Peer Review on 'Social inclusion, health and equalisation of opportunities of young people with disabilities' - Synthesis report

Written by ICF

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Croatia, 13-14 September 2018

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1 Introduction

The Peer Review on 'Social inclusion, health and equalisation of opportunities of young people with disabilities' took place on 13 and 14 September 2018 in Zagreb (Croatia). Ensuring efficient and equal access to quality support services, in line with the UN Convention on the Rights for Persons with Disabilities (UNCRPD), was a key focus. Notably, the participants discussed how policy-makers, health care professionals, non-governmental organisations (NGOs)and other relevant service providers and stakeholders can work together to improve access to and quality of services for young people with disabilities aged 15 to 30, especially in the areas of health, education and employment.

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

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

1.1 Background

In Europe, according to Eurostat data, approximately 100 million EU citizens live with a disability and their wellbeing is affected by the existence of systemic barriers limiting their mobility, access to services, participation in education, the labour market and leisure activities as well as their overall social inclusion and economic independence.

Young people with disabilities are particularly vulnerable to the negative effects of such barriers. For example, Eurostat reports that the level of education of young people with disabilities is lower than persons without disabilities of the same age. In the EU, 30-40% of young people with disabilities attained only “pre-primary, primary and lower-secondary education”, depending on the level of their support needs. Moreover, the share of persons with disabilities attaining a tertiary education level was 15-25% lower than for non-disabled persons (Eurostat, 2014).

In 2011, 30.7 % of people aged 15-34 having a disability were neither in employment nor education or training (NEETs); almost twice as many as in the same age group. As a result, without access to work, their capacity of living independently and their overall well-being are severely affected (Eurostat, 2014).

People with disabilities may have limited access to health services, including routine medical treatments, leading to health inequalities unrelated to their disability. Depending on the group and setting, persons with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviours and higher rates of premature death (WHO, 2018).

Moreover, statistics do not fully capture the situation of young people with disability at European and national levels as the definition of disability might vary across countries.

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[1] Croatian Union of Associations of Persons with Disabilities, “Udruga Zamisli” (Association Imagine) and “Udruga SUMSI” (Croatian Association of Youth Associations and Disabled Students).

In addition, regional inequalities may also be significant within a state. As a result, an analysis should disaggregate data at municipal level to ensure that differences at the local level are properly captured. Providing just a national average might not show the disbalance among different municipalities.

Finally, as presented in the thematic report, young people with a disability are more vulnerable to stigma, especially persons with intellectual disabilities or complex needs. Several pieces of research have shown that people with disabilities are more prone to be excluded by societies (Petri, 2018). As a result, they might not access existing services and thus further deepen their exclusion.

Towards a paradigm shift

This focus on the barriers (physical, structural and social) hindering people with disabilities to participate entirely as individuals in all aspects of life is the result of a paradigm shift in understanding disability as a social and human rights issue rather than a simple medical one.

The social model highlights that the barriers people with disabilities encounter need to be overcome by society as a whole, for instance by fighting discrimination via awareness-raising and inclusive (early) education and by the establishment of inclusive laws and policies.

This approach is enshrined in the UN Convention on the Rights of Persons with Disabilities (UNCRPD) (2006), to which all EU Member States and the EU itself are signatories. It states that disability is "an evolving concept". The UNCRPD also provides a broad definition of persons with disabilities stating that “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNCRDP, 2006). While this description has become the principal reference for Disabled People’s Organisations (DPOs), domestic legal systems vary in how they define disability.

Importantly, the UNCRPD is the first legally binding international instrument on disability, which sets out the minimum standards governments are obliged to meet to ensure that persons with disabilities effectively benefit from their civil, political, economic and social rights. Moreover, in line with the slogan “Nothing about us without us”, the UNCRPD is also the first international treaty that was negotiated with the direct participation of its beneficiaries: persons with disabilities and disability rights groups. Young people with disabilities contributed to the discussion before the drafting of the UNCRPD. Around 200 focus group meetings were held with young people with disabilities from 12 countries to identify the issues that were of most concern to them. (UN YOUTH FLASH, 2007)

1.2 EU policy context

During the last decades, disability policy at the European level has transformed from a formerly disregarded branch of traditional social theory into a new policy formation, which comprises not only social protection and labour market integration, but also equal rights and non-discrimination (Waldschmidt, 2009). As a result, the recent EU actions concerning young people with disabilities are built on an explicit commitment to the social and human-rights model of disability.

