



Peer Review on "Social inclusion, health and equalisation of opportunities of young people with disabilities"

Zagreb, 13-14 September 2018



Welcome session

Ms Ivana Pavic Simetin

Croatian Institute of Public Health



Welcome session

Mr Andreas Schlüter
European Commission



Agenda – Day 1, Thursday 13 October (1)

- 09.00** **Welcome session – Host country and European Commission**
- 09.30** **Host Country Session**
(The key elements of Croatia's National Strategy for the Equalisation of Opportunities for Persons with Disabilities)
- 10.15** **Panel discussion: exchange of perspective**
- 11.15** **Coffee Break**
- 11.30** **Working group discussion (1 and 2):**
What are the key elements to ensure efficient and equal access to a range of support services, in the areas of health, education and employment, for young people with disabilities?
- 13.00** **Lunch at School for Public Health**
14.00



Agenda – Day 1, Thursday 13 October (2)

- 14.00** **Working group discussion:**
How can existing mainstream services be adapted and improved, as to better support young people with disabilities?
- 15.30** **Coffee break at Education Centre**
- 15.45** **Working group discussion (3 and 4):**
How can policymakers, health professionals, NGOs, service providers and other relevant stakeholders work together to improve access and quality of services for young people with disabilities?
- 19.30** **Evening dinner**



Key questions for Day 1:

- *What are the key elements to ensure efficient and equal access to a range of support services, in the areas of health, education and employment, for young people with disabilities?*
- *How can existing mainstream services be adapted and improved, as to better support young people with disabilities?*
- *How can policymakers, health professionals, NGOs, service providers and other relevant stakeholders work together to improve access and quality of services for young people with disabilities?*



Host country discussion paper

Ms Anka Kekoz Kostro
University of Zagreb

Host Country Discussion Paper - Croatia

On the right track: measures to promote social inclusion of young people with disabilities

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

Croatia, 13-14 September 2018



PANDA KOMUNIKACIJE

Presented by
Anka Kekez Koštro

Situation in the host country

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** (**6.1%** of population of the **same age range**).

Source: Croatian Register of Persons with Disabilities (Croatian Institute of Public Health, 2018)

National Strategy of Equalization of Opportunities for Persons with Disabilities 2007-2015



Human rights and social model of disability

- Integrated elements of **UN Convention** on the Rights of Persons with Disabilities
- Initiated the **change of regulatory and policy framework** in the area of education, health and employment
- Fostered **mobilisation and coordination** of actors to **remove barriers** to economic and social **integration** of persons with disability
- Guided efforts toward **improving** quality and access to **mainstream services** in health, education and employment



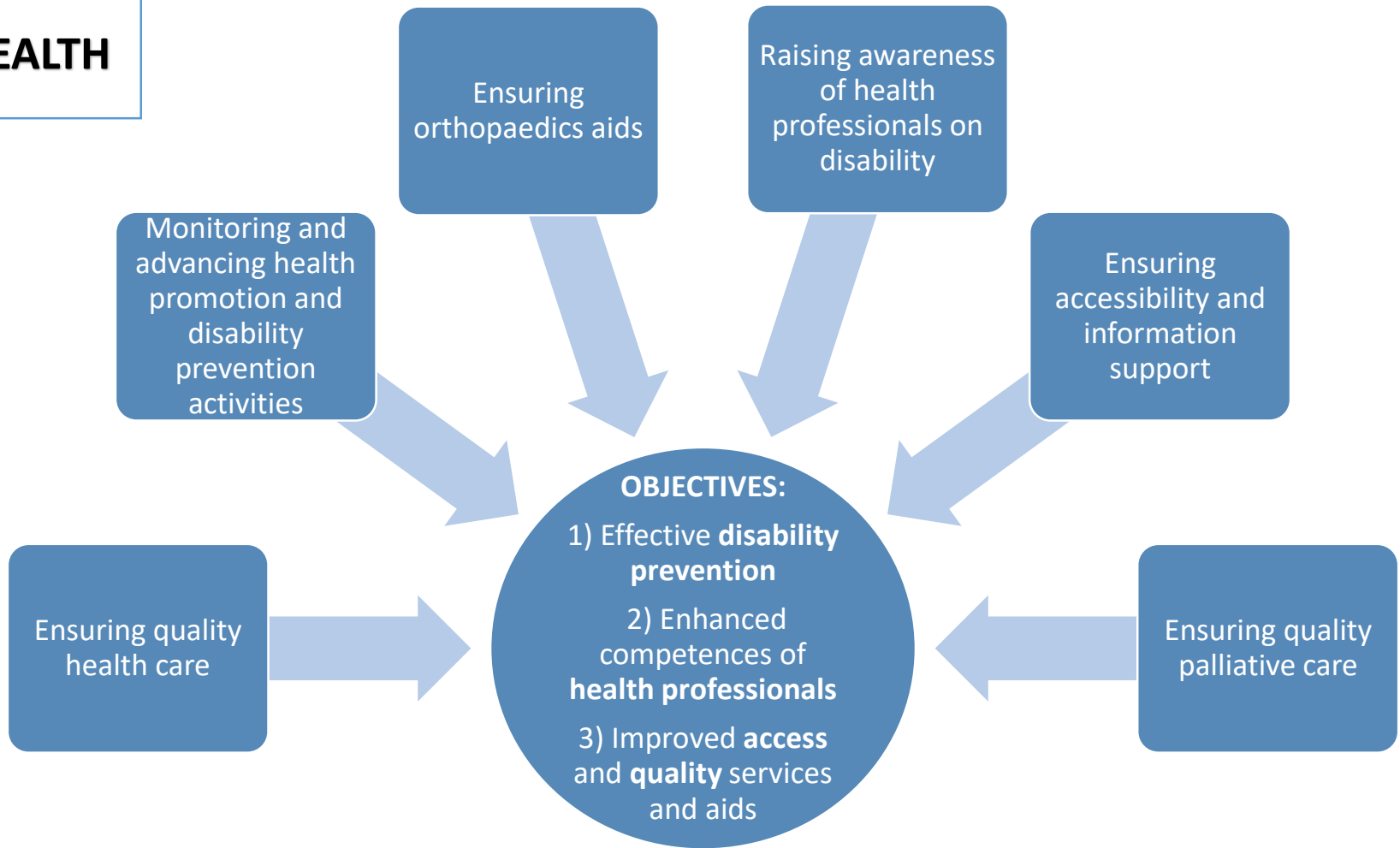
Medical model of disability

- **Only several** measures **fully reflected** the commitment to empowerment and co-produced service delivery
- Implementation of measures had **not led toward** comprehensively **adjusted domestic legislation**
- The provision of public services was, in many instances, characterised by persons with disabilities being **passive receivers of care** and the **dominance of professionals**
- Despite the initial impetus, reasonable accommodation of mainstream services **was not sufficiently guaranteed**

