



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

Host Country Discussion Paper - Croatia

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

Croatia, 13 and 14 September 2018

DG Employment, Social Affairs and Inclusion



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Executive summary

By adopting the National Strategy for the Equalisation of Opportunities for Persons with Disabilities 2017-2020 the Croatian Government continued to demonstrate its commitment to promoting the rights of persons with disabilities through a multi-sectoral approach. Although young people aged 15 to 30 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. The analysis of these measures showed that the implementation of activities has yielded results that will serve to further improve the access, availability and quality of services for young people with disabilities. The analysis has also identified that access to support services for young people with disabilities, as well as for the general population of persons with disabilities, is hindered by insufficient human and financial resources as well as by shortcomings in vertical and horizontal coordination. While these are the main obstacles for the effective implementation of measures envisaged by the Strategy, the proactiveness of public managers, the use of collaborative and even co-produced models of service delivery, and the progress in monitoring increase governance capacities and coordination between actors engaged in design and implementation of the Strategy.

1 Situation in the host country

1.1 National policy for persons with disabilities

The strive toward the promotion of social inclusion, health and the equalisation of opportunities for persons with disabilities emerged in Croatia during public sector reforms surrounding the democratic consolidation process that, after decades of cumbersome transition, started with the new millennium. While most social policy reforms were mainly aiming to improve efficiency and effectiveness through decentralisation, diversification of service providers and local social planning, progressive initiatives in disability policy went a step further and envisioned social inclusion of empowered policy beneficiaries. Such progress in disability policy during the years 2000 was possible due to some key governmental and non-governmental actors, often influenced by international actors, pushing for the transformation of policy objectives and instruments from the medical to the human rights model in which persons with disabilities are not just recipients of care and support but empowered citizens (Petek, 2011). The human rights model was officially adopted in 2007 with the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

In the same year, the human rights model inspired the design of the National Strategy of Equalization of Opportunities for Persons with Disabilities 2007-2015 (NSEOPD 2007-2015), demonstrating the commitment of the Croatian government to fostering the independence, effective participation and social inclusion of persons with disabilities. The NSEOPD 2007-2015 envisioned this by setting 110 measures in 15 policy areas. Efforts guided by the Strategy were complemented by the adoption of the National Plan for Deinstitutionalisation and Transformation of Social Welfare Institutions 2011-2018 as well by the progressive integration of NSEOPD's goals and measures into national anti-discrimination policy and different sectorial policies.

While the NSEOPD 2007-2015 initiated the shift towards the human rights model for policies and practices, only several measures fully reflected the commitment to empowerment and co-produced services delivery, such as, for instance, the introduction of personal assistance services. The NSEOPD 2007-2015 mainly focussed on the mobilisation and coordination of actors to remove barriers to economic and social integration of persons with disability.

Moreover, on the ground, the provision of health, welfare, education and other services was, in many instances, still guided by the medical model, characterised by persons with disabilities being passive receivers of care and the dominance of professionals (Kekez, Urbanc and Salaj, 2013). In the United Nation's concluding observations on the initial report of Croatia (2015), the Committee on the Rights of Persons with Disabilities commended Croatia for the adoption of the NSEOPD, but also expressed concerns that the country had not yet comprehensively adjusted domestic legislation in line with the human rights model of disability.

While recognising results achieved with the implementation of NSEOPD 2007-2015, the Committee emphasised the need for more efforts within the areas of education, health and employment, which are three key areas for the promotion of social inclusion of young people with disability.

1.2 Young people with disabilities in Croatia

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 (6.1% of population of the same age range). Of all the young people with disabilities, 38.3% are females. As shown in Table 1 populated with data from the Croatian Register of Persons with Disabilities, the largest number of young people with disabilities have speech-oral communication

problems (22.4% of the total number of impairments), intellectual disability (16.8%) and multiple impairments (14.9%).

Table 1. Young people with disabilities by types of impairments

Types of impairments	Males	Females	Total
Visual impairments	845	662	1,507
Hearing impairments	820	595	1,415
Speech-oral communication problems	8,224	4,631	12,855
Impairments of the locomotion system	1,780	1,518	3,298
Impairments of the central nervous system	3,544	2,604	6,148
Impairment of the peripheral nervous system	270	199	469
Impairments of other organs	2,137	1,656	3,793
Intellectual disability	5,704	3,953	9,657
Autism	563	180	743
Mental disorders	3,447	1,773	5,220
Multiple impairments	5,392	3,158	8,550
Inborn anomalies and chromosomopathies	2,045	1,687	3,732

Source: Croatian Institute of Public Health, Croatian Register for persons with disability, data on 06.08.2018.
 Note: The total number of difficulties is bigger than the total number of persons due to multiple disabilities

1.3 Health protection of young people with disabilities

The access to health protection for persons with disabilities is regulated by the Law on Health Care and the laws on obligatory and voluntary health insurance, which do not include specific measures for young people for disabilities. Covered by obligatory health insurance, (young) people with disabilities have the right to health protection under equal conditions as other insured persons. This implies access to primary, specialist and hospital health care, the right to use medicines included in the State's basic and supplementary reimbursement lists, the right to dental prosthetic assistance and replacements, the right to orthopaedic and other aids, as well as the right to health protection abroad. In addition, premiums of supplementary insurance for persons with disabilities are covered by the State.

Building on this regulatory framework, the NSEOPD has - in the period 2007 to 2015 - guided the government's efforts toward improving access to mainstream health services for persons with disabilities, increasing competences of health professionals. This measure was considered crucial to offer adequate services, to improve access to quality orthopaedic and other aids, as well as to effectively prevent disability and developments of serious damages to health. However, as was observed by the UN Committee on the Rights of Persons with Disabilities (2015), all these efforts should be continued to further mainstream existing services especially in rural areas. It was also noted that people with disabilities should be empowered by receiving more support in making informed choices and decisions regarding medical procedures and interventions.

1.4 Access to education for young people with disabilities

For young people with disabilities, regulations in the area of secondary education (Law on Primary and Secondary Education, National Pedagogical Standards, Act on Primary and Secondary Education of Students with Disabilities) are ensuring access to supportive

services as well as the reasonable adaptation of school curriculum. As a result, education for people with disabilities is often organised in regular classes or in classes with special educational programmes within regular schools. Only in exceptional cases (when students need additional health and social care), education is provided by specialised institutions. Nonetheless, in 2015, the UN Committee stressed that the practice of education in segregated institutions is discriminatory and should be further reduced.

To enable inclusive education, the NSEOPD 2007-2015 guided efforts to adapt education facilities as well as to provide transportation and specific teaching aids. It has also introduced supportive measures such as assistants in classrooms, education and rehabilitation professionals as well as professional teachers' trainings.

