent necessities lead to exclusion and discrimination in many cases.

Two main problems are obvious:

- services for housing, care and support for people with disabilities are not a federal matter but an individual matter of each of the nine provinces
- the lack of independent research on a national level

Policies for disabled people do not ensure social inclusion and social protection for people with learning disabilities. Living circumstances for this group are far from social inclusion and participation. It can be assumed, that living outside the family for more than half of people with learning disabilities means living in a group home (Wohnheim/Wohnhaus) with more than 20 people in a building. Progress concerning deinstitutionalisation of people with learning disabilities was very poor the last years or maybe not taken seriously. There still exists no data concerning the living arrangements of this group of people.

Concerning employment, there have been some efforts on vocational integration (e.g. Integrative Berufsausbildung (Integrative Vocational Training), Arbeitsassistenz (a flattened version of the American “supported employment”-model)), but in 2008 the large majority of people with learning disabilities have little possibility to participate in the labour market and work in sheltered workshops. The vocational integration programs are far too small to offer a real choice/possibility to participate in the labour market for most people with learning disabilities.

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

In a small city in Lower Austria named Wiener Neudorf, the Index for Inclusion was adapted for a whole community. Educational institutions (primary school, nursery, hoard), self advocacy-organisations, sports clubs, local authorities (mayor, community council), different non profit associations as well as every interested citizen were involved and participated in this process.

For further information see:

<http://www.wiener-neudorf.gv.at/system/web/zusatzseite.aspx?menuonr=218605890&detailonr=218608690>

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