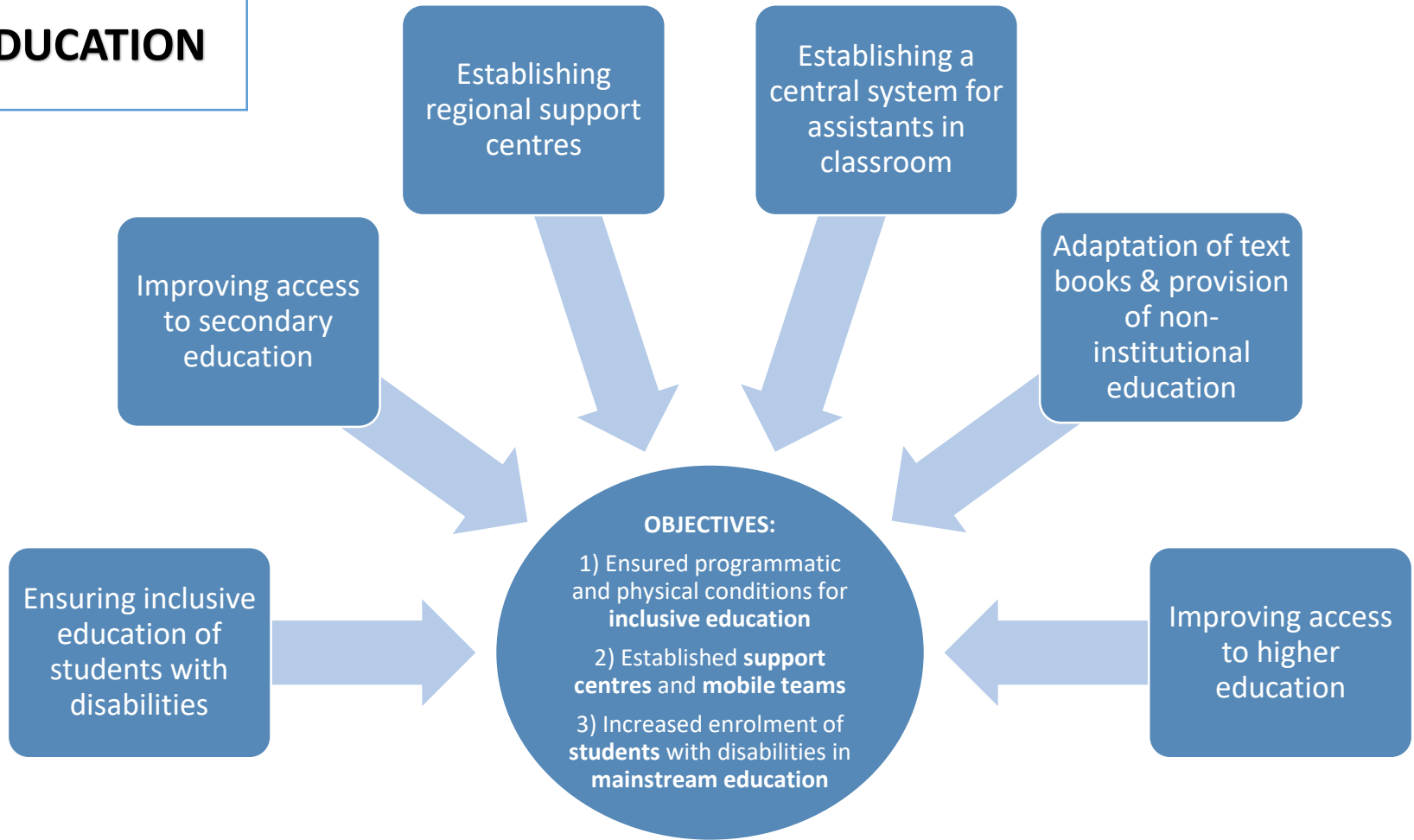
Policy Measure and Results

National Strategy for
the Equalisation of
Opportunities of
Persons with disabilities
2017-2020: **measures
and results** in areas of
health, education and
employment

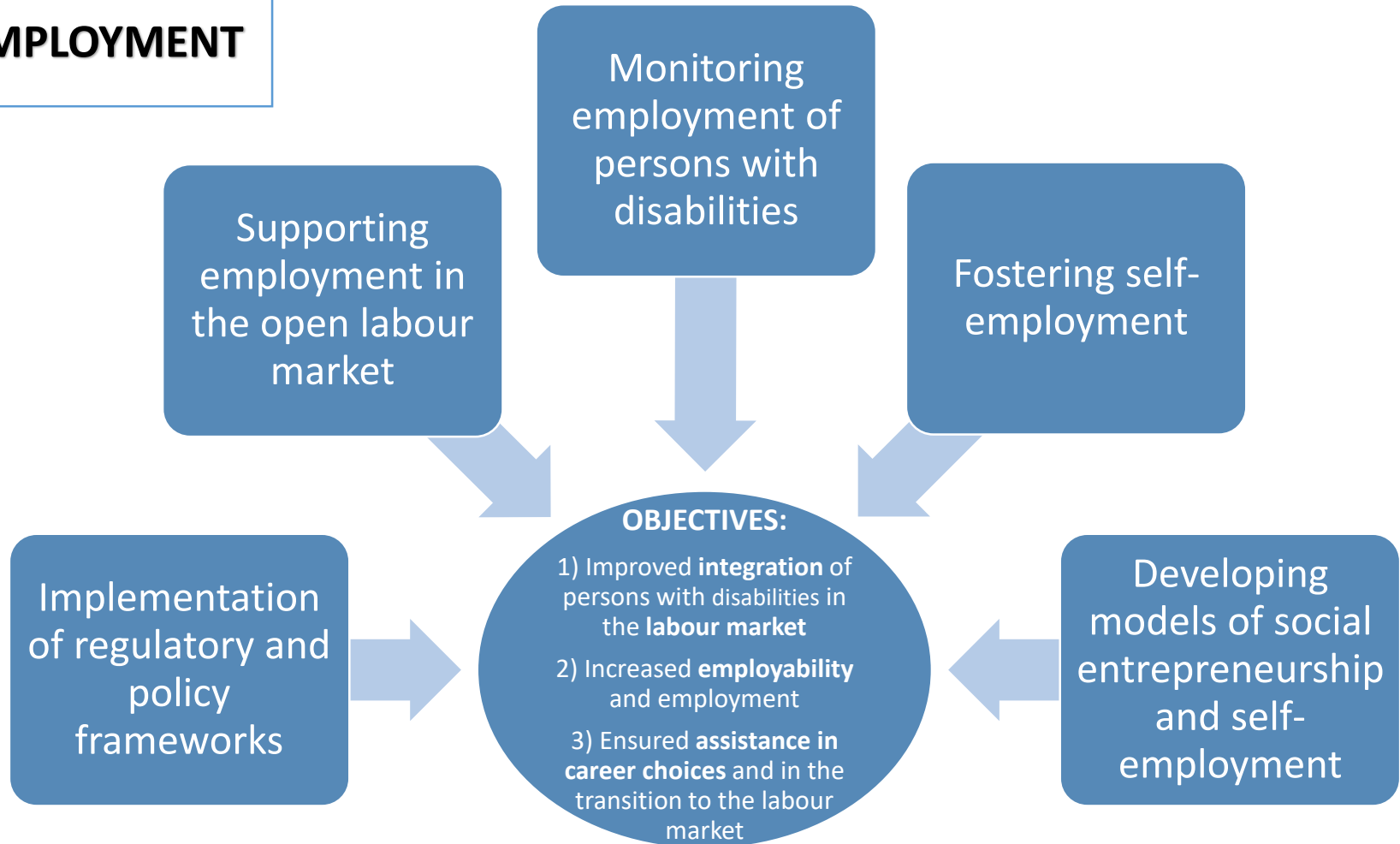
HEALTH



EDUCATION

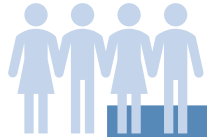


EMPLOYMENT



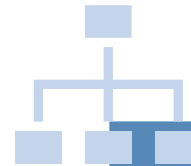
Difficulties and constraints





Insufficient human and financial resources

- Lack of human and financial capacities is a **systemic problem** in Croatian public policy implementation
- Compensating measures (e.g. capacity building of existing staff) cannot adequately address the overall **lack of staff**
- **Measures** aiming to increase the **number of** organisational and individual **providers not fully realised**
- The **lack** of well-targeted **allocation** of funds in **implementation** of the measures