Driven by its competence to take measures to protect EU citizens and residents against discrimination based on disability and to combat social exclusion, the EU has adopted key legislation and policies to protect and empower persons with disabilities in Europe.

The EU Directive on Equal Treatment in Employment and Occupation (2000/78/EC), in line with Article 13 of the Treaty of Amsterdam, stated for the first time that “in order to guarantee the principle of equal treatment in relation to persons with disabilities, reasonable accommodation shall be provided". So far, the EU legal framework does not guarantee equal treatment in accessing health services. However, the proposal for a general Equal Treatment Directive, under discussion since 2008, would cover health care, if adopted.

In 2010, the Commission adopted the European Disability Strategy (EDS) 2010-2020 to "empower people with disabilities so that they can enjoy their full rights, and benefit fully from participating in society and the European economy, notably through the Single market". The strategy also focussed on eliminating barriers hindering the wellbeing and inclusion of persons with disabilities. To this end, EDS calls on all EU institutions to align their work with the UNCRPD, ratified by all 28 Member States as well as by the EU itself.

The EDS lays down objectives for EU action to empower people with disabilities to enjoy their full rights and participate fully in society. Relevant objectives include:

- Enabling many more people with disabilities to earn their living on the open labour market, paying particular attention to young people with disabilities in their transition from education to employment;
- Promoting inclusive, quality education and training for pupils and students with disabilities; and
- Fostering equal access to health services and related facilities for people with disabilities.

The Commission has launched several initiatives for people with disabilities particularly in the area of education, including the establishment of the European Agency for Special Needs and Inclusive Education (1996) which aims at helping European countries in improving their inclusive education policy and practice for all learners. During the period 2013-2017, the European Social Funds supported 6.1 million citizens, of which 16% were identified as persons with disabilities.

Concerning supporting access to health care, the Commission has launched the third "EU Health Programme for action" (2014-2020) amounting to around EUR 450 million to improve equal access to health care and reduce health inequalities which also targets persons with disabilities.

The Commission has also launched various initiatives to support activation and employment of young people, including those with disabilities. For instance, the "Youth Employment Initiative" is aimed at young people who are at risk of being unemployed or out of education for more than four months. Furthermore, Flagship Initiatives such as "New Skills Agenda for Europe" and "European Platform against Poverty and Social Exclusion" focus also on combating social exclusion and discrimination of vulnerable groups by improving overall employment, skills, quality of jobs and working conditions.

2 Inclusion of Young people with disability in Croatia: The Croatian National Strategy for Equalization of Opportunities for Persons with Disabilities 2017-2020

In the last 25 years, the Republic of Croatia has been striving to promote and protect the rights of persons with disabilities to fully take part in civic, social and economic life. Through the implementation of various strategies, the Croatian government has worked to establish wide-ranging national policies aimed at ensuring the highest level of protection for persons with disabilities and accessibility to all rights without discrimination.

According to data gathered by the Croatian Institute of Public Health in the Croatian Register of Persons with Disabilities, 512 093 persons with disabilities were living in Croatia in 2018, out of which 43 119 were aged between 15 and 29 years old. Compared with the overall population of the same age, around 6.1% of young people have a disability.

Building on the previous strategies for people with disabilities (2003-2006 and 2007-2015), and in line with the UNCRDP ratified in 2009, **the Croatian government adopted the National Strategy for the Equalisation of Opportunities for Persons with Disabilities (NSEOPWD) 2017-2020**. Although young people aged 15 to 29 years are only briefly mentioned in the document, the Strategy lays out comprehensive measures to improve access to education, health care and employment for all people with disabilities. The Strategy embraces the social and human rights model, moving away -at least in its intention- from the medical approach.

Along with these strategies, **an array of legislation and regulations** has been approved over the last years bringing significant legal changes aiming at improving the life of people with disabilities and their inclusion in Croatian society.

A crucial Law on Social Welfare (2013) was passed paving the road for an effective deinstitutionalisation process. It also laid the foundations for networks of community services developed in coproduction with persons with disabilities and their representative organisations, that ensured more effective control of the quality of the services provided.

