

The Austrian Federal Government's Disability Concept

Federal Ministry for Labour and Social Affairs in co-operation with
Österreichische Arbeitsgemeinschaft für Rehabilitation

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Foreword for the English version

This Disability Concept of the Austrian Federal Government, was passed on the 22nd December 1992 under the then Federal Minister of Labour and Social Affairs, Josef Hesoun. It was drawn up by the Federal Ministry of Labour and Social Affairs in close co-operation with the Austrian associations for disabled people. Based on a comprehensive understanding of disability policy, it covers all areas of human life.

Many of the aims of the Disability Concept have since been implemented. For example, a nation wide uniform care allowance based on need was introduced on 1 July 1993. Another socio-political milestone was the introduction of integrative schooling for disabled and non-disabled children during the first eight years of schooling as a result of the amendments to the School Act passed in 1993 and 1996.

An amendment to the Austrian Federal Constitution was passed in July 1997, according to which nobody may be discriminated against because of his or her disability. The Republic (the Federal Government, provinces and municipalities) aims to guarantee equal treatment of disabled and non-disabled people in all areas of daily life. As a result of the Treaty of Amsterdam, an anti-discrimination clause in favour of disabled people has also been incorporated in the EC Treaty.

Essential steps towards the equality and integration of disabled people were thus taken virtually simultaneously at both Austrian and European level.

Austria became a member of the European Union two years after the Disability Concept was passed. This is a fundamental programme which forms the foundation of the Austrian Disability Policy, and in order to publicise it at European level in these times of European integration, the document has also been translated into English and French.

Eleonora Hostasch

Federal Minister for Labour, Health and Social Affairs

1. GENERAL

1.1 Introduction

In 1977, the Federal Ministry for Social Administration drew up a concept for integration of disabled people (the rehabilitation concept) which dealt primarily with issues of rehabilitation, advice for disabled people and the principles of Sheltered Workshops. A large proportion of this concept has already been implemented by way of improvements in the advice available to the disabled and co-ordination activities, along with the setting up of increasing numbers of Sheltered Workshops.

Since then, we have generally become a lot more aware of the problems and issues affecting disabled people. The United Nations declared 1981 the Year of Disabled Persons, and 1983 to 1992 the Decade of Disabled Persons. This concept, which is launched at the end of this decade, is intended to form the foundation of the Austrian Federal Government's disability policy in the near future.

As the effects of a disability can impact on all aspects of life, a disability policy is the responsibility of the whole of society. The Austrian Federal Government is aware that a disability may coincide with other disadvantages, as is often the case with disabled women, for example.

This concept attempts to provide a comprehensive understanding of our disability policy, and in doing so extends far beyond the rehabilitation concept drawn up in 1977. It will only be possible to implement it with the co-operation of the relevant provincial and municipal authorities, whereby local authorities will have to bear the financial burden as part of their own individual responsibilities.

1.2 Definition of the term "disabled"

On 27 September 1988, the Parliament drew up a series of resolutions on disability policy. For example, it asked the Federal Government to subject the definition of the terms "disability" and "disabled person" to comprehensive

examination, to co-ordinate them and to unify them if the differences are not justified from a practical point of view. The Austrian Committee for Social Work then organised a symposium on the subject on behalf of the Federal Ministry of Labour and Social Affairs. The participants examined the definition of the term "disabled" from economic, social and legal points of view, and came to the conclusion that at the time it was not possible to establish a uniform definition of "disabled" in law and make this the foundation for benefits. However they did agree that the definition of the term "disabled" would have to be broad enough to include the disabilities and special needs of disabled people relating to their social activities. With this in mind, two definitions have been drawn up to which the Federal Government and the provincial authorities have been asked to adhere in their disability policy:

"Disabled persons are persons of all ages who have a permanent and substantial physical, mental or emotional impairment in an area of social relationships important to their everyday lives. Persons who are threatened with such impairment in the foreseeable future are also regarded as disabled.

Areas of social relationships regarded as vital are child-rearing, education, employment, other occupations, communication, living and leisure activities."

"Disabled persons are those persons who are not able to

- sustain regular social relationships,
- acquire and perform gainful employment and
- achieve a reasonable and adequate income without assistance."