Shortcomings in vertical and horizontal coordination

- **Fragmented** system of **services** within single sector
- **Lack of coordination** between sectors
- Inefficient division of labour and **lack of collaboration** between state bodies and regional/local governments
- **Lack of users' perspective** in service design and delivery
- **Connecting and representative role** of Committee for Persons with Disabilities of the Croatian **Government**

Success factors and transferability





Increasing governance via proactiveness and coproduction

NEW SERVICE: ASSISTANTS IN CLASSROOMS

- Disabled people's **organisations and CSOs** active in the disability field **entrusted** with managing and implementing the **service** – fostering **flexibility** and better alignment to **user's needs**
- When designing the framework for co-production, **public managers acted primarily as facilitators and promoters** of joint responsibility
- Incremental **growth** and **standardisation** of the service
- Mobilisation of **different funding sources**, though sustainability still depends on willingness and ability of state actors

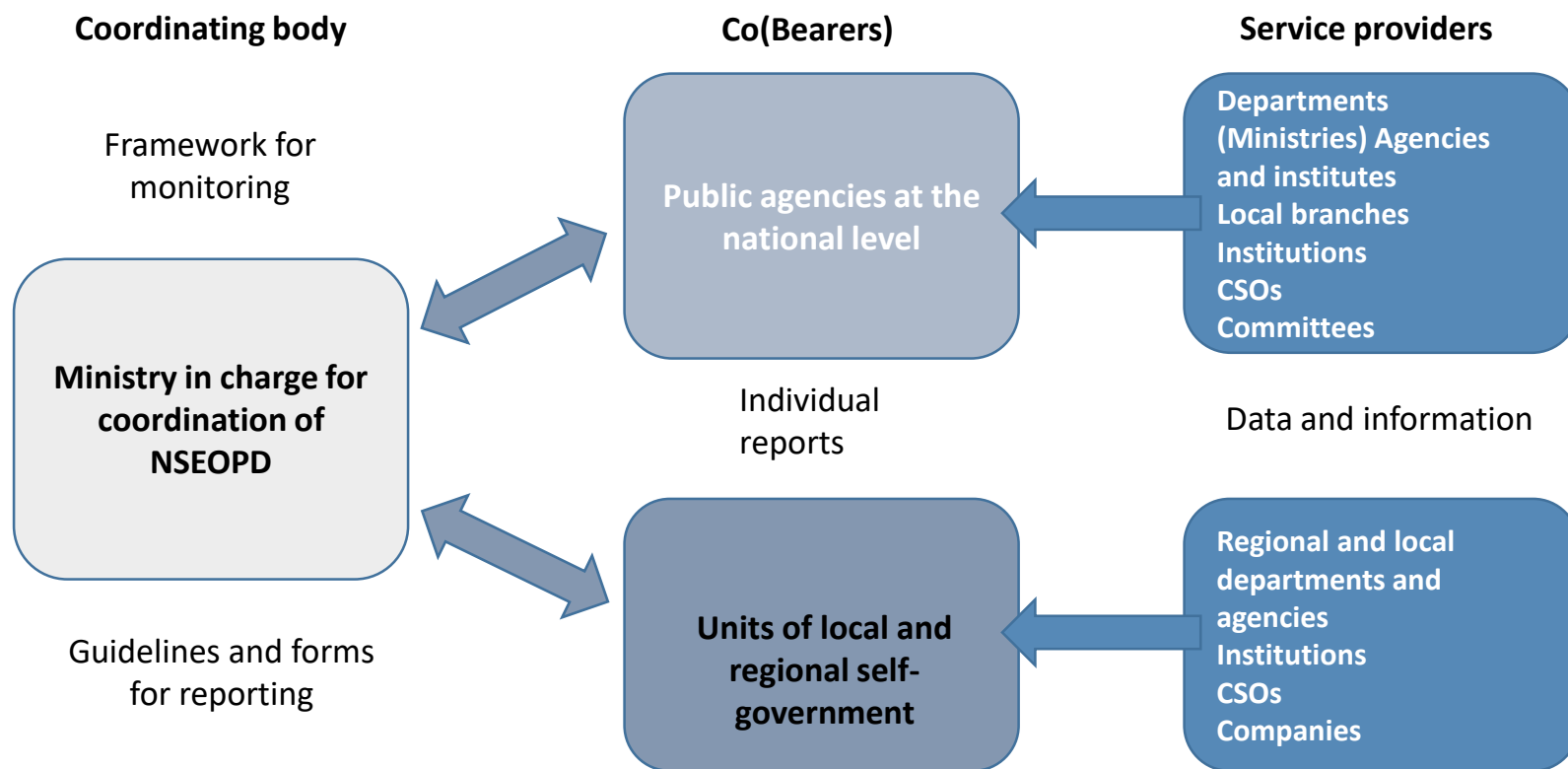


Using monitoring as a delivery tool

PROJECT: SUPPORT IN APPLYING MONITORING AND EVALUATION MECHANISMS (UNDP)

- Participatory development of **new monitoring instruments and procedures**
- Their application gradually enabled a comprehensive and systematic **overview of the progress** of the Strategy which served as a baseline to design the new Strategy
- Due to application of **new procedures**, national, regional and local **actors are more inclined to engage in joint planning** of action and its implementation

Instruments and process of monitoring the implementation of NSEOPD



Conclusion and discussion points



The analysis
of measures
of the
NSEOPD
2017-2020
shows:



Implementation of activities has **yielded results** that will serve to **further improve** the access, availability and quality of services for young people with disabilities.



Their **access to support services** is **hindered by insufficient** human and financial **resources** as well as by **shortcomings** in vertical and horizontal **coordination**.



The **proactiveness** of public managers, the use of **collaborative models** of service delivery, and the **progress in monitoring increased the governance capacities and coordination** between actors.

Questions for further discussion:



What are the key elements to ensure **efficient and equal access** to a range of **support services** - in the areas of health, education and employment - for young people with disabilities?



How can **existing mainstream services** be **adapted and improved**, as to better support young people with disabilities?



How can policymakers, health professionals, NGOs, service providers and other relevant **stakeholders work together** to improve **access and quality of services** for young people with disabilities?



How can **access, availability and quality of services** for young people with disabilities be **better monitored and evaluated**?