By the end of 2017, these measures were in place, but despite the initial impetus, access to the mainstream system was not sufficiently guaranteed. In 2017, out of 2,119 primary school facilities in the Republic of Croatia, only 40% of elementary school facilities had a barrier-free access to students with limited mobility, while high schools were much less accessible for young people with disabilities.

The access of students with disabilities to higher education is not regulated by core laws resulting in different teaching and exams practices, varying levels of accessibility and unequal access to support services, such as assistants in classes or transportation. On the other hand, the efforts invested in the accommodation of the State Matura (final exams in secondary education) procedures led to more accessible enrolment procedures to higher education, which are now based on the State Matura results. Also, over the years, the Ministry of Science and Education has established a national system of financial support to students with disabilities.

In the course of the NSEOPD 2007-2015 implementation, notable progress has also been made regarding the removal of physical barriers, the establishment of offices or counselling centres, as well as with the appointment of coordinators or commissions for students with disabilities across university departments. These efforts were outlined in the Education, Science and Technology Strategy adopted in 2014 by the Croatian Parliament, but were not yet systematically implemented by the end of 2015 (Kiš-Glavaš, 2016).

1.5 Employment of young people with disabilities

The comprehensive framework for the integration of young people with disabilities in the labour market was set during the implementation of NSEOPD 2007-2015 with the adoption of the Law on Professional Rehabilitation and Employment of Persons with Disabilities in 2013. This law and its bylaws regulated reasonable accommodation of the workplace, introduced a national evaluation body and regional rehabilitation centres, and also established a model of professional rehabilitation as well as the new employment quota system.

The new regulation was complemented with incentives for employers and labour activation measures. As result, the Croatian Employment Institute (CEI) registered 2,613 new employments of persons with disability in 2015, which was an increase of 39.21% in comparison to 2014. 46.4% of the people employed in 2015 were young persons below 29 years old. In the same year, CEI has also noted the largest increase in the registration of unemployed persons with disabilities over the past 10 years. With 7,303 registrations, persons with disabilities accounted for 2.6% of all persons included in CEI's unemployment data base and measures (Croatian Employment Institute, 2016).

To ensure sustainability of incentivised employments and to increase employability of young people with disabilities in the open labour market, however, new rehabilitation models need to be fully operationalised while the quota system, incentives for employers and activation measures need to be further calibrated to reinforce each other's effects.

2 Policy measure

2.1 National Strategy for the Equalisation of Opportunities of Persons with disabilities 2017-2020

To pick up on progress made and to address challenges faced during the implementation of NSEOPD 2007-2015, the Government of the Republic of Croatia - in April 2017 - adopted a new National Strategy for the Equalisation of Opportunities of Persons with Disabilities 2017-2020. The general objective of the NSEOPD 2017- 2020 is to sensitize Croatian society toward changes necessary for the equalisation of opportunities of persons with disability. The Strategy thus aims to promote conditions for active and equal participation in society by preventing discrimination and fostering all forms of social solidarity. By building on already established institutional and policy frameworks, the Strategy guides a wide network of actors in the implementation and harmonisation of national policy and practice in line with standards set by the UNCRPD, the European Disability Strategy 2010 -2020 and the Council of Europe Disability Strategy 2017-2023. Coordinators of the NSEOPD 2017-2020 implementation are the Ministry of Demography, Family, Youth and Social Policy and the Committee for Persons with Disabilities of the Government of the Republic of Croatia's which is a multi-sectorial advisory body of the Croatian government.

The NSEOPD 2017-2020 encompasses over 100 measures in 16 areas which includes health, education and employment. In each area, it defines duty-bearers and co-bearers for the implementation of measures, elaborates activities and deadlines, sets monitoring indicators and foresees the obligation to budget funds for each measure. The implementation of measures is based on collaboration between ministries, public agencies and specific institutes. Nevertheless, the success of many measures is, to a large extent, dependent on the collaboration of State agencies with organisations that are providing public services, regional and local government, associations of (and for) persons with disabilities, service providers and their professional associations.

Measures in the areas of health, education and employment impacting on young people with disabilities are briefly outlined in the following sub-sections. Activities that are operationalising these measures are presented in more detail in the section devoted to the analysis of results achieved in the first year of the implementation of the new NSEOPD.

2.2 Measures in the area of health

In the area of health care, the NSEOPD 2017-2020 envisages policy interventions that are not explicitly targeting the needs of young people with disabilities, but are nevertheless improving their access to health care while addressing the needs of the general population with disabilities. Objectives of the NSEOPD 2017-2020 in health are:

- to foster prevention of disability and the development of serious health damages;
- to enhance competences of health professionals; and
- to improve access and quality of health services as well as orthopaedic and other applications.

To accomplish these objectives, the NSEOPD 2017-2020 sets six measures and operationalises them via sixteen specific activities.

To ensure quality health care for persons with disability (Measure 1), it foresees the creation of new policy documents and guidelines for service providers, the training of generalist practitioners in primary health care, and the increase of the number of organisations and individual providers offering specific health care services to persons with disabilities.

In addition, the NSEOPD 2017-2020 monitors existing activities of disability prevention and provision of primary health care in the framework of programmes for health promotion and disability prevention (Measure 2).

Taking into consideration technical and medical progress, the Strategy envisages the continuous revision of regulations on orthopaedic and other aids. This will be achieved by constantly updating the procedures to assign these devices ensuring that people with disability can exercise their rights to quality orthopaedic services (Measure 3).

In order to raise the awareness of health professional on the situation of people with disabilities (Measure 4), the Strategy foresees to provide them professional trainings on the rights of persons with disabilities as well as on how to improve communication with this target group.

To ensure accessibility and support via information to all persons with disabilities in all health care institutions (Measure 5), the Strategy supports the development of plans for the removal of physical barriers as well as of plans to provide better information to deaf, blind and other people with disabilities in health care institutions.

Finally, to ensure palliative care for seriously or terminally ill patients with disabilities (Measure 6), the NSEOPD 2017-2020 envisages improvements in the legal framework and the establishment or upskilling of units for palliative care across the country territory.

2.3 Measures in the area of education

In the area of education, policy interventions envisaged by the NSEOPD 2017-2020 are aiming:

- to ensure the programmatic and physical conditions for inclusive education;
- to establish support centres and professional mobile teams; and
- to increase enrolment of students with disabilities in mainstream education at all levels.

To accomplish these aims, the NSEOPD 2017-2020 envisages seven measures and operationalises them through thirteen activities. With the first among these seven measures, the Strategy aims to ensure inclusive education of students with disabilities. This ambitious yet rather general objective, is planned to be achieved, on one hand, by ensuring that more children and youngsters with disabilities are enrolled into the nearest childcare, primary and secondary institutions to their home. On the other hand, it aims at training teachers and their association to inclusive education methodologies.