In the discussions on the Federal Disability Act, which came into force on 1 July 1990, the demand was voiced for a definition of disability to be incorporated into the law. However, given the current legal situation (see section 1.3), no legal consequences could be attached to such a definition. It was therefore decided not to incorporate a legal definition.

1.3 Current legal situation

The competency regulations in the Austrian Federal Constitution contain no specific provisions for assistance for the disabled or rehabilitation. Section 10 of the Federal Constitution gives the Federal Government express responsibility for certain individual areas, such as social insurance and a large area of labour law and the health system. According to section 12 of the Federal Constitution, the responsibility for basic legislation lies with the Federal Government, whilst the provincial authorities are responsible for implementing legislation and enforcement (e.g. care of the poor, maternity care, infant and youth care, hospitals and nursing homes). However, where this is not applicable, the responsibility for assistance for the disabled and rehabilitation lies with the

provincial authorities in accordance with the general clause in section 15 subsection 1 of the Federal Constitution.

As the Austrian legal order contains no uniform competency regulations concerning disability, this is what is known as an overlap area. More than 90 federal and provincial laws contain legal rulings, which are of significance to disabled people. The principle of the division of competencies has demonstrated its value and has proved to be extremely practical as it enables the problems of disabled people to be dealt with where they arise.

The overlaps and fragmentation which do not fit in with this division and which occur between the Federal Government and the provincial authorities and between the individual local authorities themselves, can be resolved on the basis of the existing division of competencies. The Federal Disability Act has paved the way at federal level; the Federal Care Allowance Act will be the next step.

1.4 Principles

Disability is one of the many forms in which human life occurs: it should be accepted as such and the people concerned should not be excluded in any way from participating in society. Austria's disability policy must be based on an overall view of people and must take equal account of their physical, mental, emotional and social needs. It should therefore be oriented towards the following principles:

Prevention

Disability should be avoided as far as possible by preventative measures.

Integration

Disabled people must be able to participate in society to the largest extent possible.

Standardisation

The lives of disabled people should differ from those of non-disabled people as little as possible.

Self-determination

Disabled people should be able to make their own decisions on matters that affect them, to the same extent as non-disabled people do, or at the very least to participate in them.

Helping people to help themselves

Assistance should be oriented towards reinforcing the abilities of disabled people and their social environment and enabling them to achieve as much independence as possible.

Finality

Assistance for disabled people should be provided irrespective of the cause of the disability.

Normal place of residence

Assistance should be available to all disabled people who are normally resident in Austria in accordance with the provisions of the law, and regardless of their nationality.

Customisation

A scale of assistance should be offered in accordance with the needs of the individual, paying particular attention to short-term and transitional assistance.

Decentralisation

Assistance for disabled people must be easily accessible, and should be close to the place of residence or work wherever possible.

Smooth transition

The various types of assistance available for disabled people must complement one another, and particular attention should be paid to the points of transition between the various aspects of life.

Rehabilitation

Pensions or care benefits should only be approved once all forms of rehabilitation have been exhausted.

Mobile and community assistance

Institutional stays should be avoided wherever possible.

Mobile, community and semi-institutional assistance should be given priority.

Transparency

In all facilities, priority should be given to small, transparent units in preference to large institutions.

Accessibility

The assistance provided must be made accessible to the people concerned through information and advice.

2. INTEGRATION

Integration into society to the best extent possible must remain one of the main aims of the disability policy. It requires a bundle of compensatory measures that for the most part can all be included under the heading "rehabilitation".

2.1 Rehabilitation

Rehabilitation is defined by the International Labour Organisation (ILO) and World Health Organisation (WHO) as being "the sum of those co-ordinated measures which aim to help physical, mental and/or emotionally disabled people to achieve or regain the highest possible level of mental, social, professional and financial ability so that they can take a reasonable place in society."

Rehabilitation consists of:

- medical measures aimed at rectifying or alleviating an existing disability or preventing it from deteriorating (see section 7),
- professional measures designed to enable disabled people to enter into employment for the first time, to continue an existing job or if necessary start a new job (see sections 5 and 6),
- educational measures aimed at providing the best possible education for disabled children and young people (see sections 3 and 4) and
- social measures aimed at enabling disabled people to be otherwise integrated into society.