Panel discussion

Exchange of Perspective



Thematic paper

Mr Gabor Petri
Independent Researcher

National disability strategies in the EU – From paper to practice

*PEER REVIEW ON "SOCIAL INCLUSION, HEALTH AND THE
EQUALISATION OF OPPORTUNITIES FOR YOUNG PEOPLE WITH
DISABILITIES"*

Prepared by Gabor Petri

Overview

- Young people with disabilities - who they are and why they need attention
- Relevant international frameworks
- National action plans – an overview
- Core elements: policy areas, timeframe, coordination and cooperation, monitoring, budget
- Good practices
 - Employment
 - Education
 - Health

Young people with disabilities

- Who is covered by disability policies?
- Young people and youth strategies: do they cover people with disabilities?
- Multiple barriers:
 - Hindered access to education
 - Higher level of unemployment in many countries
 - Transition from education to the labour market – an unsolved problem?
 - Lack of provisions in healthcare → lack of equal access to prevention, screening, treatment etc.

International policies

- The 'tide' of human rights laws in disability policies in Europe: non-discrimination laws and policies, accessibility requirements, horizontal approach
- The United Nations Convention on the Rights of Persons with Disabilities (CRPD): a new paradigm?
- EU frameworks: European Disability Strategy and the EU 2020 strategy
- Do these *really influence* national disability strategies?

National disability strategies

- The majority of EU member states do employ national disability strategies
- Some countries do not have specific disability strategies → they mainstream disability policy proposals in other strategies (e.g. Estonia, Greece)
- Other, disability-specific national strategies also exist: Autism Act (UK), National Autism Strategy 2008-13 in Hungary or national deinstitutionalisation strategies in Eastern Europe
- Not all strategies have a strong legal status: accountability and the hierarchy of laws

Core elements of national strategies

- **Policy areas** covered: broad or narrow focus?
- **Timeframe**: long or short strategies?
- **Coordination** and **cooperation**
- **Monitoring** (and evaluation)
- **Budget**

Policy areas

What areas must be covered in a national strategy?

- Comprehensive strategies: Croatia, Germany, Czech Republic, Romania etc.
- Strategies with a narrower focus: Belgium, Denmark

Most common areas include: **education, employment, health**, accessibility, social care / social protection, and non-discrimination

Other areas include: legal capacity, families, women's rights, sports and cultural activities, and housing

Timeframe

- No standard timeframe across strategies: from three years (e.g. Bulgaria, Ireland, Germany) to 8-10 years (Austria, Cyprus, Slovenia)
- Relevance to EU policies → influence on timeframe?
- Longer strategies are broken up into small, short-term action plans and reviews (Latvia, Hungary etc.)

Coordination and cooperation

Coordination

- Who coordinates and what?
- Focal Points are important contact points for stakeholders
- Relationship between levels of public administration: regional and local authorities, councils
- Coordinating body and secretariat: is it necessary?

Cooperation

- Vertical and horizontal cooperation
- Inter-sectoral cooperation – inter-ministerial working groups

Monitoring

The involvement of DPOs in monitoring – an obligation or a nuisance?

Mandate for monitoring: access of information is crucial

Resources for monitoring – attending meetings and developing proposals is needs resources (DPOs, experts)

Evaluation: reliance on only quantitative data may be misleading – measure outcomes with mixed methods.

Independent evaluation – is it necessary?

Budget and resources

- Are there estimated costs for actions in our strategy?
- Responsibilities and funders: different ministries, authorities, local and regional councils
- Both domestic and EU funds can be used – EU Structural Funds (e.g. Bulgaria, Croatia, Lithuania)
- Types of costs: human resources (e.g. new staff for improved services), infrastructural costs (e.g. new buildings or accessibility costs), costs of monitoring and governance of the strategy etc.

Policy areas: Education

- Access to education is a common theme in most strategies
- Reasonable accommodation of special needs (CRPD) – evidence-based practices
- Accessibility of buildings, adapted curriculum
- Improving knowledge of teachers and assistants
- Data collection and research on education

Policy areas: Health

- Lack of equal access to healthcare affects the health of people with disabilities
- Accessibility is complex: accessible buildings, accessible interventions (e.g. dentistry in autism or intellectual disabilities), accessibility of information about health, screening programmes etc.
- Lack of disability-specific knowledge among doctors and nurses prevents good quality care → training programmes feature in many strategies
- Stigma in healthcare is still strong

Policy areas: Employment

- Transition from education to employment
- Good practices are available – many of them are specific to autism, hearing impairments etc.
- Reasonable accommodation at the workplace
- Specialised labour market programmes are effective e.g. Individual Placement and Support
- Availability of community-based services – icing on the cake or a prerequisite to employment?

Conclusions

Strategic thinking and developing action plans make sense! – but planning must be realistic and thorough

Synergies with other strategies (youth strategies, social welfare action plans, housing strategies etc.)

Funding may be limited → prioritisation and improved cooperation between sectors (social, health, employment, education) may inform careful planning.

DPOs must be involved – people with disabilities must be asked about strategies, including its outcomes.



Panel discussion

Exchange of Perspective



Peer Country Paper

Mrs Kirsi-Maria Malmund
Finnish Government



YOUNG PEOPLE WITH DISABILITIES IN FINLAND

Kirsi-Maria Malmlund
Lawyer, Special Advisor

Social security in Finland

- All residents in Finland are entitled to the social services and social security benefits
- Local authorities (municipalities) are responsible for organizing social welfare and health service provision
- The services are funded by the municipal tax system and allocations from central government
- Municipalities can purchase services from private service providers and non-governmental organizations

Services for Persons with Disabilities

1) General legislation:

- Social Welfare Act
- Health care Act
- Act on the Status and Rights of the Social Welfare Clients
- Act on the Status and Rights of the Patient

2) Special Legislation:

- Act on Services and Assistance for the Disabled (1987)
- Act on Special Care for Persons with Intellectual Disabilities (1977)
- Act on Interpretation Services for Persons with Disabilities (2010)
- The Sign-Language Act (2015)

A photograph of a man and a young child looking out a window together. The man is on the left, looking towards the right. The child is on the right, looking towards the left. They are both looking out a window, which is visible in the background. The man is wearing a light blue shirt, and the child is wearing a red jacket. The background is slightly blurred, showing what appears to be an indoor setting with a window frame.

Disability Legislation Reform

- The new disability services act will guarantee necessary special services
- Central themes: equality, stronger inclusion and right to self-determination
 - Support for independent living
 - Independent housing and necessary support
 - Services for children, youth and families
- Better and correctly targeted services
- Effective client processes in the restructured service provision system

Other legislation for People with disabilities

Act on Basic Education (1998)

The aim of pre-primary education, as part of early childhood education, is to improve children's capacity for learning

The aim of education is to support civilization, culture and equality as well as childrens' possibilities to take part to education and develop themselves

- Municipality is responsible for organizing basic education for all children in its area
- Plan on individual teaching arrangements
- 3 step support for pupils at basic education i.e. in schools:
- Remedial teaching and part-time special-needs education
- Enhanced support
- Special needs support

Other legislative reforms

- **Health, social services and regional government reform**
 - 18 Counties, 5 collaborative catchment areas
 - Freedom of choice and revision of financing
- Legislation on the right to self-determination; support for decision-making
- Rehabilitation Commission -> objective: total reform of the rehabilitation legislation
- Reform of the legislation on client fees
- Ministry of Transport and Communications: *Transport Code and other revisions concerning public mobility*

Comparison with the Croatian system

- **Similarities:**

Strong emphasis on the implementation of the CRPD
Implementation programmes

- **Differences:**

Strength of the emphasis on legislation
Participation of the NGO
Provision of the health services
Multi-sectoral point of view

Increasing number of inactive young people
High number of young people not moving to working life after studies

Thank you!