By building on the on progress made by the previous Strategy, the NSEOPD incorporates three important sets of activities leading to improved accessibility of secondary education (Measure 2): further accommodation of examination procedures of the national exit exams, revisions of educational approaches for students enrolled in special programmes at regular high schools, and the assurance of professional orientation for students with disabilities that are completing elementary education. This measure, together with the first one aims to further reduce education in segregated institutions as well as to boost enrolment at the different education levels.

The third measure introduces a new policy instrument which envisages systematic support for students with disabilities through the gradual establishment of regional support centres. These centres will act as providers of expertise and support to school staff. In addition, professional (mobile) teams will also be established.

To establish a central system for assistants in classroom and communication mediators (Measure 4), the Strategy foresees efforts toward ensuring service continuity as well as the adoption of a regulatory framework that will enable systemic and standardised assignment and implementation of this service.

In order to ensure that school textbooks are adapted to the special education needs of students (Measure 5) and to ensure availability of non-institutional forms of support (measure 6), the NSEOPD 2017-2020 relies on projects implemented by civil society organisation and funded by the state.

Finally, aiming to improve access to higher education for students with disabilities, the Strategy highlights the need to invest in the equalisation of opportunities of students with disabilities in higher education.

2.4 Measures in the area of employment

The NSEOPD 2017-2020 foresees policy interventions that will improve the access, availability and quality of services for young people with disabilities in the area of employment, while addressing the needs of persons with disability more generally. Aims that are jointly guiding action in this area are:

- to improve integration of persons with disabilities in the labour market;
- to increase their employability and employment;
- to assist them in their career choices and in the transition to the labour market.

To achieve these aims, the NSEOPD 2017-2020 outlines five measures and operationalise numerous activities of which fifteen are addressing young persons with disabilities.

Aiming to analyse, monitor and promote the implementation of existing regulatory and strategic frameworks related to the professional rehabilitation and employment of persons with disabilities (Measure 1), the Strategy foresees the creation of a special line in the state budget earmarked for the implementation of professional rehabilitation.

To maintain existing measures of active labour policy for persons with disabilities on the open labour market (Measure 2) and to ensure protection from discrimination in the labour market (Measure 3), the Strategy aims to further train professional providing services and with (potential) employers of persons with disabilities. These measures are complementing activities guiding the management and monitoring of system of incentives for employers, labour market activation measures and the new quota system.

Finally, aiming to foster self-employment (Measure 4) and develop models of social entrepreneurship and self-employment of persons with disabilities (Measure 5), the Strategy relies on a mix of financial, educative and informative activities. The implementation of all five measures covered by this area is foreseen during the whole period of the NSEOPD 2017-2020.

3 Results

The following overview of results achieved in the implementation of activities covered by the NSEOPD 2017-2020 in the areas of health, education and employment is based on the analysis of the baseline data that was included in the Strategy. This information was compared with the 2017 monitoring reports provided by the Ministry of Demography, Family, Youth and Social Policy. These two sets of data were complemented with qualitative and quantitative data collected from existing analytical reports or data bases as well as insights gained through interviews with actors engaged in the implementation of Croatian disability policy.

Results achieved in the implementation of activities included in the second section are analysed in relation to baseline data, with particular focus on data related to young people with disability. Findings of the analysis are presented in the following text as well as in the tables in the Annex 1.

3.1 Results in the area of health

The implementation of activities in 2017 yielded results that will serve as a solid base for the achievements of objectives set in the area of health.

Measure 1: Ensuring quality Health care

In order to ensure quality of health care for persons with disabilities, in 2017, the Ministry of Health has, together with Croatian Institute for Public Health and the Croatian Health Insurance Fund, engaged in the formulation of a new National Health Protection Plan. In addition, the measure foresees to increase of the share of specialised generalist practitioners amongst doctors working in the primary health care system, the creation of guidelines for services in the area of youth mental health protection and the drafting of a Strategic Plan for Child and Adolescent Psychiatry. While all these policy-making, informative and educative activities jointly serve as a foundation to improve quality of health care of persons with disabilities, no increase of organisations and individual providers of health care services was noted in 2017.

Measure 2: Health promotion and disability prevention activities

A similar situation occurred with the implementation of health promotion and disability prevention activities. Little progress was made in this field in 2017. For instance, a decrease in the number of students undergoing general examinations in high school was recorded. To a large degree this can be attributed to a lack of doctors in "school medicine units" across Croatia.

Measure 3: Ensuring orthopaedics aids

On the basis of recommendations made by the Committee for orthopaedic devices and the Committee for general medico-technical devices of the Croatian Health Insurance Fund, the legislator is continuously updating the Act on orthopaedic and other aids and the list of aids. While in 2017, 20 new devices were added to the list subsidised by the state, the planned improvement of conditions and procedures for the assignment of devices was not mentioned in the first annual report of the NSEOPD 2017-2020.

Measure 4: Raising awareness of health professional on disability

Various activities envisaging capacity building of health professional on specificities of communication and on rights of persons with disabilities were reported. Several training sessions were organised by different public bodies and higher education institutions focussing on guidelines concerning the reasonable adaptation of communication that were created by the Office of the Ombudsman for Persons with Disabilities. In 2017, these guidelines were distributed systematically in 2017 by the Ministry of Health to all health care institutions and professional associations in the country.

Measure 5: Ensure accessibility and information support

Aiming to improve accessibility and information for persons with disabilities in health care institutions, the Ministry of Health collected information from 87 health care institutions and coordinated comprehensive efforts to remove all physical barriers to accessibility, to adapt information for the people with hearing and visual disabilities, as well as to acquire necessary functional devices in health care institutions. Even though the data presented in the implementation Report in 2017 indicates that less interventions were made and less funds were spent than originally planned, the comprehensiveness of the interventions undertaken is an indicator of a committed and strategic approach.

Measure 6: Ensure palliative care

Finally, in 2017, the Ministry of Health coordinated efforts focussed on putting in place palliative care for seriously or terminally ill patients. To this aim, the Ministry of Health has created a baseline for the new Law on Health Care.

3.2 Results in the area of education

The implementation of these activities has yielded results in 2017 that will serve as a solid base for the realisation of measures and achievements of objectives set in education.