Historical development

Based on actual cases, rehabilitation was initially causal, in other words measures only benefited a group of persons defined and thus limited by the cause of the disability (e.g. the initial restrictions of the Invalids Employment Act aimed at war victims). Furthermore, rehabilitation was initially almost exclusively limited to medical measures. Only gradually did professional and educational assistance and finally social assistance begin to gain in significance.

The repeated criticism of these restrictions gave rise to amendments which gradually extended benefits and the persons to which they applied. These

amendments took place in parallel on several different levels: rehabilitation in the area of social insurance was initially restricted to accident insurance, but was later incorporated into the catalogue of benefits for pension insurance and ultimately into health insurance, although to varying degrees. Rehabilitation was increasingly incorporated into the legislation of maintenance, and together with measures for the employment of disabled people, now forms a major element within the labour market promotion. After 1964, the provincial authorities at least partially plugged the gaps they observed in their disability laws (social assistance, rehabilitation etc.) in accordance with their general competency.

Since 1981, there has also been a national fund which provides special assistance to disabled people, and which finances the rehabilitation measures. However, any attempts to provide this fund with sufficient financial security have thus far failed. Private associations and organisations for disabled people have been supplementing social rehabilitation benefits.

The large number of different bodies responsible for rehabilitation necessitates close co-operation, the principles of which have been laid down in the Federal Disability Act, and which will certainly require further improvement.

Current problems

The developments outlined above have enabled a very high standard of rehabilitation to be achieved in some areas. However there are still many shortcomings and disparities:

In many cases rehabilitation is still contingent on the cause of the disability, so that not all disabled people receive adequate benefits. The most disadvantaged are those who suffer from a congenital disability or those who became disabled before they embarked on a career.

Rehabilitation is also dominated by the cost/benefit principle and is very closely linked with one's occupation. Rehabilitation benefits are often only paid if the probability of the person concerned re-commencing work is high. This disadvantages people such as those with chronic illnesses or emotionally ill people for whom it is often not possible to make a prognosis like this.

Despite some improvements, social rehabilitation still only enjoys peripheral significance; it is thus the social rehabilitation measures in particular that must be expanded upon in the future.

There is no statutory entitlement to rehabilitation measures except in the field of maintenance, as social insurance providers need only provide their benefits to the extent of their obligations.

Finally, there are also shortcomings in the interaction between medical rehabilitation measures on the one hand and measures for occupational and

social rehabilitation on the other, e.g. on a patient's discharge from a hospital or rehabilitation centre. This should be improved through increased co-operation on the part of the various rehabilitation providers, e.g. more rehabilitation advisers in hospitals, social insurance providers, job centres and Provincial Invalid Offices.

2.2 Appliances

Disabled people are unable to properly perceive certain things or perform certain actions because of a physical, mental and/or emotional impairment. In order to enable them to integrate as far as possible, they will need compensatory aid and may have to learn new life skills.

However, because of the large number of different products and manufacturers in the appliances sector, it is very difficult to obtain exact information on the suitability of the individual appliance required before it is purchased. For this reason, the Provincial Invalid Office for Vienna, Lower Austria and Burgenland set up a central appliances advice bureau in 1983, which, in co-operation with the business sector, maintains comprehensive, computerised documentation on all the appliances available in the marketplace for disabled people. This documentation is available to disabled people, their family members and anyone who works with disabled people. By May 1992, there were some 4,800 appliances on file at the appliance advice centre. Since its inception the advice service has assisted about 5,600 people. The next step was to link all the Provincial Invalid Offices to the computer system at the auxiliary resources advice centre, so that they are now able to call up the data directly. This facility should also be made available to other advice centres, whether they are run by public authorities or by organisations for disabled people.

The Austrian Standardisation Institute has set up a permanent specialist standards committee, which brings together experts, representatives of organisations for disabled people and the appliance advice centre to deal with the issue of technical aid for disabled persons. One of the main underlying reasons for standardising technical aids is to ensure that disabled people have at their disposal good quality products that meet their requirements.

As many aids currently have to be imported from abroad, it is important to promote the local manufacture of aids amongst Austrian companies.

3. Communication

Integration into the community is often made even more difficult for people with sensory disabilities (visual, speech or hearing impairments) because of a dearth of communication facilities.

Some 8,600 people in Austria can be described as being totally blind and some 13,200 almost blind. These people need special technical aids to compensate for their disability.