Various regulations were adopted in the area of education **to increase the availability of inclusive mainstream education for children with disabilities** and thus limiting the recourse to special institutions or segregated schools. Two measures were particularly important: the creation of the position of 2 500 assistant teachers in mainstream schools as well as the full adaptation of the State Matura exam[2] for people with disabilities. Both initiatives are highly regarded as a model to ensure more inclusive access to education. In 2016, the Strategy for Life-Long Career Orientation and Career Development in the Republic of Croatia for 2016-2020 was adopted. The strategy also aimed at improving the professional guidance for disadvantaged people and persons with disabilities.

To tackle the barriers hindering access to the labour market, the Croatian government promulgated also a new Law on Professional Rehabilitation and Employment of Persons with Disabilities (2013). The **new legislation aimed at ensuring reasonable accommodation** and **introducing employment quota** for people with disability both in the public and private labour market. This law was accompanied by incentives for employers and labour activation measures. As a result, the Croatian Employment Institute (CEI) registered 2 613 new jobs for 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.

Finally, the Law on Unique Body of Expertise (2013) made assessment procedures to receive the disability status more transparent and effective. The simplification of these procedures ensured that **people with disabilities have access to primary, specialist and hospital health care**, the right to use subsidized medicines and prosthetics.

According to the Host Country Paper, the measures outlined in the Strategy have yielded first results improving the access, availability and quality of services for people with disabilities - including young people - although they might not be specifically targeted. However, progress is slowed down due to a lack of human and financial resources as well as shortcomings in the coordination and cooperation of stakeholders at various levels including the lack of meaningful participation of (young) persons with disabilities.

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[2] State Matura exam in Croatia is a secondary school leaving examination.

3 Main themes of the Peer Review

3.1 Key elements of strategies and policies fostering inclusion of young people with disabilities

During the discussions at the Peer Review, participants analysed various aspects of the existing strategies and identified crucial components that should be present in policies for young people with disabilities. They recognized the importance of empowering young people with disability by approaching them as individuals with capacities rather than focusing on the individual's impairments.

Participants stressed that a successful strategy for (young) people with disabilities should be based on the **human rights approach**. National disability-inclusive policies should build on existing international human rights laws and strategic documents (such as the UNCRPD and the EDS), which provide a comprehensive framework to guide national policy-making and legislation to foster an inclusive society. Therefore, the **harmonisation of national legislation with these international standards** was considered a key factor to ensure that a systemic change is implemented consistently in all the relevant areas, including education, employment and health.

For instance, **Finland** has developed a robust legal framework to support the inclusion of people with disabilities and to mainstream services for this specific target group. As a result, the general legislation covers principal areas such as the social security system, education, health and employment, while special legislation has been adopted only when the general provisions are not sufficient. Currently, a reform of existing disability legislation is underway to merge various laws and regulation as to better promote the inclusion and equality of persons with disabilities and to reinforce decision-making based on the needs of people with a disability. In line with the UNCRDP, this reform focusses on the right to live independently by developing tailored services to support mobility and accessible housing in the community.

Participants also agreed that when designing a strategy, the overall **planning should be realistic** and as SMART[3] as possible. Goals and responsibilities should be laid out in strategic documents and action plans to ensure that roles are well defined, and each actor will take ownership of their part. Roadmaps for implementation with clear timeframes are also welcomed.

Importantly, enough time should also be allocated in all the phases of planning and implementation, if **meaningful participation of young people with disabilities** is to be successful. NGO representatives highlighted that representatives of DPOs should take part in all phases from design to and implementation of strategies and policies. However, to be effective, the related processes should allow for sufficient time for DPOs to provide significant contributions instead of just providing some validation towards the end of the process. For instance, **the Netherlands** introduced at local level "client boards" whose aim is to include representatives of people with disabilities in the decision-making process of some of the measures that will affect them.

The planning and implementation of strategies for (young) people with disabilities should also happen in **synergy with other policies and measures to ensure a stronger continuity and sustainability** over time. Ideally, disability strategies should be a bridge towards mainstream approaches fostering a stronger inclusion of people with disabilities in society.

As a result, during the Peer Review, the importance of mainstreaming the needs of all people with disability in all policy fields was also discussed. In doing so, taking into account not only physical disabilities but also intellectual ones, was particularly underlined. After nine years of preparation, **Slovenia** recently passed an umbrella

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[3] Specific, Measurable, Achievable, Relevant and Time-bound.

programme for people with mental health illness aiming at providing integrated services and fostering independent living, through a holistic and cross-sectoral approach.