Measure 1: Inclusive education

To ensure inclusive education of students with disabilities, the Ministry of Science and Education has improved its monitoring instruments. Thus, while in school year 2015/2016 the number of students with disabilities enrolled in regular secondary education with individualised or adapted support was approximated to be over 6,000, the data is now more precise. In school year 2016/2017, 2,328 students with disabilities were enrolled in regular educational programmes and 1,235 students were enrolled in regular secondary educational and vocational programmes. While this data can be, at the first sight, interpreted as a decrease in the enrolment rate, it is also the most realistic baseline for the monitoring of progress toward inclusive education of students with disabilities. In the 2016/2017, the number of students with disabilities enrolled in special programmes of secondary education was 1,265, marking a decrease of 290 students in comparison to the previous school year. Corresponding data on the number of young persons with disabilities enrolled in the educational institutions that are operating within the welfare system, however, is still not available.

Measure 2: Access to secondary education

Aiming to improve the access to secondary education, the Ministry of Science and Education has coordinated multi-sectoral efforts for the adaptation of examination conditions and procedures at the national exit exams (National Matura), which boosted the number of students with disabilities passing the exit exams. Their number grew from 567 in 2015/2016 to 679 in 2016/2017 (namely, a 19.8 % increase). In the same period, progress has been made on the revisions of special education programmes offered to students with learning disabilities within the regular high school system. However, while five new programmes were added to 83 existing ones, significant efforts need to better align this type of education with labour market needs. To contribute to better prospects for future employability, the Croatian Employment Institute's counsellors have continued to provide professional orientation services to students with disabilities who are completing elementary education. While this service remained at a level similar in 2016/2017, in 2017, the CEI's efforts were complemented by counselling services of a new institution, the Centres for Information and Career Advice, that in 2017 provided over 19,000 counselling services to different age groups.

Measure 3: Regional support centres

The regional support centres, a new form of infrastructural support, are planned to be established by the end of 2020. The establishment of criteria for the registration of institutions to act as support centres was planned for 2017. By the end of that year, the criteria were not yet in place, although the members of the committee for the criteria development had been nominated.

Measure 4: Classroom assistants

The establishment of a new system of assistants in classrooms stalled as the required act was not adopted as planned, by the end of 2017. While the new act was being drafted, the number of students provided with this services continued to be over 2,500, due to a combination of state budget with funding from the European Social Fund.

Measure 5 and 6: Adaptation of text books & provision of non-institutional education.

To adapt school textbooks and provision of non-institutional education for students with learning disabilities, the Ministry of Science and Education continued its pre-existing collaboration with civil society organisations and funded CSO-managed projects. For both measures, the numbers of projects funded in school year 2016/2017 were similar to those from 2015/2016.

Measure 7: Access to higher education.

Finally, to improve access to higher education, the Ministry of Science and Education has set the obligation to universities to allocate funds to ensure the accessibility for

students with disabilities. In academic years 2016/2017 and 2017/2018, 2.8 million HRK (out of total 319 million HRK which the Ministry of Science and Education transferred to higher education institutions) were allocated to activities improving access and quality of services for students with disability. Also, a multi-sectorial working group drafted a National Plan for the Improvement of the Social Dimension of Higher Education 2018-2020 that was presented to stakeholders in 2017. While the obligation of investing into accessibility does not specify priority actions, a special emphasis was put on implementing activities fostering equalisation of opportunities of young students with disabilities in higher education.

3.3 Results in the area of employment

Measure 1: Implementation of regulatory and policy frameworks

In 2017, the state budget included specific lines for professional rehabilitation and employment of persons with disabilities. By the end of 2017, all four regional centres for rehabilitation that were established during the validity of the NSEOPD 2007-2015 started their operations. However, they still needed to build their capacities and adopt annual work plans. As foreseen by the new regulatory framework, the Institute for Evaluation, Professional Rehabilitation and Employment of Persons with Disabilities (IEPREPD) coordinated the work of regional centres and established a collegium of centres' managers.

In the same period, the Croatian Employment Institute (CEI) provided its counsellors with internal guidelines and trainings on the newly established professional rehabilitation model and its procedures. However, the implementation of this new model was hindered by the lack of effective information and documentation exchange among different divisions for professional counselling of the CEI, the IEPREPD and the new centres for rehabilitation. This problem was to be tackled with amendments to the Law on Professional Rehabilitation and Employment of Persons with Disabilities that, however, are yet to be adopted.

Measure 2: Employment in the open labour market

In order to maintain existing employment of persons with disabilities on the open labour market and to further foster its increase, both CEI and IEPREPD implemented and upgraded incentives for employers as well as active labour market measures in 2017. In the first year of the NSEOPD 2017-2020, CEI has continued to use different measures such as active labour market policy, including public sector employment, co-financing employment of persons with disabilities, education of unemployed persons with disabilities, professional training for work without an employment contract, and professional training at the work place. In 2017, most of these measures maintained the level reached in 2015, with the exception of the measure co-financing employment of persons with disabilities which was used by 22.8% more young persons than 2015. In 2017, recruitment in the public sector was – just like in 2015 – a measure for successful inclusion (825 persons with disabilities among which 366 young people with disabilities), while the rather recent measure of professional training at the work place still needs to be accepted by the target group.

In 2017, IEPREPD allocated 50% more funds to incentives than in 2015. In 2017, these funds, nevertheless, were in 2017 used by only 287 employers as opposed to 462 employers funded in 2015. With them, 1037 persons with disabilities were employed (the number in 2015 was 1427), and among them half (504) were employed in sheltered workshops. While the later data shows that sheltered workshops still play an important role in the employment of persons with disabilities, the smaller number of employers and beneficiaries using incentives might indicate that the current system is effectively promoting employers who are already using incentives, whilst this possibility is insufficiently known nor used by 'new' employers.

Measure 3: Monitoring employment of persons with disabilities

Incentives and measures of active labour market policy in 2017 were paired with enhanced monitoring of the implementation of the employment quota system and the registration of persons with disabilities in the Register of employed persons with disability. Not only did these monitoring and reporting efforts contribute to the protection from discrimination in the labour market, they have also increased the number of registered employers obliged to implement the quota system. Moreover, the monitoring activities provided a useful insight into how employers approach the quota system. This can serve as a foundation for better calibrating employment related measures.

Measures 4 and 5: Self-employment and social entrepreneurship

In 2017, the Ministry of Labour and Pension System, together with CEI and IEPREPD, published information and examples of good practice fostering self-employment and models of social entrepreneurship and self-employment for persons with disabilities.

In 2017, similarly to 2015, 24 persons with disabilities were self-employed through a specific CEI measure. Moreover to empower persons with disability, CEI prepared an ESF-funded project called 'Support for social inclusion and employment of marginalised target groups' in 2017, which will fund projects providing professional training and individualised mentorship with special focus on the development of soft skills of persons with disabilities.