Some 400,000 people in Austria suffer from hearing impairment; of these about 6,900 have no hearing whatsoever. For the majority of these people, sign language is their most important means of communicating with other people. At present, however, there is too little money available for interpreters, and only a very small number of television programmes or talks, for example, are subtitled or signed. As a linguistic minority, therefore, deaf people should be supported more than has been the case in the past.

Sign language is also an important means of communication for people with speech difficulties. In Austria, approximately 28,300 people suffer from speech impediments or muteness.

Technical aids are of particular importance to disabled people. Today's new technologies offer new opportunities and improved methods of communication, both at home and at work (e.g. readers, Braille printers, text phones, amplifiers, illuminated bells, computer keyboards for blind persons or for people with limited mobility).

2.4 Financial aspects

There can be no integration without adequate financial resources; without these resources, many essential ways of coping with life would not be available to disabled people. They are often unable to earn an income, or perhaps earn only a very limited one, and what is more incur additional expense as a result of their disability.

In principle, disabled people should also be able to earn a living through work. However, if their specific situation, i.e. the lack of certain faculties and the inability to perform certain actions, prevents them from earning a reasonable living despite having the education to do so, public transfer benefits will be necessary to offset the deficit (see section 6).

Under the terms of the Income Tax Act, taxpayers are currently entitled to a tax allowance if they are experiencing unusual burden as a result of their own physical or mental disability or that of their dependant spouse. The tax allowance reduces the level of taxable income, so that those in higher tax brackets pay less tax. From a socio-political point of view, this is unjust; tax allowances should therefore be replaced by deductible amounts. If the deductible amount is not effective, direct payments should be made.

2.5 Advice

The number of competencies in the disability field often makes it very difficult for the people concerned to find the right department and obtain the benefits to which they are entitled. In order for integration to be successful, therefore, it is not only necessary for the right benefits in cash and in kind to be available; disabled people must also have access to specific information and advice.

In addition to advice from the various benefit providers (social insurance, Federal Government, provincial authorities, etc.), it is also important to set up advice centres, which can act as signposts and middlemen. With this aim in mind, the Social Service of the Federal Ministry of Labour and Social Affairs was set up in 1981 as an information and advice centre for disability issues. Almost 62,000 people had used this service by the end of 1991. In order to be able to offer the information and advice on a regional basis, similar centres were set up in all Provincial Invalid Offices. The responsibilities of the social service centres have also been laid down in law in the Federal Disability Act.

These information and advice activities have thus far been undertaken by the public bodies themselves. However it would be perfectly conceivable for these activities to be carried out by groups representing the interests of disabled people, as is the case in other European countries. This would enable peer counselling to be placed in the foreground. It would then also be necessary to provide these organisations with all the information necessary for their counselling activities and to provide them with support from public funds for this work.

2.6 Objectives

In the matter of the integration and rehabilitation of disabled people, the Austrian Federal Government adheres to the principle of finality: rehabilitation must be offered regardless of the cause of the disability.

This principle comprises:

- the creation of a statutory entitlement to rehabilitation,
- a withdrawal from the cost/benefit principle in rehabilitation and
- an improvement in co-operation between the various rehabilitation organisations.

The Federal Government furthermore intends to:

- replace tax allowances for disabled people with deductible amounts or direct cash benefits;
- provide the national fund for special assistance for disabled people with adequate financing and
- ensure that disabled people have access to information and counselling.

With regard to appliances for disabled people, the Federal Government is planning to:

declare the ÖNORMS drawn up by the specialist standards committee as being legally binding;

- expand the documentation on appliances and enable all counselling centres to access the data;
- extend financial support to companies who manufacture appliances for disabled persons and
- support the expansion of communication facilities for disabled people, making use of the opportunities offered by new technologies.

3. CHILDHOOD

The underlying thought behind any integration is that a disability is not only a physical, mental, emotional or sensory impairment, but, very significantly, also a social impairment that is experienced in one's everyday dealings with other people. Integration into society can therefore be most likely to succeed if disabled and non-disabled people learn to live together right from early childhood.

3.1 Early assistance

The most important precondition for the success of therapy is to recognise a disability or a developmental impairment as early as possible.

