



## **Peer Review on “Social inclusion, health and equalisation of opportunities of young people with disabilities”**

13 – 14 September, Zagreb (Croatia)

### **Summary report**

**The Peer Review discussed how efficient and equal access to quality support services can be ensured for young people with disabilities aged 15 to 30, especially in the areas of health, education and employment.** Notably, the participants discussed how existing mainstream, as well as specialised services, can be adapted and improved to better support young people and their families and how policy-makers, health professionals, non-governmental organisations (NGOs), service providers and other relevant stakeholders can work together to improve access to and quality of these services.

During the Peer Review, participants analysed key elements of existing strategies and policies aimed at fostering social inclusion of young people with disabilities. Attention was given to approaches involving stakeholders and representatives of people living with disabilities in the planning, implementation and monitoring of such strategies.

The event was hosted by the Croatian Centre of Public Health (CIPH). The Croatian delegation was composed of representatives from the following Ministries: Health; Demography, Family, Youth and Social Policy; and Science and Education as well as the Croatian employment services and the Institute for disability certification, vocational rehabilitation and employment of persons with disabilities. The Peer Review also brought around the table government representatives from five EU Member States, namely Cyprus, Finland, Malta, the Netherlands and Slovenia. Finally, representatives of the Offices of Ombudspersons and three NGOs<sup>1</sup> and the European Commission also took part in the event, as well as a host country, a thematic and an independent expert.

Following the ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) by the European Union (EU) and all its Member States, there has been a paradigm shift away from the medical model which saw disability as an individual problem towards the social and human rights-based model of disability. Consequently, many EU Member States have begun to develop and reform legislation and policies with the aim to tackle barriers people with disabilities face in modern societies. Several measures were designed to address specific areas such as health, employment, education and social inclusion as well as to tackle cross-cutting issues such as anti-discrimination.

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<sup>1</sup> Croatian Union of Associations of Persons with Disabilities, “Udruga Zamisli” (Association Imagine) and “Udruga SUMSI” (Croatian Association of Youth Associations and Disabled Students).

The EU itself adopted the European Disability Strategy 2010-2020, constituting a “comprehensive multiannual framework for implementing the CRPD at EU level”<sup>2</sup> to foster well-being for approximately 80 million people living in the EU with a disability (source: Eurostat). From 2007 to 2013, the European Social Fund, supported 6.1 million people, of which 16% were persons with disabilities. This investment continues under the current Multi-Annual Financial Framework 2014 – 2020. Currently, various initiatives are underway aiming to improve the lives of young people with disabilities, including the Youth Employment Initiative and the Youth Guarantee or the Flagship Initiatives “New Skills Agenda for Europe” and the “European Platform against Poverty”, focusing on employment, skills, quality of jobs and working conditions, as well as on vulnerable groups and combating social exclusion and discrimination. In addition, € 450 million were allocated to improve the health of EU citizens in the period of 2014 – 2020, which persons with disabilities can also benefit from.

According to the data collected by the Croatian Register of Persons with Disabilities (Croatian Institute of Public Health, 2018), the Republic of Croatia has recorded 512,093 persons with disabilities in 2018 (roughly 12.4% of the total population), out of which 43,119 persons belong to the age group of 15 to 29 years (representing 6.1% of the population of the same age range). Their lives are hindered by a number of systemic barriers including limited access to education, low levels of employment, poor health, poverty, lack of access to buildings, transport and public services, and lack of support to live in the community.<sup>3</sup> In general, young people with disabilities are even more vulnerable and prone to face additional barriers in society. For example, the number of young people with disabilities in education is generally lower than the number of their peers without disabilities, and they also usually leave education with lower qualifications.<sup>4</sup>