Finally, activities described above as part of the first period of implementation of the NSEOPD 2017-2020 have already yielded results as in 2017. CEI registered 3,366 new employments of persons with disability, which was an increase of 28.8% in comparison to 2015. 51.4% of the people employed in 2017 were young persons below 29 years old. In the same year, the 6,497 registered unemployed persons with disabilities accounted for 3.5 % of all persons included in CEI's unemployment data base (Croatian Employment Institute, 2017).

4 Difficulties and constraints

4.1 Insufficient human and financial resources

In 2017, the implementation of NSEOPD 2017-2020 was challenged by insufficient personnel and financial resources, which is a systemic problem in Croatian public policy implementation. In education, this becomes apparent in the high school system in which, as evidenced by Ombudsman for persons with disability (2017), inclusion of students with disabilities is limited because of insufficient staff, such as professional educators and rehabilitators. Similar problems are encountered in the health care system in which, as was noted in the section above, effectiveness of preventive and early intervention activities is jeopardized by the shortages of doctors in "school medicine units", particularly in rural and less developed urban areas. In the area of employment, this challenge is most evident in newly established regional centres for professional rehabilitation, which still need to build their human and financial capacities.

To compensate for the lack of staff, the NSEOPD 2017-2020 foresees a set of measures including building capacity of existing staff and establishing a network of mobile support centres in the area of education. While these measures can improve the quality of service provided to young people with disabilities, they cannot adequately address the overall lack of staff.

In addition, in the health sector, the Strategy designed measures to increase the number of organisational and individual providers of health care and to build capacity in existing services. In the area of employment and health, it also planned to create new services such as the centres for professional rehabilitation or country teams for palliative care. Nonetheless due to the lack of targeted investments, these measures were not fully realised in 2017.

This is a general problem in the Strategy. The lack of well-targeted allocation of funds is a limit to the successful implementation of most measures. For several activities, specific funds were not earmarked when the Strategy was adopted.

Instead, it was frequently stated that financing will be ensured through the regular budget provided to implementing bodies. This is, however, rather unreliable as there is a general lack of alignment between public agencies' policy documents (such is the NSEOPD 2017-2020) and their annual strategic plans and budgets. When funding was specifically allocated (within the state budget or via projects co-funded by ESF), the progress achieved in 2017 was tangible.

4.2 Shortcomings in vertical and horizontal coordination

The problems caused by a lack of staff and financial resources for the implementation of the NSEOPD are amplified by a fragmented system of services and regional disparities of service provision. In health care, for example, ineffective coordination between the system of primary health care and the system of mental health protection presents a significant obstacle for effective prevention and early intervention. Guidelines that were created in 2017 for the actors engaged in mental health protection have addressed this challenge, but the recommendations included in these guidelines still need to become an integral part of mental health policy design and practice.

In the area of education, fragmentation and regional disparities are jeopardising improvements foreseen by the NSEOPD concerning access, availability and quality of higher education of students with disabilities. The NSEOPD tried to address this issue by including obligations in the contracts signed between universities and the Ministry of Science and Education. However, without trained secondary school teachers to prepare students with disabilities to pursue higher level education, the successes at the university level might be hampered (Kiš-Glavaš, 2016).

In the area of employment, the new model of professional rehabilitation is still not fully established as there is a lack of coordination between the units of the Croatian Employment Institutes and the Institute for Evaluation, Professional Rehabilitation and Employment of Persons with disabilities (for instance, on the professional rehabilitation centres). Also, inefficient division of labour and lack of collaboration between state bodies and regional/local governments also slows down improvement in the accessibility of services in all three areas.

The lack of coordination and service fragmentation, paired with a medical approach to disability, limits the emergence of a holistic approach providing person-centred services. In addition, there is still a resistance to included users' perspectives in the design of services and their implementation. Organisations in the health, education and employment sectors function in isolation and rarely collaborate horizontally.

To break this silo approach and to ensure users' perspective, the NSEOPD 2017-2020 has authorized the Committee for Persons with Disabilities of the Government of the Republic of Croatia to act, together with Ministry of Demography, Family, Youth and Social Policy, as the coordinating body in the implementation process. CSOs within the Committee are actively using the platform to advance the rights of persons with disability and to change the medical approach towards disability in Croatia.

5 Success factors and transferability

5.1 Increasing governance via proactiveness and coproduction

To address the insufficient resources to move the system of educational services toward the human rights model, the NSEOPD 2007-2015 introduced special assistants in classrooms for students with disabilities, delivering this service in collaboration with civil society actors. The idea of collaboration (or co-production) was put in place via partnerships with disabled people's organisations (DPOs) and CSOs active in the disability field who were entrusted with managing and implementing the service.

The framework for this co-managed service delivery arrangement was financed by a grant scheme in 2008, through which DPOs and CSOs were invited to propose programmes offering tailored assistance and enabling inclusion of students with disabilities in the mainstream school system. When designing this grant scheme, public managers followed the idea of co-production and acted primarily as facilitators and promoters of joint responsibility. In order to foster a sense of ownership and responsibility, the Ministry in charge of the coordination of the NSEOPD invited not-for-profit organisations to propose their own design of assistance services, to establish their own network of local partners, and to create an implementation structure that would be sustainable after the grant expires.

The service incrementally grew from 5 users in 2008 to 147 users in 2013. By the end of the NSEOPD 2007-2015 implementation period, the provision of service was funded not only from state budget but also from budgets of regional and local governments. In the school year 2013/2014, the coordination of the service was mandated to the Ministry of Science and Education and, in 2017, the standardisation and further roll-out of the service was included in the NSEOPD 2017-2020. In 2017, the Ministry of Science and Education integrated standards and conditions of service provision in the education area and ensured funding from the ESF. As a result, the number of students supported by this service grew to 2,711.

The choice of collaborative arrangements of service delivery resulted in flexibility and better alignment to user's needs. While the sustainability of this service is to a large extent dependant on the willingness and ability of state actors to ensure sufficient budget after the ESF funding expires, the pathway through which the service was developed and the mode in which it is delivered is exemplary as a proactive solution in a challenging policy-making context.