The participants also noted that, when designing a strategy or a policy document, **funding needs to be earmarked for each measure**. While pilot projects might be triggered through external funds such as the European Structural and Investment Funds (ESIF), it is crucial to envisage reliable and sustainable implementation based on durable funding. In **Croatia**, for example, the creation of the vast programme that hired over 2 500 teacher-assistants was funded mainly through ESIF funds, and may be endangered in the future although the government is currently looking into financing these staff members continuously.

In addition, **strong vertical and horizontal cooperation and coordination with relevant stakeholders** is necessary to implement the strategy fully. The appointment of a key ministry as the focal point for the implementation and monitoring of the Strategy was deemed necessary. For instance, to ensure a strong coordination of the first National Strategy on Disability 2017–2027 in **Cyprus**, the Ministry of Labour, Welfare and Social insurance established the Department for Social Inclusion of Persons with Disabilities to coordinate the work of seven other ministries as well as the Cyprus Confederation of the Organizations of Disabled People. The consultation of this DPO by the State on issues related to disability is enshrined in the Cypriote legislation. The Department also coordinates the work of eight Thematic Technical Committees for the formulation, implementation and monitoring of the National Disability Action Plan and the UNCRPD.

The coordination should also involve municipalities which are at the forefront of the provision of services. For example, **Slovenia** counts 211 municipalities and addressing regional disparities is considered a critical factor in fostering the development of local networks of service providers. This will ensure access to quality services for people with disabilities also beyond a few central regions. To provide more integrated services, which are closer to the citizen, **the Netherlands** have decentralised responsibility for various policy areas including work and income, housing, participation and (youth) care to the municipal level.

The discussions during the Peer Review also focussed on three specific areas that were considered crucial for the provision of services for young people with disabilities, namely education, employment and health. Finally, particular attention was given to the monitoring and evaluation of the current strategies as a way to improve services.

3.2 Education

The Peer Review highlighted the key role that education plays in the context of the paradigm shift from the medical to the human rights and social model: **access to a quality education system** is central to the successful inclusion of people with disability in the society. For instance, the Croatian "National Strategy for the Equalisation of Opportunities of Persons with disabilities 2017-2020" has adopted some measures to foster inclusive education, moving away from special education practices separating pupils with disabilities for their peers. For example, the **Croatian government** have taken measures so that at least primary schools are fully physically accessible and curricula content, as well as learning materials, are adapted to the specific needs of the pupils. So far, 50% of the buildings are fully accessible. Moreover, notable efforts were made to ensure that the Matura exam, a compulsory exam to enter university, is accessible for pupils with impairments.

Participants emphasised the importance of having in place a system fostering the **individual approach also through individual planning**. In **Croatia** and **Malta**, children are assessed on the basis of their skills and needs after which their curricula/education path is adapted accordingly. In Croatia, the assessment is carried out by specialised personnel, such as school doctors and psychologists. This committee then advises the pupil the most appropriate type of education to attend and if necessary they are paired with a teaching assistant. Similarly, the **Finnish system** focusses on **integrating children in the mainstream system**. Among other advantages, inclusive education lowers stigmatisation of people with disabilities. There are three levels of ad-hoc support offered to the students with disabilities according to their specific needs:

- light support such as a remedial teaching and part-time special education;
- medium – enhanced support; and
- special needs support.

The third step applies only if the two previous are not sufficient.

It was expressed during the discussion that in **Croatia** personalised approach is not always implemented in practice. Since, each school can host only a limited number of pupils with disabilities, in rural areas pupils might need to attend schools far from their hometown as there are not enough places or the nearest school is not adapted or accessible.

Fostering teachers' continuous education to sensitise and prepare them for the needs and rights of persons with disabilities was also considered a key aspect. As more students with disabilities are attending mainstream education, teachers need to be equipped with the right tools to interact with them productively especially considering that in some countries such as **Croatia** and **Malta**, classrooms tend to be quite large (around 20-25 pupils). As a consequence, teachers reported that they were often stressed and overburden because of the overall workload and demands required by pupils with disabilities. As a result, training support might include various areas ranging from adapting existing content to innovative pedagogies and teaching methods as well as emotional support. For instance, in **Malta**, teachers' education comprises a number of European Credit Transfer and Accumulation System (ECTS) credits specifically dealing with disability-related issues. Moreover, in-service training is also provided as part of teachers' continuous learning.

Moreover, the Peer Review's participants stressed the importance of a robust **inter-sectorial collaboration across health and education systems**. Specialised personnel, such as school doctors and psychologists, play a crucial role in supporting the day-to-day activities of the teachers. However, the presence of specialised staff is not homogeneous across the country, especially in disadvantaged and rural areas.