The current Croatian government has built on its initial strategy valid from 2007 to 2015, by adopting a follow-up: the National Strategy for the Equalisation of Opportunities for Persons with Disabilities 2017-2020. Although young people aged 15 to 29 years are only briefly mentioned in the document, the Strategy lays out comprehensive measures to improve access to education, health care and employment for people with disabilities. According to the Host Country Paper, the measures outlined in the Strategy have yielded first results improving the access, availability and quality of services for people with disabilities - including young people - although they might not be specifically targeted. Nevertheless, progress is slowed down due to a lack of human and financial resources as well as by shortcoming in the coordination and cooperation of stakeholders at various levels including the lack of meaningful participation of (young) persons with disabilities.<sup>5</sup>

The Peer Review aimed to discuss potential solutions to overcome these shortcomings in the current strategy and its implementation, by drawing comparisons to policy and practices in the peer countries. The key policy messages for the host country Croatia were derived from the discussions amongst the participants. They were, however,

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<sup>2</sup> European Parliament 2017, Briefing - Implementation in Action. The European Disability Strategy 2010-2020. Available: [http://www.europarl.europa.eu/ReqData/etudes/BRIE/2017/603252/EPRS\\_BRI\(2017\)603252\\_EN.pdf](http://www.europarl.europa.eu/ReqData/etudes/BRIE/2017/603252/EPRS_BRI(2017)603252_EN.pdf) [Accessed on 18.09.2018].

<sup>3</sup> European Disability Forum 2016, Available: <http://www.edf-feph.org/> [Accessed: 26.08.2018]

<sup>4</sup> Eurostat 2014. Disability statistics - access to education and training. Available: [http://ec.europa.eu/eurostat/statistics-explained/index.php/Disability\\_statistics\\_-\\_access\\_to\\_education\\_and\\_training](http://ec.europa.eu/eurostat/statistics-explained/index.php/Disability_statistics_-_access_to_education_and_training) [2018, August 3].

<sup>5</sup> Kekez Kostro, Anka 2018. Host Country Discussion Paper „On the right track: measures to promote social inclusion of young people with disabilities“.

considered relevant for all peer countries to improve access and support to quality services in the areas of health, education and employment.

**The key policy messages from the Peer Review can be summarised as follows:**

Policies

- A change of paradigm needs to be underpinned by comprehensive strategies based on human rights, personal capacities and empowerment, rather than the medical approach and a focus on individual impairments. Strong legal enforcement and political commitment is of utmost importance to ensure that such a systemic change is implemented consistently in all the relevant areas, including education, employment and health.
- Active involvement of (young) persons with disabilities and their representative organisations in all the phases of the policy cycle is necessary. Sufficient time for meaningful participation in the process is to be allocated.
- The needs of all people with disabilities (including intellectual disabilities and mental health problems) needs to be mainstreamed in all policy fields. In addition, a universal design should be adopted as an approach to implementing services.
- Funding needs to be earmarked for each measure in a strategic or policy document, always keeping in mind the sustainability of activities beyond pilots financed, to a large degree, by the European Structural and Investment Funds (ESIF).
- Planning should be realistic including clear time frames and road maps for implementation, clear definitions of goals and responsibilities in implementation, synergies with other strategies as well as measures to ensure continuity and sustainability over time.
- Strong vertical and horizontal cooperation and coordination with relevant stakeholders (including municipalities) is necessary.
- When designing a policy or strategy, the provisions for structured data collection, ongoing monitoring and evaluation systems should be laid out from the outset.

Specific policy areas

- Health care:
  - attention to accessibility, prevention, and rehabilitation;
  - greater involvement of NGOs and people with disabilities;
  - greater coordination with education and employment services; and
  - training to change the approach of health care workers in line with the CRPD.
- Education:
  - inclusive education from early childhood onwards;
  - physical accessibility of schools and other educational institutions;
  - adaptation of learning materials, methods, curricula to the needs of young persons with disabilities;
  - provision of individualised support services;
  - improved basic teachers training, including awareness to the needs of pupils with disabilities;
  - increased attention to gifted students with disabilities and to students with mental health problems, who might otherwise have their talents neglected; and

- additional attention to transition from secondary to tertiary education and from education to the labour market.
- Employment:
  - specific individualised services to support access and retention of jobs are necessary (e.g. Supported Employment or Individual Placement and Support);
  - services for employers and team colleagues to support adaptation of workplace and working conditions should be available;
  - job shadowing of professionals in the mainstream and specialised services can be helpful to better understand each other's worlds; and
  - quota systems and incentives can play a positive role to include persons with disabilities in the open labour market; social partners and employers need to be involved in their design and implementation.