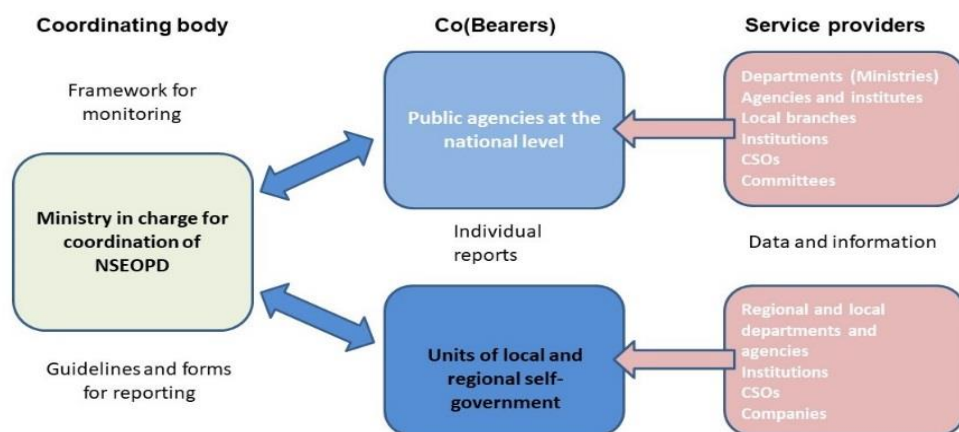
5.2 Using monitoring as a delivery tool

Establishing an effective monitoring structure was already considered a priority during the implementation of the NSEOPD 2007-2015. From 2009 to 2014, the Ministry in charge of the coordination of the Strategy cooperated with the United Nations Development Programme in Croatia on the project "Support in Applying Monitoring and Evaluation Mechanisms for the Implementation of the National Strategy of Equalization of Opportunities for Persons with Disabilities 2007-2015".

Due to the analysis conducted as part of this project, new monitoring instruments were created such as the framework for monitoring the NSEOPD implementation, and existing tools were improved.

The new monitoring instruments were designed in a collaborative fashion. Consultations and training workshops brought together bearers and co-bearers of NSEOPD measures at all levels (national, regional and local), including representatives of the state administration and members of DPOs and CSOs active in the disability sector. As a result, a new data collection and monitoring procedure was established (see Figure 1).

Figure 1. Instruments and process of monitoring the implementation of NSEOPD



The application of new monitoring instruments and procedures gradually enabled a comprehensive and systematic overview of the progress of the Strategy. Moreover, the results of the evaluation carried out in 2016 and 2017 served as a baseline to design the NSEOPD 2017-2020.

The data collection was advanced further due also to the Register of Persons with Disability, developed by the Croatian Institute of Public Health since 2002. The Register represents a valuable asset in advancing evidence-based policy making practice (Štefančić, Benjak and Ivanić, 2018), and also supplies important information to measure the Strategy's progress. Stronger synergies between various monitoring systems could also lead to the creation of an analytical database that will allow for better targeting and calibration of NSPEOD measures and activities.

Finally, the participatory character of the process that led to the establishment of monitoring instruments and procedures, as well as the application of these instruments, fostered both vertical and horizontal coordination. Due to this participative process, national, regional and local bearers and co-bearers involved in the data collection and report production are now more inclined to engage in joint planning of action and its implementation. In that way, efforts invested in establishing systematic monitoring have led to co-produced delivery and implementation of disability policy, which may be used as a way to foster the implementation of disability policies in fragmented territorial and institutional settings in other countries/regions across Europe.

6 Conclusion and discussion points

The analysis of measures of the NSEOPD 2017-2020 (following on from its predecessor) shows that the implementation of various and numerous activities has yielded results that will serve to further improve the access, availability and quality of services for young people with disabilities.

The analysis has also identified that access to support services for young people with disabilities, as well as for the general population of persons with disabilities, is hindered by insufficient human and financial resources as well as by shortcomings in vertical and horizontal coordination. These are the main obstacles for the effective and efficient implementation of measures envisaged by NSEOPD 2017-2020.

The paper has highlighted the proactiveness of public managers, the use of collaborative and even co-produced models of service delivery, and the progress in monitoring as responses to increase governance capacities and coordination between actors engaged in the design and implementation of the NSEOPD. However, the following questions merit further discussion to promote social inclusion for young people with disabilities in a more effective way:

- 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?

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Annex 1: Results in the area of health, education and employment

Table A1. Results of measures in the area of health

Activities	Indicators	Baseline data for 2015/2016	Results achieved in 2017
Measure 1. Ensuring quality health care of persons with disabilities			
Improve disability prevention activities in the National Health Protection Plan	Improved activities	Not specified	Formulation of the new National Health Protection Plan
Improve quality of primary health care by increasing share of generalist practitioners in primary health care	Share of generalist practitioners in the total number of doctors working in primary health care system	34.7%	45%
Develop specific programmes targeting improvement of health services for persons with disability	Number of programmes or institutions implementing them	Two programmes underway	Two programmes, of which one is the Strategic plan for child and adolescent psychiatry, National program for early diagnosis of visual impairments
Increase the number of institutions providing specific dental care services	Number of contracts Croatian Health Insurance Fund has signed with service providers	Six	Six
Design new or improve existing protocols and guidelines for the work with the target population	Number of adopted protocols, guidelines or recommendations	Not specified	Guidelines for services in youth mental health protection
Increase availability of health services in the areas of early intervention, rehabilitation.	Physical medicine and rehabilitation	194.62 teams	195.17 teams
	Physical home therapists	444.5 therapists	441.5 therapists
	Health home care nurses/technicians	1,236 therapists	1,247 therapists
Measure 2. Implementing programmes for health promotion and disability prevention			
Implement and monitor activities for disability prevention	General examinations in high school	2015/2016: 29,987	2016/2017: 24,391
	General examinations of students	2015/2016: 17,528	2016/2017: 17,791
	Number of panels	Seven	Seven

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Monitor the provision of primary health care services via panels to monitor persons with chronic illnesses	Number of doctors using panels	General medicine: 2,268 Paediatricians: 280 Gynaecologists: 278	General medicine: 2,341 paediatricians: 250 gynaecologists: 281
Measure 3. Updating the Act on orthopaedic and other devices			
Continuously update the Act on orthopaedic and other devices on the basis of recommendations made by the Committee for orthopaedic devices and the Committee for general medico-technical devices of the Croatian Health Insurance Fund	Number of new devices included by the list of devices	33 additional devices, of which two were new	20 new devices
	Improvements of conditions and procedures for the assignment of the right to devices	Not specified	Not reported
Measure 4. Training health professionals on specificities of illnesses and conditions of persons with disabilities			
Educate and inform health professionals on specificities of communication and on rights of persons with disabilities guaranteed by the UNCRPD	Number of trainings and informative messages/events	Training of health professionals is offered by workers' associations, institutions in health, universities and CSOs.	Guidelines for reasonable communication adjustments distributed to all health care institutions and professional associations. Four trainings organised by public bodies and higher education institutions
Measure 5. Ensuring accessibility and support via information to persons with disabilities in health care institutions			
Create and implement the plan for the removal of all physical barriers to accessibility in health care institutions	Number of interventions in relation to number planned for that year	Not specified	43 interventions in relation to 180 planned
	Funds allocated to interventions	25,258,374 HRK	9,678,585.91 HRK (12,749,690.93 planned)
Create and implement the plan for the assurance of information support in health care institutions to persons with disability	Number of adapted content in relation to number of planned adaptations	In two institutions	49 adjustments completed in relation to 112 planned
	Funds allocated to information support	159,077.00 HRK	2,561,648 HRK (2,453,085 HRK planned)
Create and implement the plan for the equipment of health care institutions with necessary functional devices	Number of functional devices acquired in relation to plan	Not specified	434 devices in relation to 920 planned
	Funds allocated for devices	1,906,567.99 HRK	1,932,816 HRK (5,370,793 HRK planned)
Ensure specific information for persons with disability	Information published on the internet pages of Ministry of Health and Croatian Institute for Public Health	Information available at www.miz.hr and www.hzjz.hr	www.hzjz.hr includes specific information for persons with disabilities