A significant health reform in this context was the introduction of the Mother-Child Medical Card in 1974. With this card, specific medical examinations of pregnant women and newborn child were recommended and the payment of a higher birth allowance was made contingent upon their being carried out. After several reforms, the Mother-Child Medical Card has provided for a whole series of general and specialised examinations of pregnant women and children up to the age of four since 1987. However there is still a gap in detection and care from the beginning of the child's fifth year until it starts school.

Between 1974 and 1989 infant mortality in Austria was reduced from 2.35% to 0.83%, which is certainly partially due to these care measures. According to a study conducted in 1984 to 1985, about 90% of all pregnant women made use of the examinations available through the Mother-Child Medical Card.

To ensure consistent early recognition and treatment of disabled children and continued support for the child through its childhood and youth, the Provincial Invalid Office for Vienna, Lower Austria and Burgenland set up a mobile counselling service for children and young people in 1976 in collaboration with the province of Burgenland. The teams of counsellors consist of paediatricians, psychologists and social workers, who offer preventative examinations for infants at risk, medical and psychological diagnostics and educational and social advice.

One of their main tasks is to establish contact with day nurseries, therapists and rehabilitation providers. On the back of the recognition this body gained, other mobile counselling teams were set up in Styria in 1987, the province of Salzburg in 1991 and in Vienna-Simmering in 1992, the Viennese team placing particular emphasis on early assistance. These counselling services for children and young people were also established in law through the Federal Disability Act.

3.2 Day nurseries

Disabled children are in principle able to attend a common day nursery, a day nursery with integration groups or a remedial or special needs nursery. Special needs nurseries on average take between 8 and 15 children. They have to provide all the functions of a common day nursery whilst at the same time operating to remedial teaching standards and taking the nature and severity of each child's disability into account. A major aspect is working together with the children's parents and the schools the children will ultimately attend.

Day nursery operators may currently exclude children if their physical or mental condition could endanger the running of the day nursery, which has to comply with certain minimum legal requirements. Children therefore have no right to integration in day nurseries.

In an integrated day nursery, disabled and non-disabled children are able to learn and play together. The main focus is on the child and his or her abilities and needs in a general sense, and only then on the disabled aspect of child with his or her special characteristics which require assistance. This enables prejudices to be eliminated and mutual anxieties overcome.

Experience with integrated day nurseries shows that when disabled and non-disabled children spend their time together, it has a positive effect on the behaviour and development of all the children. The integrated day nursery certainly offers the best scope for all if it meets certain requirements. These facilities include qualified care staff, suitable staffing levels, the necessary technical aids, close co-operation with parents and the proper availability of advice. However, at present only a small proportion of all disabled children in Austria is able to attend integrative day nurseries or integration groups.

3.3 Objectives

The Austrian Federal Government emphasises that early detection and aid are crucial if disabled people are to be successfully integrated into society. The Federal Government therefore intends to:

- set up counselling services for children and young people in all federal provinces.

It also aims to:

- provide consistent medical care for all children up to school age;
- improve communications between all providers of medical, therapeutic, educational and psychological aid;
- extend the range of integrative child care facilities available and
- achieve closer co-operation between remedial facilities, day nurseries, schools and parents' associations.

4. SCHOOLS

When a child is disabled, the question often arises as to whether they would be better off in a common school or a special needs school. Under no circumstances should it be automatically assumed that a disability necessitates a special needs school.

4.1 Special needs schools

A child can attend a special needs school if he or she is able to attend school but cannot be taught in a primary or senior school because of his or her disability. Special needs schools have eight or nine school levels, they are divided up according to the nature of the disability and are either schools in their own right or are attached to a common school in the form of special needs classes.

The task of a special needs school is to help the disabled child to acquire the education he or she would otherwise have received at a common school, to prepare for his/her entry into professional life or to enable him/her to transfer to a middle or senior school to the extent his/her disability allows. These schools have specially trained teachers and teaching resources specific to the disabilities concerned, and plans of instruction are adapted to suit the disability. The maximum number of pupils in classes in special needs schools is established in law at between eight to fifteen, depending on the nature of the disability.