stm.fi  @STM_Uutiset

kirsi-maria.malmlund@stm.fi



Peer Country Paper

Ms Nadja Čobal
Slovenian Government



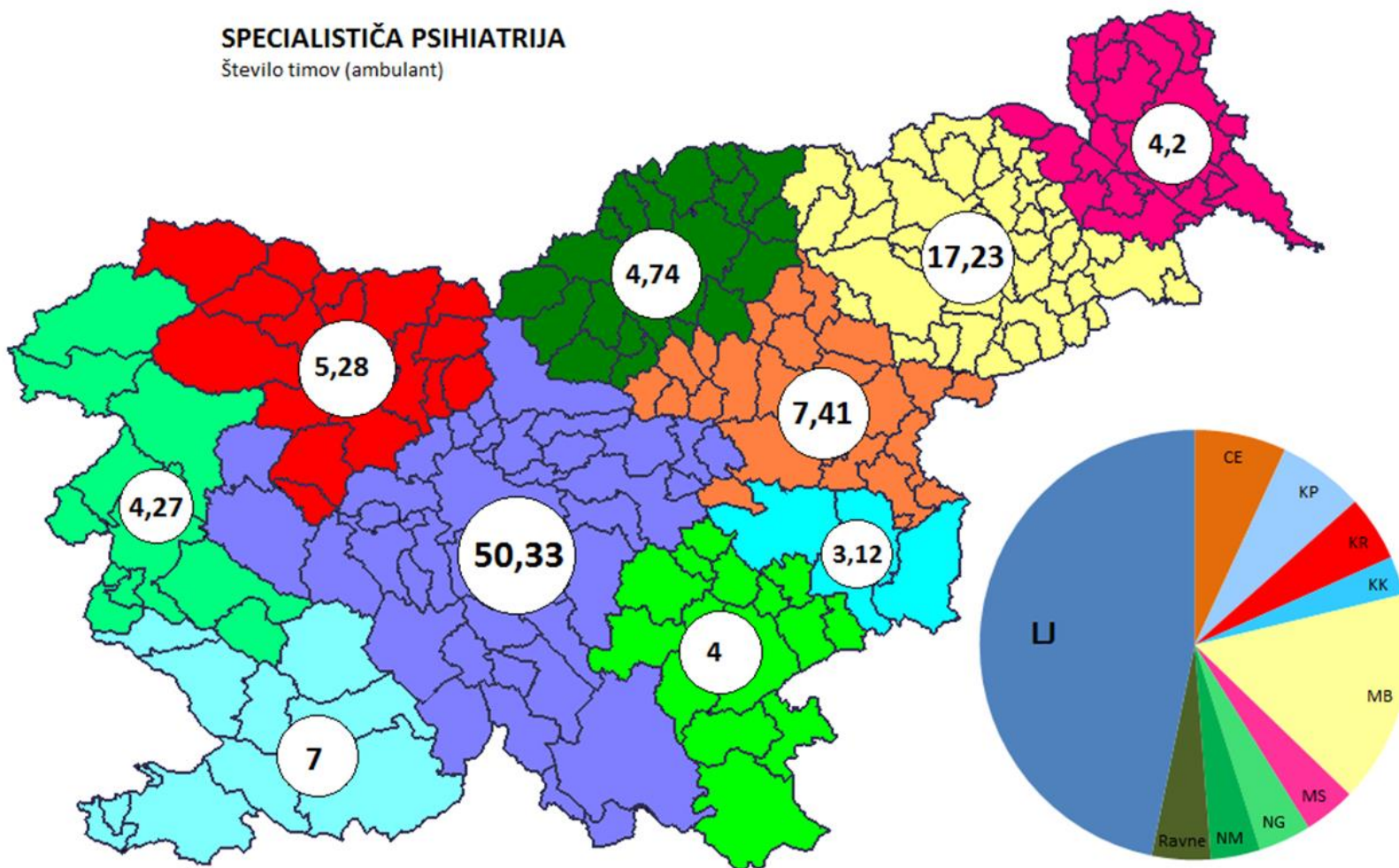
PEER COUNTRY COMMENTS PAPER-SLOVENIA
**SOCIAL INCLUSION OF YOUNG
PEOPLE WITH DISABILITIES AND
EQUAL ACCESS TO HEALTH SERVICES
AND EMPLOYMENT IN SLOVENIA**
Croatia, 13 and 14 September 2018

Nadja Čobal, Damijan Jagodic

SLOVENIA: POPUL. 2.1M, 211 MUNIC., APP.22.000 IN INST.

SPECIALISTIČA PSIHIATRIJA

Število timov (ambulant)



EDUCATION AND DISABILITY IN NUMBERS

(MIZŠ, 2018)

Šolsko leto	VRTCI		OŠ		OŠPP		PPVIZ		SŠ		SKUPAJ		VZG. SK.	
	št. odd.	št. uč.	št. odd.	št. uč.	št. odd.	št. uč.	št. odd.	št. uč.	št. odd.	št. uč.	št. odd.	št. uč.	št. odd.	št. uč.
2017/18	21	111	79	468	26	155	93	505	44	288	263	1.527	100	730
2016/17	20	92	69	416	25	149	93	511	45	287	252	1.455	97	730
2015/16	15	74	73	395	23	129	25	151	49	299	185	1.048	88	690
2014/15	13	75	63	346	22	118	22	135	55	314	175	988	81	675
2013/14	11	52	62	333	22	115	16	96	53	303	164	899	73	587

Table 9

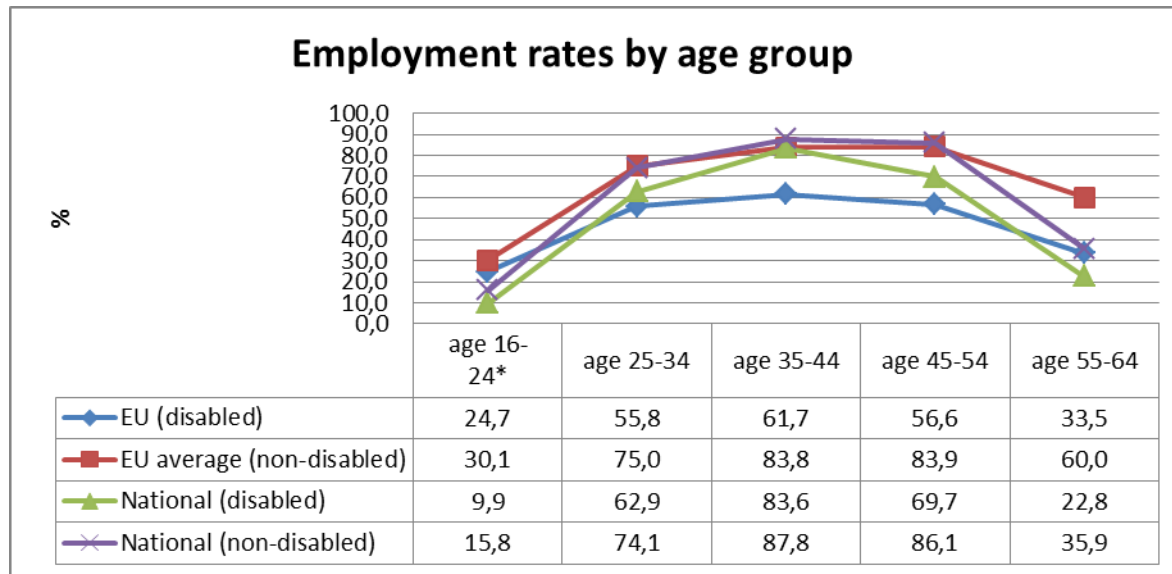
Number of secondary students in relation to the type of disability, impairment or disorder, school year 2017/2018