Measure 6. Ensuring palliative care for seriously or terminally ill patients			
To revise and improve legal framework	Changes of existing or a formulation/adoption of new regulation	Changes of the Act on Health Care defining palliative care on primary and secondary level	New version of the Act on Health Care introduces palliative care on tertiary level and defines profiles of palliative team members
To establish organisational units for palliative care across counties	Number of county teams for palliative care, number of coordinators, number of specialised hospital teams, number of ambulances, number of facilities for free renting of devices, number of organisations of volunteers in palliative care, new beds for palliative care in hospitals	6 county teams for palliative care, 5 coordinators, 16 specialised hospital teams, 31 ambulances, 45 facilities for free renting of devices, 16 organisations of volunteers, 241 beds in 13 hospitals	9 county teams for palliative care, 9 coordinators, 13 mobile teams, 22 specialised hospital teams, 31 ambulances, 47 facilities for free renting of devices, 16 organisations of volunteers in palliative care

Source: author's compilation of data based on the NSPEOD 2017-2020, on the Report on the Implementation of the National Strategy measures in the area of health in the course of 2017 and interviews with actors in Croatian disability policy and practice.

Table A2. Results of measures in the area of education

Activities	Indicators	Baseline data for 2015/2016	Results achieved in 2017
Measure 1. Ensure inclusive education of students with disabilities			
Increase number of children with disabilities enrolled in childcare, primary and secondary education institutions in the community they live in or closest to their place of residence.	Number of children enrolled in childcare, elementary and high schools	1,575 students with disabilities enrolled in special programmes of secondary education while approximately 6,000 students are enrolled in regular secondary education programmes with individualised or adapted approach	1,265 students with disabilities enrolled in special programmes of secondary education while 2,328 pupils are enrolled in regular secondary educational programmes with individualised approach. 1,235 students with disabilities are enrolled in regular secondary educational and vocational programmes
Professional development of teachers and members of school teams on topics related to inclusive education	Number of trainings and teachers and other school team members reached by them	87 trainings organised by the Education and Teacher Training Agency with 4,190 participants	51 trainings organised by Education and Teacher Training Agency with 5,865 participants 7 trainings organised by Agency for Vocational Training and Adult Education with 245 participants
Measure 2. Improve the access of secondary education			
Ensure effective adjustment of the examination procedures for students with disabilities at the national exit exams (National Matura)	Number of students that have passed National Matura with adaptation of examination procedures	567, of which 471 students in the summer term, and 96 in the fall term	679, of which 545 students in the summer term, and 134 in the fall term
Revise educational plans and curricula designed for pupils with learning difficulties	Number of revised educational plans and curricula	83 special educational programmes in regular high schools	Four new special educational programmes and one new programme for assistant professions
Ensure professional orientation of students with disabilities after completing elementary education	Number of students reached by the professional orientation services	School year 2015/2016: Croatian Employment Institute branches: 3,342 students with disabilities, 1,616 students with health difficulties	School year 2016/2017: Croatian Employment Institute branches: 3,267 students with disabilities, 1,565 students with health difficulties Centres for information and career advice: 19,303 counselling services
Measure 3. Ensure infrastructural support for students with disabilities			
Establish criteria for the registration of institutions to conduct activities of support centres	Establishment of criteria	Non-existent	Nomination of members of the Committee for the criteria development
Establish a network of regional support centres to act as providers of expertise and support for school staff	Number of support centres	Non-existent	Activity will be conducted in 2018-2020

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	Support centres' network formed		
Establish expert (mobile) teams linked to support centres	Number of teams	Education and Teacher Training Agency has 7 mobile teams	7 existing mobile teams. Teams at the support centres to be formed in 2019
Measure 4. Establish central system for the assurance of assistants in classes and communication mediators			
Adopt Act on assistants in classes and communication mediators	Act adopted	Not existent	Draft Act formulated and consultation with stakeholders conducted. Act to be adopted in 2018
Ensure assistants in classes and communication mediators for student with hearing and visual impairments	Number of assistants and number of students	School year 2015/2016: 2,303 assistants for 2,771 students with disabilities	School year 2016/2017: 2,317 assistants for 2,570 students with disabilities
Measure 5. Ensure school textbook adapted to the special education needs of pupils and students			
Design textbooks and working materials in Braille and enhanced black print for pupils and students with visual impairments and adapt handbooks for students with learning disabilities	Number of textbooks for each of the two groups	In school/academic year 2015/2016: 10 civil society organisation received funds to design textbooks for students with visual impairments	In school/academic year 2017/2018: 10 civil society organisation received funds to design textbooks for students with visual impairments
Measure 6. Funding civil society projects supporting education of students with learning disabilities			
Ensuring funds for CSO projects offering non-institutional support for the education of students with disabilities	Number of funded projects	2015/2016: 121 projects	2016/2017: 141 projects in non-institutional education, of which 41 were managed by CSOs working with the target population
Measure 7. Improve access to higher education for students with disabilities			
Improve social dimension of the higher education in relation to students with disabilities	Funds within contracts that are being allocated to improve accessibility for students with disabilities	Up until the introduction of contracts between the Ministry of Science and Education and higher education institutions, universities had no obligation to allocate funds to ensure accessibility for students with disabilities	2.8 million HRK, out of total 319 million HRK that the Ministry of Science and Education transferred to higher education institutions in 2016/2017 and 2017/2018 were allocated to activities for students with disability Draft National Plan for the improvement of the social dimension of higher education 2018-2020 presented to stakeholders

Source: author's compilation of data based on the NSPEOD 2017-2020, the Report on the Implementation of the National Strategy measures in the area of education in the course of 2017 and interviews with actors in Croatian disability policy and ipractice.