### Practices

- Training and awareness raising towards politicians, service providers, employers, civil society is necessary to support the paradigm shift towards a human rights-based approach and to better inform persons with disabilities about their rights.
- To empower (young) persons with disabilities and their families and to foster their political and socio-economic active participation, persons with disabilities should be directly involved in designing and managing (mainstream) services.
- Person-centred and individualised service provision supported by case managers accompanying the person in a life cycle perspective should be put in place to support access to all the needed services and the transition to adulthood for young persons with disabilities.
- Provision of information in (community-based) one stop shops is needed and a designated website accessible to all people with disabilities, to professionals, and to supporters should be put in place.
- For better coordination and integration of services, a common deontology is needed: Inter-ministerial coordination boards and coordination bodies should define common protocols, ensuring trust, communication and cooperation among mainstream and specialised services. In addition, competition for funding among different stakeholders (service providers, NGOs, representatives of disadvantaged groups), which should be cooperating, should be avoided.
- Particular attention should be paid to:
  - Regional inequalities impacting on socio-economic conditions, service provision and accessibility. Mobile integrated services in rural peripheral areas and the creation of community centres with appropriate funding and human resources could be a solution;
  - The design of benefits for young people with disabilities and family carers, avoiding unintentional and perverse effects (e.g. remaining in education longer or not accepting jobs due to the risk of losing certain benefits, parents declaring worse disability conditions to get higher benefits as carers to make up for loss or lack of other vital income, etc.)
  - Using adapted communication tools to engage with people with disabilities and their families.

### Effective data collection and monitoring and evaluation

- Provisions for structured data collection are needed, that establish monitoring and evaluation systems and processes with focus on disability issues which are adequately funded. A clear division of roles and responsibilities (government,

civil society, independent evaluators) for monitoring and evaluation should be laid out.

- To design monitoring and evaluation systems and processes, persons with disabilities and their representative organisations should be involved.
- To further explore, why some persons with disabilities are not using services, data also needs to be collected to better understand why they might not be accessing available services.
- Data can also be gathered from a collection of complaints, based on a well-working and transparent complaint procedure in place. Applied research could analyse complaints' patterns to improve existing services.
- Databases should include administrative and statistical data across sectors.
- To measure progress, qualitative and quantitative key performance indicators (KPI) could be designed, and this already at an early stage of the creation of a strategy or other policy documents.
- To enhance transparency and improve accountability, data, monitoring and evaluation results should be publicly available to all stakeholders, including civil society.
- Available data as well as the results of monitoring and evaluation activities should be used to improve policy making and strategies, to identify trends and gaps in services, and to better communicate progress on implementation of existing strategies.

#### Recommendations to stakeholders

- Users/Disabled People Organisations (DPOs):
  - organise into umbrella organisation to coordinate actions and improve visibility and effectiveness;
  - greater proactivity and collaboration with other organisations in lobbying activities and in the provision of information and services; and
  - any negative notion of competition between representative organisations should be overcome.
- Service providers:
  - invest in training and further develop the model "experts by experience";
  - attention to accessibility, in both physical terms and concerning communication tools and ways to provide services;
  - tailor services to individual needs;
  - invest in monitoring and evaluation (by service users) of services provided and their effectiveness; and
  - activate effective complaint procedures.
- Government:
  - attention to prevention and support throughout the life cycle;
  - foster monitoring & evaluation systems, data gathering and research;
  - transparency on use of funds and the results of projects and measures that are financed;
  - strengthen the role of the Ombudsman to ensure rights effectively and to draw on their suggestions for amendments to legislation and policies; and
  - adopt a holistic approach and cooperation between ministries.