	<i>Number</i>
Students with minor disorders in mental development	138
Deaf and hard of hearing	68
Students with speech-language disorders	101
Blind and visually impaired and students with visual function impairment ⁽²⁾	22
Students with impaired movement	61
Students with emotional and behavioural disorders	97
Students with long-term illnesses	647
Students with deficits in individual fields of learning ⁽¹⁾	2 495
Students with autistic disorders ⁽¹⁾	72
Students with multiple disabilities ⁽²⁾	1 067
Total	4 768



EU-SLOVENIA

(ZAVIRŠEK, 2018)



Disabled early school leavers, age group 18-24	2013	2014	2015
Slovenia	9.1	6.5	6.0
EU28 average	21.5	22.5	22.0





Peer Country Paper

Mrs Wynanda van Nord
Dutch Government



Ministerie van Sociale Zaken en
Werkgelegenheid

Peer review on “Social inclusion, health and the equalisation of opportunities for young people with disabilities”

Zagreb, 13-14 September 2018

Wynanda van Nord

Ministry of Social Affairs and
Employment - The Netherlands



Ministerie van Sociale Zaken en
Werkgelegenheid

Topics

The Netherlands in a nutshell

- Public administration
- Social security
- Health care
- Education

Youth policy

- Goals
- Target groups
- Policy instruments
- Policy measures
- Success factors



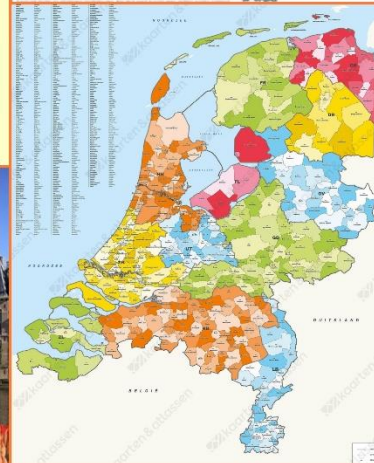
Four tiers of public administration, but...

Provinces (12)



Water authorities (21)

Central government



Municipalities (380)



...there's more



On a larger scale: the Kingdom of the Netherlands

Caribbean part of the Kingdom:

- 3 countries – Aruba, Curaçao and St Maarten
- 3 special municipalities - Bonaire, St Eustatius and Saba

Sociaal 48 regioindelingen	
> Arbeidsmarktregio's	35 regio's
> Centrumgemeente maatschappelijke opvang & beschermd wonen	43 regio's
> Centrumgemeenten vrouwenopvang / geweld in huiselijke kring	35 regio's
> GGD's	25 regio's
> HLZ-regio's (Hervorming Langdurige Zorg)	57 regio's
> Intergemeentelijke sociale diensten	28 regio's
> Jeugdzorgregio's	42 regio's
> Kamer van Koophandel	5 regio's
> Passend Onderwijs - Primair Onderwijs	76 regio's
> Passend Onderwijs - Voortgezet Onderwijs	74 regio's
> RMC-regio's (Regionaal Meld- en Coördinatiepunt)	39 regio's
> Sociale Werkvoorziening	87 regio's
> Veilig Thuis regio's	26 regio's
> Woningmarktregio's (Woningwet)	19 regio's
> Zorgkantoorregio's	32 regio's

Veiligheid 7 regioindelingen	
> Politie-eenheden	10 regio's
> Regionaal Informatie en Expertise Centra	10 regio's
> Veiligheidshuizen	34 regio's
> Veiligheidsregio's	25 regio's
> VPT-regio's 2014	16 regio's

Bestuurlijk 16 regioindelingen	
> Arrondissementen	11 regio's
> COROP plusregio's	52 regio's
> COROP regio's	40 regio's
> COROP subregio's	43 regio's
> NUTS-1 Regio's (Landsdelen)	4 regio's
> NUTS-2 Regio's (Provincies)	12 regio's
> NUTS-3 Regio's	40 regio's
> Provincies	12 regio's
> Ressenoten	4 regio's

Fysiek 4 regioindelingen	
> MIRT-gebieden	8 regio's
> Omgevingsdiensten (Regionale uitvoeringsdiensten)	29 regio's
> Regionale Uitvoeringsdiensten - BRZO	6 regio's

On a smaller scale: thematical 'grouping' of regions.

For example:

- 35 regional labour markets regions
- 39 school drop out prevention regions
- 42 youth care regions



Social security

Social insurances (central government)

- National insurances → old age pension (AOW), long term care (Wlz), widows and orphans (Anw)
- Employee insurances → unemployment (WW), sickness (ZW), labour incapacity (WIA/Wajong/WAZ)

Social services (municipalities)

- Participation Act → social welfare, reintegration
- Social Support Act
- Youth Act

Note that young people with (partial) work capacity, who do not work yet, were transferred from the Labour Incapacity Insurance to the Participation Act