Finally, another aspect covered is the importance of bridging education to the labour market to boost the employability of young persons with disabilities. Given the stigma, in **Slovenia**, people with disabilities are discouraged from attending higher education, as they perceive that it will be harder to find a job in line with their degree. In **Croatia**, the Ombudsperson raised the issue that the current professional orientation is still driven by a robust medical approach, which feeds the stigma against disabilities: people with disability are still perceived on the basis of their incapacities, rather than their abilities. In **the Netherlands**, the project *Ingeschakeld* (translated "Enabled") links secondary special education schools and practical education to employers and municipalities. Good practices of collaboration are then shared and included in the "participation map" creating a national overview of the various forms of cooperation. Furthermore, the project liaises foster communication between schools with employers and municipalities.

3.3 Employment

Inclusion in the open labour market, as laid out under Article 27 of the UNCRPD, is considered as one of the core policy areas to achieve inclusion of young people with disabilities: it is part of most national disability strategies across Europe. Not only, can employment lead to financial independence, but also better health outcomes and social inclusion. The rate of employment of persons with disabilities, however, remains consistently lower than that of people without impairments throughout the EU: less than one person out of two with basic activity difficulties is employed (Eurostat 2015).

To improve the inclusion of persons with disabilities in the labour market, efforts across countries encompass a broad mix of measures including quota systems, negotiations with social partners and financial incentives for employers. In addition, measures are taken to put in place reasonable accommodation aimed at all persons with disabilities of working age, as well as programmes to specifically support young people with disabilities to transition from education to employment.

While sheltered workshops still play an important role in most countries, including **Croatia**, the Croatian government has allocated 50% more funds to **incentives for employers** compared to 2015. This measure corresponds to the aims outlined in the NSEOPWD to improve integration in the labour market, increase employability and assist in career choices. These incentives have successfully brought persons with disabilities into open and sheltered employment (1 427 in 2015 and 1 037 in 2017). However, only a small number of employers are using them, and it seems to be challenging to promote these incentives among other employers (Kekez Koštro, 2018).

Quota systems are common in many EU Member States, obliging employers above a certain threshold of number of staff, to hire a certain percentage of persons with disabilities. **The Netherlands** have opted for the so-called **'Job Agreement'**. This system aims at introducing in the open labour market 100 000 jobs in the private sector and 25 000 jobs in the public sector. If these numbers are not reached by 2026 a quota-system obliging employers in the private and public sector will be introduced. This was agreed with the social partners, and the quota-system will go into effect with a levy of EUR 5 000 per unfilled job, if the employers do not meet the agreed number in a year. So far, the private sector is on track, conversely the public sector is lacking behind and the quota system has been activated for them. Young people with disabilities leaving secondary education are eligible for the 'Job Agreement'. In **Finland**, employers receive additional financial support when more than 30% of their staff are persons with disabilities.

To foster more jobs in the open labour market, **exchanging with social partners, and particularly employers**, was considered crucial, also during the drawing up of national strategies. Individualised services at municipal level are using techniques stemming from **supported employment**, such as job coaching, job shadowing or job carving, key to bringing and maintaining persons with disabilities in employment in the open labour market. Moreover, exchanges between employers already hiring persons with disabilities and those new to diversity management in their companies seems a potentially successful path to overcome prejudices and stigmatisation. This may also foster a better understanding of the capacities as well as the needs of persons with disabilities and an increased readiness to put in place **flexible work arrangements**.

Anti-discrimination policies, such as the **Non-discrimination Act (1325/2014) in Finland**, can help to overcome barriers to employment as it obliges actors, including employers, to make appropriate adjustments to support persons with disabilities at the work place. Upon request, an employer must provide a written statement of the activities undertaken to remedy an issue raised by a person with disability who considers that they have been discriminated against.

Another bottleneck identified was the transition from education to the labour market, which comes with unexpected challenges such as persons with disabilities risking losing their benefits when accepting a job and thus prolonging their education (so-called **benefit-trap**). **Slovenia** has tried to remedy this with the project "Development and Implementation of the **Transition of Young People with Special Needs to the Labour Market**", targeting young people under the age of 29, which aims – amongst other goals – to establish a single employment network for the transition from school to the labour market, and raise awareness and motivation of employers to employ young people with special needs. The project is carried out by a broad coalition of partners together with the Slovenian Association of Vocational Rehabilitation Providers.