Table A3. Results of NSEOPD 2017-2020 measures in the area of employment

Activities	Indicators	Baseline data for 2015/2016	Results achieved in 2017
Measure 1. Monitor and augment the implementation of the existing regulatory and strategic framework			
Design procedures for the inclusion of temporarily unemployable persons with disabilities via the social inclusion programme	Procedure designed served as a basis for adoption of Act on social inclusion of temporarily unemployable persons with disabilities	Such programmes are not yet in place	To be designed in 2018
Coordinate the work of centres for professional rehabilitation in Zagreb, Osijek, Rijeka and Split: coordination meeting and annual reports prepared by Institute for Evaluation, Professional Rehabilitation and Employment of Persons with disabilities (IEPREPD)	Regional centres are operating and have annual plans	Four regional centres established	All four centres are operating, annual plans are not reported
	Monitoring or coordination meetings	Not specified	Three meeting of centres' professionals and collegium of centres' managers established
	IEPREPD's annual reports	Not specified	Report for 2017 published
Train counsellors for persons with disabilities of Croatian Employment Institute (CEI) on new regulatory framework in this area	Number of trainings or expert events and number of participants	One training for 25 counsellors	CEI's counsellor presenting or participating in expert meetings Internal guidelines on professional rehabilitation procedures
Integrate the work of units for professional counselling of CEI within centres for professional rehabilitation	Number of units for professional counselling whose work is integrated within centres for professional rehabilitation	Efficient procedures for the coordination between CEI and the centres are yet to be established	Current changes of the Act on professional rehabilitation are targeting this procedure to make it more efficient
Exchange the data on persons with disabilities among different policy sectors and monitor the data exchange	Development of the data exchange protocol	CEI as well as EPREPD collaborates with Croatian Pension Insurance Fund. The agreement on collaboration between CEI and Croatian Institute of Public Health (CIPH) in preparation.	CEI and IEPREPD signed agreements on collaboration in data exchange with Croatian Pension Insurance Fund. Agreement with CIPH to be prepared, not yet signed Pilot project on sharing of information between IEPREPD and Centre for professional rehabilitation Zagreb
Ensure line in national budget specifically earmarked to the implementation of professional rehabilitation	Specific line in state budget dedicated to professional rehabilitation	Not existing	State budget for 2017 included lines for professional rehabilitation and employment of PWD (2,180,000.00 HRK of which 875,971.29HRK were allocated for rehabilitation)
Measure 2. Implement measures of active employment for persons with disabilities on the open labour market			

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Monitor and report on the implementation of employment quota system, as well as on the progress in the employment of persons with disabilities on the open labour market and in sheltered environments	Data compiled in reports by Croatian Employment Institute and Institute for Evaluation, Professional Rehabilitation and Employment of Persons with Disability and published on their web pages	Data available on public agencies' web sites and in the report on the last year of the implementation of the National Strategy for the Equalisation of Opportunities for Persons with disabilities 2007-2015	Data for 2017 available in the report compiled for this purpose by Croatian Employment Institute (www.hzz.hr) and the annual report of the Institute for Evaluation, Professional Rehabilitation and Employment of Persons with disabilities (www.zosi.hr)
Inform general public and employers on the needs and opportunities for the employment of persons with disabilities	Data reflecting participation of public agencies' representatives in media, events or expert meeting, promotional activities.	Not specified	24 expert meetings, informative projects with two news magazines, 1,500 copies of brochure on incentives for employers, over 1,100 individual consultations with employers
Grant and monitor usage of incentives to employers of persons with disabilities on the open labour market - incentives managed by the Institute for Evaluation, Professional Rehabilitation and Employment of Persons with disabilities (IEPREPD)	Number of employers using incentives by ZVPRZOSI	463 (2015)	287 (of which 9 sheltered workshops)
	Number of persons with disabilities they employ	1,427 (2015)	1,037 (of which 504 sheltered workshops)
	Funds allocated by ZVPRZOSI on incentives	39,997,789.72 HRK (2015)	77,943,406.73 HRK
Grant and monitor the approval of state incentives to business actors employing persons with disabilities on the open labour market - state incentives managed by the Croatian Employment Institute	Public works	2016: 854 persons with disabilities, of which 362 young people	825 total persons with disabilities, of which 366 young people
	Co-financing employment of persons with disabilities	2016: 325 persons with disabilities, of which 127 young people	334 persons with disabilities, of which 156 young people
	Education of unemployed persons with disabilities	2016: 96 persons with disabilities, of which 46 young people	101 persons with disabilities, of which 37 young people
	Professional training for work without an employment contract	141 persons with disabilities, of which 112 young people	129 persons with disabilities, of which 118 young
	Professional training on the work place	43 persons with disabilities, of which 26 young people	10 persons with disabilities, of which 4 young people
Develop a system for additional training of professionals engaged in professional rehabilitation	System of additional training developed by Institute for Evaluation, Professional Rehabilitation and Employment of Persons with Disability	In 2015 professionals of Centres for professional rehabilitation in Zagreb and Osijek were provided with support and 4 thematic trainings	Till 2018, basic training for provided to 54 professionals employed in four centres. In 2017, professional were provided with three thematic workshops
Measure 3. Ensure protection from discrimination in employment and professional rehabilitation areas			

Monitor registration of persons with disabilities within the Register of employed persons with disability, updating and improving the monitoring methodology	Number of persons included in the Register, number of registered employers obliged to implement employment quota system, monitoring activities and methodology	On 31.12.2015, the register included 11,389 employed persons with disabilities and 8,530 employers obliged to implement the quota system	On 31.12. 2017, the register included 10,512 employed persons with disabilities and 9,119 employers Report on the implementation of quota system included information of the employers' structure
Measure 4. Educate and inform persons with disabilities on the self-employment opportunities and ensure effective measures fostering self-employment			
To publish information and good practice examples organise targeted trainings	Available good practice examples Number of trainings and participants	Not specified	Not specified Information on incentives and active labour market available on IEPREPD's and CEI's website
Implement measures inducing self-employment of persons with disabilities (particularly women)	Number of self-employed persons with disabilities that used state incentives (share of women among them)	24 persons (among them 7 women) self-employed while benefitting from CEI measures	Number of self-employed through IEPREPD funds not specified 24 persons self-employed with support of CEI measures
Measure 5. Develop models of social entrepreneurship and self-employment of persons with disabilities			
To design and implement funding schemes for the projects enabling professional rehabilitation and training of persons with disabilities in different areas.	Number of persons reached by professional rehabilitation and training funded through such funding schemes	Non-existent	Preparation of the project called „Support for social inclusion and employment of marginalised target groups“ which, among others, will fund projects providing professional training

Source: author's compilation of data based on the NSPEOD 2017-2020, the Report on the Implementation of the National Strategy measures in the area of employment in the course of 2017 and interviews with actors in Croatian disability policy and practice.