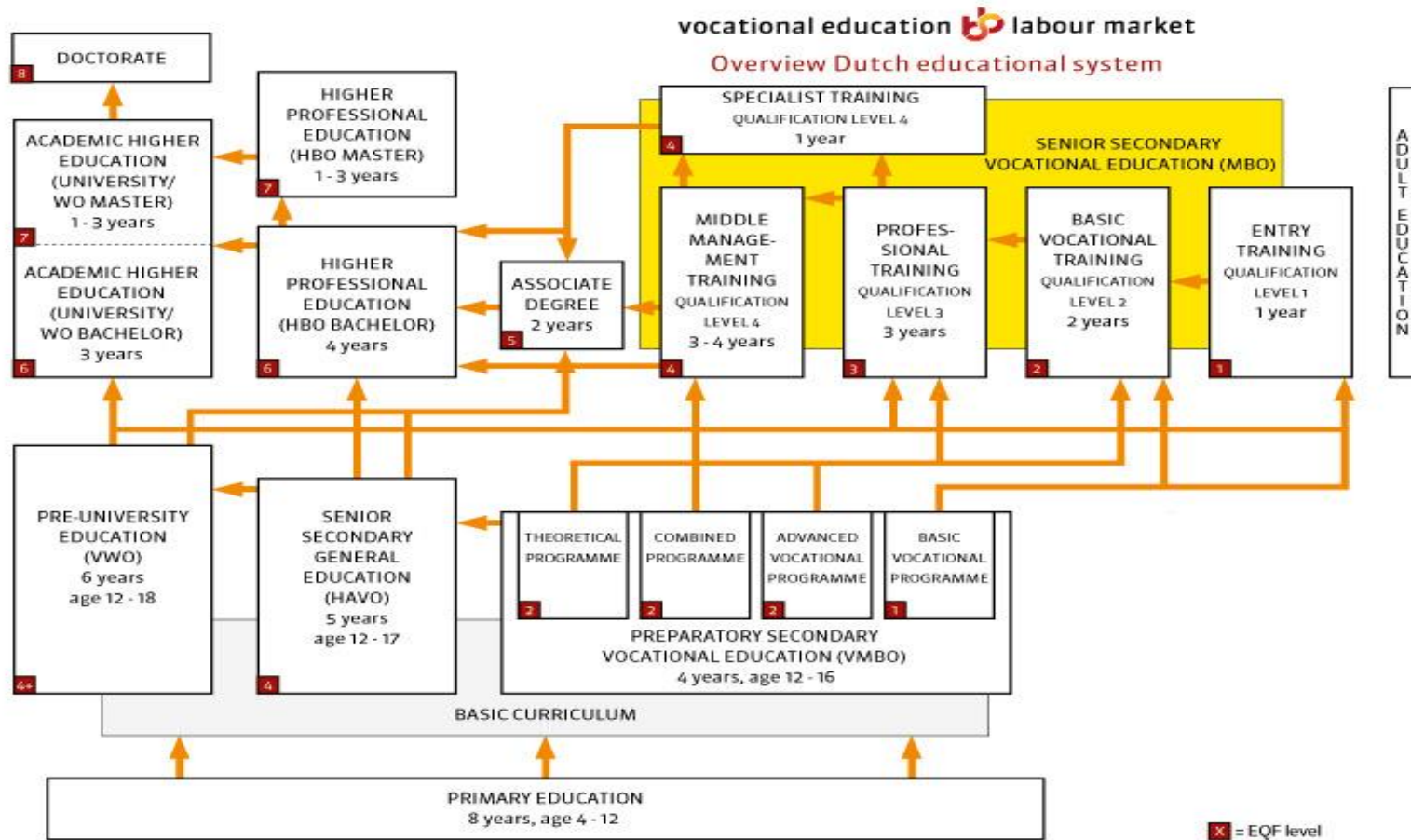


Health care

- Health Insurance Act (Zorgverzekeringswet, ZVW)
- Long-Term Care Act (Wet langdurige zorg, Wlz)
- Social Support Act (Wet maatschappelijke ondersteuning, Wmo)
- Youth Act (Jeugdwet, Jw)



Education





Goals

Paradigm shift from disability to ability

Empowering young people, their families and all others involved

Equality

Inclusion



Who do we focus on? (target groups)

Young people

- 16–27 yrs → transition from adolescence into adulthood
- Young people in a vulnerable position → i.e. illness, handicap, mental health issues, dysfunctional family, multi-problem situation
- No basic qualification

Many others need to be involved → it takes a country!

national government, municipalities, schools, health and youth care professionals, employers, unions, clients/users and their parents/family/friends



From vision to practice: policy instruments

<p>Legislation</p> <ul style="list-style-type: none">• Social security law → from assessment of labour incapacity to participation and capabilities• Decentralisations → from central government to municipalities• Equality law → UN treaty, EU, national law	<p>Implementation</p> <ul style="list-style-type: none">• Programmes and projects• Agreements, cooperation• Integrated approach• Financial instruments → subsidies, co-financing• Nudging, communication
<p>Monitoring</p> <ul style="list-style-type: none">• Statutory and non-obligatory• Evaluations ex ante/post → policy reviews, spending reviews, cost effectiveness studies, impact evaluations, societal cost-benefit analyses, etc.• Inspectorates, Court of Audit, regional audit offices	<p>Use of data</p> <ul style="list-style-type: none">• Group level → overall picture• Individual level → personalised support, 'warm' transfer between organizations• Linking data files• Privacy aspects
<p>Evidence based learning</p> <ul style="list-style-type: none">• Learning from research• Working together with scientists• i.e. CSO, PhD-day, 'knowlegde agenda' etc.	<p>Practice based learning</p> <ul style="list-style-type: none">• Peer to peer meetings• Providing manuals and Q&A's• Professional association for service providers



Policy measures

As mentioned in annex 3 of the commenting paper:

- Job Agreement
- Inventory of opportunities and bottlenecks
- Programme aimed at less self-reliant young people aged 16-27 (integrated approach)
- Promoting cooperation between schools and youth care
- Promoting cooperation between schools, employers and municipalities
- School drop out prevention (<16 yrs and 18-23 yrs)
- Transfer of supportive networks from the central government to municipalities
- Promoting work for people with mental health issues
- Supporting implementation
- Interdepartmental policy study 'Young people at a distance from the labor market'



Success factors

- Put the young person at the centre, use their needs as a starting point
- Create a sense of urgency → intrinsic and pragmatic reasons (but beware of opportunism, stay sincere)
- Get the right people involved → also young people!
- Empower people → offer perspectives and options
- Create a shared vision and set (attainable) goals
- Find the balance between an integrated approach and SMART results
- Mix and match policy instruments
- Actively acquire and share knowledge
- Let others come up with ideas and solutions
- Don't be afraid of feedback
- Celebrate milestones together, share success
- Make use of the advantages your country has to offer → for example, the Netherlands is a small country, so you can easily visit each other or meet in the middle. Also, the regional approach seems to work quite well.



Panel discussion

Exchange of Perspective



Coffee Break: *Educational Centre*

Working Group Discussions:

Group 1: *Conference Hall (plenary room)*

Group 2: *Education Centre (break-out room)*

Lunch:

*School of Public Health, Rockefeller street 4, Zagreb
3rd floor*

Working Group 1

Conference Hall (plenary room)

- ***Dr Anka Kekez Koštro***
- ***Dr Irene Hadjicharalambous***
- ***Ms Darlene May Gauci***
- ***Ms Sari Pitkänen***
- ***Ms Wynanda van Nord***
- ***Mr Damijan Jagodic***
- ***Mr Andreas Schlueter***
- ***Dr Dunja Skoko-Poljak***
- ***Ms Stella Franjić***
- ***Dr Ivana Pavic Simetin***
- ***Ms Maja Dragojević***

Working Group 2

Education Centre (break-out room)

- ***Mr Gabor Petri***
- ***Ms Pambitsa Gavriel***
- ***Ms Michelle Galea***
- ***Ms Kirsi-Maria Malmlund***
- ***Mr Selle van der Woude***
- ***Mrs Nadja Čobal***
- ***Ms Julie Buttier***
- ***Mr Roman Baštijan***
- ***Mrs Martina Sajko Olovec***
- ***Ms Sandra Jukic***
- ***Dr Vesna Stefancic***
- ***Dr Anja Belavic***



Working group discussion

What are the key elements to ensure efficient and equal access to a range of support services, in the areas of health, education and employment, for young people with disabilities?



Lunch

*School of Public Health
Rockefeller street 4, Zagreb
3rd floor*



Working Group Discussion (plenary)

How can existing mainstream services be adapted and improved, as to better support young people with disabilities?



World Café discussion

- 1. Sit at one of the four table (max 7-8 participant per group)***
- 2. Each table select one "Rapporteur"***
- 3. Discuss the question taking notes on the sheets.***
- 4. After 20 minutes, the groups move to the following table. The Rapporteur remain at the table to present what has been discussed to the next group .***
- 5. Repeate from point #2***



Working Group Discussions:

- **Group 3:** *Conference Hall (plenary room)*
- **Group 4:** *Education Centre (break-out room)*

Dinner

Vinodol, 10 Nikole Tesla St., Zagreb.