EU funds and policies, such as the **European Social Fund or the Youth Guarantee**, are seen as important tools to promote the employment of young people with disabilities, and of NEETs (neither in employment, education or training) in particular. The funds can support pilot projects to actively include persons with disabilities in the labour market. Nevertheless, the **long-term sustainability of these projects** was questioned, when there is only limited buy-in from regional or national government administration and no willingness to free alternative resources, once EU funding ends.

3.4 Health

Access to health services is crucial for persons with disabilities as they rely – heavily for some types of impairments – on health services. As a result, the UNCRPD requires State Parties to ensure that quality health services are available and accessible to all people with disabilities. In the area of health care, the NSEOPWD 2017-2020 has set up measures to foster prevention of disability, to advance skills and competencies of health care professionals as well as to improve access and quality of health services. Young people are not specifically targeted, but a stronger access to health care will ultimately improve their wellbeing and thus positively impact their social inclusion.

Health care is also one of the areas where the shift from a medical to the human-rights approach to disability is of utmost importance. To facilitate this paradigm shift, on the one hand, **Croatia** is **raising awareness of health care professionals on the situation and the rights of people with disabilities** as well as on how to improve communication with this target group. On the other hand, the Croatian government is fostering accessibility and support to information for all persons with disabilities in all healthcare institutions. It has developed plans to **remove physical barriers as well as to provide better information** to people with hearing and visual impairments (e.g. making web pages with information about services accessible).

To promote the **change in the mind-set of medical professionals** and to **empower people with disabilities**, **the Netherlands** try to make use of their experience to design services and approaches that are more people-centred. For instance, a Dutch NGO partnered with various national patient organisations to train people with chronic disease with pre-existing counselling/coaching qualifications to become "experts by experience". Once certified, these experts support patients to cope with their illness and return to work. This approach was suggested to be used also for people with disabilities.

For young people with disability and their families, **prevention and rehabilitation** were considered crucial. For instance, in **Malta**, pre-natal and post-partum care services are provided together with information sessions for mothers with a child with disabilities. Moreover, special services have been designed to follow-up the development of the child. In **Finland**, rehabilitative services have been strengthened to ensure that primary health care, as well as specialised medical care and social rehabilitation services, are available for people with disability. Furthermore in 2017, **Slovenia** undertook a reform in this sector developing a new set of recommendations in the field of vocational rehabilitation based on international standards.

According to a study of the European Fundamental Rights Agency (FRA), access to "primary health care services present the biggest gap between persons with and without disabilities". In Europe, 23 % of people with disabilities commonly face difficulties in accessing these services, compared to 16 % of persons without disabilities. **Regional inequalities** were considered as one of most important barriers. In **Slovenia**, it is estimated that around 50% of the health services are concentrated in the central provinces, thus inaccessible to people in more remote areas. In **Croatia**, the UN Committee on the Rights of Persons with Disabilities (2015) stressed that existing health services should be further mainstreamed in rural areas. To limit regional inequalities, in the new reform of the disability legislation, **Finland** increased funding for transportation as a way to facilitate access to these services.

As improving healthcare systems is a costly investment, the EU provides budget support to EU Member States to promote equal access to health care for people with disabilities, through tackling discrimination and enhancing accessibility. For instance, the Commission has adopted a third programme of action in the field of health allocating an amount of around EUR 450 million for the period 2014 to 2020 to improve the health of Union citizens; reduce health inequalities as well as increase the overall sustainability of health systems.

3.5 Monitoring and evaluation of services and strategies

Monitoring and evaluation (M&E) are considered standard tools in the assessment of national strategies and they can be designed and put into practice to improve access, availability and quality of services for young people with disabilities. However, in the various countries, their practical implementation dramatically differs across different policies. Many states collect data about the existence of people with disabilities; for instance, in **Croatia**, there is a comprehensive register for people with disabilities and a structured monitoring system embedded in the strategy to assess also measuring their use from people with disabilities. Instead, **Cyprus** does not have a specific set of indicators to monitor service delivery for people with disabilities outside of social service and health care for children. As a result, the lack of data and information about the frequency and pattern with which people with disabilities access services might prevent further improving and adapting the existing services provided.