From a historical point of view, the introduction of special needs schools was undoubtedly a big step forward. The right of disabled children to an education was thus generally recognised, and the isolation and social exclusion suffered by disabled people was moderated. However, special needs schools have a number of serious disadvantages: The choice of a special needs school can be difficult for children with complex disabilities. The school may be a long way away from the child's hometown, forcing him/her to board at the school and leave his/her own social milieu. There is often little cross-over between special needs schools and common schools, so that the label "special needs pupil" will remain, along with all the associated social discrimination and poorer job opportunities in our high-achievement society. In special needs schools, the focus will in particular be on the child's disability instead of on its individual skills. The tenet of every school - that it should focus on what the children can do instead of what they cannot do is all the more applicable to special needs schools.

Special needs schools shall continue to be necessary for some children with disabilities. However, wherever possible, the aim should be to promote and to give priority to integrating disabled children into common schools.

4.2 School integration

By school integration, we mean disabled and non-disabled children being taught together, which can go a long way towards preparing for later integration into society. The disabled children will be given remedial lessons where necessary, but will participate in normal lessons as far as possible and remain an integral part of the class. Numerous studies prove that integrating children in this way can have a positive effect on the social contacts and personal development of all the children concerned and that non-disabled children are not disadvantaged as a result. In many cases, the special assistance that can benefit the entire class can even result in better academic achievements all round.

Problems may arise for disabled children in common schools because there is no protective framework like there is in a special school. This can result in a greater fear of school and lower self-esteem.

However, for many disabled children, the benefits of an integrative school that meets certain requirements outweigh the disadvantages. These requirements in particular include special training for teachers, the availability of the additional necessary staff and material aids, reasonable class sizes, less "frontal" and more project-based teaching, a greater involvement on the part of parents and the necessary advice for all concerned.

4.3 The current situation

There are ten different types of special schools in Austria, each one catering for a particular type of disability. In the 1990 to 1991 academic year, a total of 18,322 children were taught in 329 special needs schools with 2,507 classes.

School trials with joint teaching of disabled and non-disabled children were given a legal footing through the 11th amendment of the School Organisation Act in 1988. The aim of these trials was to try out models which differ from the existing school system and which aim to achieve better assistance and development for disabled children. As a result, all types of joint teaching up to year eight and polytechnic courses are possible in principle.

In setting up school trials, the relevant provisions of the School Organisation Act must be observed. There is therefore no individual right to school integration. The number of trial classes is limited to a certain percentage of the special needs school classes in the federal province concerned. As the original limit of 10% was reached in three provinces as long ago as the 1990-1991 academic year, it was increased to 20% in 1991 by the 13th amendment of the School Organisation Act.

There are especially intensive trials ongoing in Upper Austria, Styria and Vienna. In the 1990-1991 academic year, approximately 3,300 disabled and non-disabled children were taught in integrative school trials, with approximately 400 special needs teachers.

4.4 Objectives

The Austrian Federal Government aims to achieve as high a level of integration of disabled children and young people in schools as possible. For this reason it will be necessary to create additional facilities for special needs assistance and joint teaching of disabled and non-disabled children, despite the fundamental recognition of the special needs school as a possible educational institution. The government therefore intends to:

- set up different forms of organisation for joint teaching and special educational assistance (e.g. integrated classes or special needs teachers);
- replace obligatory attendance of special needs schools with a choice of different special needs schools;
- equipping special needs schools with additional facilities for the active support of integrative school attendance (special educational centres) and
- extending assistance for disabled pupils in general and vocational middle and senior schools.

5. VOCATIONAL TRAINING

Education must be understood as being an overall process that encompasses a person's entire life cycle. Vocational training, which is dealt with in this section, is only a part of this.

5.1 Career and vocational orientation

A disability should not automatically exclude a person from wishing to pursue a particular career; on the contrary, it requires specific preparation for the career the person wishes to pursue. By providing a complete network of range of career and vocational orientation, we should be able to provide disabled people with a genuine opportunity to choose a career that reflects their own skills and métiers. These measures should enable disabled people to make qualified decisions on their careers by providing them with a realistic appraisal of their situations, the opportunities that are available to them, and their limitations. At the moment, this form of training advice is only available in some provinces (the Professional Training and Rehabilitation Centre (BBRZ) in Linz, the Centres for Vocational Rehabilitation in Kapfenberg and Vienna); however we should aim to ensure that all disabled people could obtain such advice locally.