Working Group 3

Conference Hall (plenary room)

- ***Dr Anka Kekez Koštro***
- ***Ms Pambitsa Gavriel***
- ***Ms Darlene May Gauci***
- ***Ms Kirsi-Maria Malmlund***
- ***Ms Wynanda van Nord***
- ***Mrs Nadja Čobal***
- ***Mr Andreas Schlueter***
- ***Ms Stella Franjić***
- ***Dr Ivana Pavic Simetin***
- ***Ms Maja Dragojević***
- ***Ms Marijana Pavlic***
- ***Dr Anja Belavic***

Working Group 4

Education Centre (break-out room)

- ***Mr Gabor Petri***
- ***Dr Irene Hadjicharalambous***
- ***Ms Michelle Galea***
- ***Ms Sari Pitkänen***
- ***Mr Selle van der Woude***
- ***Mr Damijan Jagodic***
- ***Ms Julie Buttier***
- ***Mr Roman Baštijan***
- ***Mrs Martina Sajko Olovec***
- ***Ms Sandra Jukic***
- ***Dr Vesna Stefancic***



Working Group Discussion

How can policymakers, health professionals, NGOs, service providers and other relevant stakeholders work together to improve access and quality of services for young people with disabilities?



Dinner

Vinodol
10 Nikole Tesla St.
Zagreb.



Peer Review on "Social inclusion, health and equalisation of opportunities of young people with disabilities"

Zagreb, 13-14 September 2018



Agenda – Day 2, Friday 14 September

- 09.00** **Working Group Discussions:**
Using the example of health, how can access, availability and quality of services for young people with disabilities be monitored and evaluated?
- 10.30** **Coffee break at Education Centre**
- 11.00** **Conclusions**
- 12.00** **Lunch**
13.00



Key questions for Day 2:

- *How can access, availability and quality of services for young people with disabilities be monitored and evaluated effectively?*



Housing allocation, statistics and visibility

Working Group Discussions

Using the example of health, how can access, availability and quality of services for young people with disabilities be monitored and evaluated?

Working Group 5

Conference Hall (plenary room)

- ***Mr Gabor Petri***
- ***Dr Irene Hadjicharalambous***
- ***Ms Darlene May Gauci***
- ***Ms Sari Pitkänen***
- ***Mr Selle van der Woude***
- ***Mrs Nadja Čobal***
- ***Ms Julie Buttier***
- ***Ms Stella Franjić***
- ***Dr Ivana Pavic Simetin***
- ***Ms Maja Dragojević***
- ***Ms Vesna Dobrin Rems***

Working Group 6

Education Centre (break-out room)

- ***Dr Anka Kekez Koštro***
- ***Ms Pambitsa Gavriel***
- ***Ms Michelle Galea***
- ***Ms Kirsi-Maria Malmlund***
- ***Ms Wynanda van Nord***
- ***Mr Damijan Jagodic***
- ***Mr Andreas Schlueter***
- ***Mr Roman Baštijan***
- ***Mrs Sanja Mršić Jurina***
- ***Ms Sandra Jukic***
- ***Dr Vesna Stefancic***
- ***Dr Anja Belavic***



Working Group Discussions:

- **Group 5:** *Conference Hall (plenary room)*
- **Group 6:** *Education Centre (break-out room)*

Coffee break at Education Centre

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**Emerging conclusions Peer Review on
*"Social inclusion, health and
equalisation of opportunities of young
people with disabilities"***



Emerging conclusions and key learnings

Peer Review on "Social inclusion, health and equalisation of opportunities of young people with disabilities"



Key points 1: Policies

- **Change of paradigm:** comprehensive strategies based on human rights and personal empowerment, rather than medical approach and impairments.
- Importance of **strong legal enforcement and political commitment**
- **Active Involvement of (young) PWD** and their organisations in all the phases of the policy cycle (sufficient time for process)
- **Realistic planning and funding** (earmarked funding and prioritisation), clear time frame and road map for implementation, clear definition of goals and responsibilities in implementation, synergies with other strategies, measures to ensure continuity and sustainability over time (not only pilots and ESIF)
- **Strong vertical and horizontal cooperation and coordination** with relevant stakeholders (including municipalities)
- Provisions for structured **data gathering, on going monitoring and evaluation systems**



• **Key points 2: Practices**

- **Training and awareness raising** to support shift of paradigm aimed at politicians, service providers, employers, civil society, and PWD on their rights
- **Empowerment of young PWD** and their families, support their political and socio-economic active participation & direct involvement in service provision to all (at management levels)
- **Mainstream** attention to the needs of all people with disabilities (including intellectual disabilities and mental health problems) in all policy fields; adopt a universal design of service approach
- **Person centred individualised service provision with case managers** accompanying the person in a life cycle perspective and supporting access to all the needed services and the transition to adulthood
- Provision of information in **one stop shops (community based) or on web sites** accessible to all people with disabilities, to professionals, and to supporters



Key points 3: Practices

- **Coordination/ integration of services:** common deontology; creation of inter-ministerial coordination boards and coordination bodies; definition of common protocols; ensuring trust, communication and cooperation among mainstream and specialised services; avoid competition for funding (among services, NGOs, and disadvantaged groups)
- **Attention to:**
 - communication tools with people with disabilities and their families
 - regional inequalities in socio-economic conditions, service provisions and accessibility: mobile integrated services in rural peripheral areas; creation of community centres with appropriate funding and human resources;
 - design of benefits for young people with disabilities and family carers, in order to avoid perverse effects (e.g. remaining longer in education, not accepting jobs, parents declaring worse disability conditions to get subsidy as carers, etc.)



Key points 4: Policy Area Specificities

- **Health care:** attention to accessibility, prevention, and rehabilitation; greater involvement of NGOs and people with disabilities; greater coordination with education and employment services; training and change in approach of health care workers;
- **Education:** inclusive education since early years; physical accessibility; adaptation of learning material, methods, curricula, provision of individualised support services; teachers training; attention to gifted student with disabilities and to students with mental health problems; attention to transition from secondary to tertiary education and from education to the labour market
- **Employment:** specific individualised services to support access and maintenance of jobs (e.g. Supported Employment or Individual Placement and Support); services for employers and colleagues to support adaptation of workplace and working conditions; job shadowing as learning device; quota systems and incentives; social partners and employers involvement



Key points 5: Actors Role

- **Users/DPOs:** organise into umbrella organisation to coordinate actions and improve visibility and effectiveness; greater proactivity and collaboration with other organisations (they are not competitors) in lobbying activities and in the provision of infos/services
- **Service providers:** invest in training and involvement of experts by experience; attention to accessibility both physical and in terms of communication tools and ways to provide services; tailor services to individual needs; invest in monitoring and evaluation of services provided (by service users) and their effectiveness; activate effective complaint procedures
- **Government:** attention to prevention and life course support; foster monitoring & evaluation systems, data gathering and research; transparency on use of funds and results; strong role of Ombudsman to ensure rights and effectiveness & propose amendments to legislation and policies; holistic approach and cooperation between ministries.



Key points 6: Effective data collection and M&E

- Provisions for **structured data collection, M&E systems** and process with focus on disability issues, adequate funding, clear division of roles and responsibilities (government, civil society, independent evaluators)
- **Involvement of PWD& PDOs and professionals** in design of M&E systems and process
- Collect data also on **those who are not using the services**
- Develop **effective complaints collection procedures and practice based researches**
- **Sharing of administrative and statistical data-bases** and development of **key performance indicators quantitative & qualitative**
- **Make data, monitoring and evaluation results publicly available** to stakeholders and civil society (transparency)
- **Use of data, M&E to improve policy making/strategies, find trends and gaps in services , and communicate the strategy**