In some cases, data collected from one source is also triangulated with other databases to **identify new trends to improve or adapt existing services**. For instance, in Finland, the National Insurance Organisation mines data to identify changing patterns as well as the results of new policies. In **Malta**, the National Registry of Persons with Disability can be crosschecked with both the employment and social benefits databases. In **the Netherlands**, the Central Office of Statistics carried out targeted surveys.

It was also suggested that **waiting lists might be used to identify gaps in the provision of services**. For instance, in **Cyprus** patients who have attended health care can provide anonymous feedback to the medical institution. Ensuring that services' quality and use are assessed through a variety of sources, limit the risk of not capturing those people who do not benefit from these services. Among other reasons, the existence of a strong **stigmatisation** of certain conditions, for example for persons with mental illnesses, **increases the chances of people not accessing these services in the first place**, *de facto* becoming invisible to the institutions which are supposed to assist them.

Besides, it is also necessary that **assessment of services is done through the experience of the user** through practice-based researches. Practice-based perspective becomes then crucial to provide services that are people-centred and that aim at meeting personal needs and preferences of the users. In **the Netherlands**, an innovative assessment has been carried out, where people with disabilities had been interviewed about their experience on mental health care in the presence of health care professionals. These doctors, after the interview, could discuss practical ways to improve services on the light of the issues highlighted during the interview.

A robust system is in place in **Croatia** to monitor the advancement of the National Strategy also since qualitative and quantitative key performance indicators were designed at an early stage of the creation of the strategy.

Nonetheless, in general, most of the data collection and monitoring is done by the same institutions that are assessed. As a result, this overlap in tasks might lead to a conflict of interest as the need for reforms might be blocked by internal resistance. Many countries reported that another way to flag issues concerning services is through the Ombudsperson. Its office gathers complaints and collects information from individuals and NGOs and then report them directly to the government. The **Ombudsperson was also considered** by other countries **a respected independent actor** who can act as a watchdog and influence the policy-making to improve services for young people with disability. Often, a dedicated Children's Commissioner/Ombudsperson has also been established in many countries.

As a general principle, available data, as well as the results of monitoring and evaluation activities, should be used to improve policy making and strategies. Thus, it is crucial that **structured data collection is established and coordinated at the policy level**. In **Malta**, recently, a dedicated inter-ministerial committee has been set up to oversee the monitoring and evaluation of any new policy approved.

A **clear division of roles and responsibilities for monitoring and evaluation should be laid out**. Robust and participative coordination among various actors (government, civil society, independent evaluators) was viewed by participants as an essential pre-requisite of any effective monitoring and evaluation system. Representatives of DPOs should also be involved in the monitoring and evaluation of the strategies. Moreover, monitoring and evaluation results should be publicly available to all stakeholders, including civil society to enhance transparency and improve accountability.

4 Conclusion and Recommendations

The Peer Review provided participants with the opportunity to discuss challenges and approaches to support young people with disabilities through a strong legal framework especially in the areas of education, employment and health.

The strategy designed by the Croatian government offered a good example of a comprehensive approach that, while not addressing directly young people, it aimed to foster inclusion of all people with disabilities. Nonetheless, improvements are still necessary to ensure a full paradigm shift from a medical towards a human right and people centred approach.

Providing services tailored to people needs are thus a key component to effectively implement a holistic policy to ensure inclusion of people with disabilities. Investments are required to foster accessibility, in both physical terms and concerning communication tools and ways to provide services. Moreover, staff providing those services should be supported to improve their resilience as well as their skills and knowledge on how to provide better services to this target group. It is also crucial to assess continuously the quality of the service provided as well as who is using these services and who does not.

As the Peer Review showed, when it comes to designing, implementing and monitoring strategies for people with disability, governments should foster horizontal and vertical cooperation. They should systematically include DPOs as they will bring crucial information on potential lack of quality or accessibility of the services provided. Consideration should be given to allocate enough time to ensure a meaningful contribution of young people with disabilities to the appropriate decision-making fora. DPOs are also encouraged to organise into umbrella organisation to coordinate actions and improve visibility and effectiveness at the national level.

Finally, investing in a robust monitoring and evaluation system will allow the EU Member States to improve accountability, transparency on the use of funds as well as the results of projects and measures that are financed. Importantly, data should be gathered and cross-checked from different sources to ensure spotting also those target users who might not access existing services. Thus, available data, as well as the results of monitoring and evaluation activities, should be used to improve policy making and strategies, to identify trends and gaps in services, and to communicate progress on implementation of existing strategies better.

5 Literature

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