5.2 Training opportunities

Proper professional training is indispensable for disabled people, because it enables them to go some way towards compensating for their disadvantage in the employment market. However, in many cases, integration in professional training requires the Professional Training Act to be interpreted flexibly: by varying the duration of training, adapting the content to compensate for disadvantages resulting from the disability, or by replacing the verbal part of an examination, for example for deaf people, common training courses could be made accessible to as many disabled people as possible.

Examples of this individual form of on-the-job training and apprenticeship are the Stadlau apprentice workshop set up by "Lebenshilfe Wien" in 1982 and the apprenticeship model "Jugend am Werk Steiermark" in Mürzzuschlag set up in 1989.

Training support measures

Many disabled people are only able to take training courses not specifically tailored to their needs with additional socio-pedagogic care. The duty of the carers is not simply to deal with the specific situation of the disabled people concerned but also to create a favourable environment by enabling contact with the other trainees and representatives of the training institution. Technical support is often also required in many cases.

The search for suitable areas of employment

As business and technology change, many of the careers or activities pursued by disabled people are losing significance. In order to open up new job opportunities for disabled people, therefore, it is necessary to continually examine developments in the labour market and developments in technical aids. Training in modern technologies will play a special role, because these will make it much easier for many disabled people to gain access to training processes as well as to the workplaces themselves. Care must be taken that people with a disability which only enables them to achieve a qualification and pursue a career to a limited extent (e.g. people with a mental or learning disability) are not excluded from the labour market but that suitable training opportunities and workplaces are found for them as well.

A disability policy must in all cases aim to offer disabled people (including those who develop a disability later in life) vocational training and re-training facilities on a regional basis with as wide a range of opportunities to obtain qualifications as possible.

5.3 Special training facilities

Priority should be given to adapting general training facilities to the special needs of disabled people rather than to setting up special facilities. However, if this is

not possible, disabled people must be provided with special facilities for training (particularly for blind persons and people with sight or hearing disabilities).

The BBRZ in Linz is one of the biggest of these special facilities in Austria and currently offers 700 places for intensive training courses for skilled workers, with the range of courses being continually improved and expanded, both from a qualitative and a quantitative point of view. The emphasis of future measures should not lie in the continued expansion of the BBRZ, as this may result in a reinforcement of a centralised special facility. If additional training places are required, the emphasis should be on setting up additional smaller facilities. In all the specialised training courses, care should be taken that participants are able to transfer to regular training if appropriate.

5.4 Career preparation

In the mid-1980s, several special training facilities were set up (e.g. by "pro mente infirmis" in Upper Austria for people with emotional disabilities) for those disabled people whose abilities are not of a high enough standard to allow them to work in a sheltered workplace or in a Sheltered Workshop but who would be under-challenged in an occupational therapy institution. The aim of these facilities is to increase the skills of disabled people to the extent that they would at least be able to work in a sheltered workplace afterwards.

Emotionally disabled people in particular are often lacking not in the qualifications required by the employment market but in the necessary attitude and ability to cope. They can gradually develop these in so-called Work Training Centres (ATZ). When they start working, disabled people often find it difficult to adjust to the new situation. This can be prevented with training at the future place of work, which would enable the person concerned to make the transition from the training course to his or her job smoothly. An increased range of opportunities for on-the-job experience would also have a similar effect.

5.5 Objectives

The Austrian government intends to give disabled people the opportunity to undergo qualified, contemporary vocational training. Following the principle of integration, it gives priority to access to general training courses over special training facilities.

It is therefore aiming to:

- provide a complete network of range of job preparation and orientation measures;
- make the vocational training regulations more flexible;
- enable better transition between the various training courses;
- create training facilities which will result in a qualification;

- continually examine and adapt the training facilities on offer to suit the requirements of the labour market;
- set up a complete network of job training centres and
- enable a smooth transition from training to career.

6. WORK

One of the most important aspects of disabled people's participation in society is their inclusion into the world of employment. Integration of a disabled person into the work process enables him or her to earn a living independently, it secures his or her social contact with other people and contributes to an improvement in his or her self-esteem.

6.1 Employment of disabled people

Attempts were made to secure jobs for disabled people in Austria after World War I and, even more so, after World War II. The first precursor to the current Disabled Persons Employment Act (BEinstG) was passed in 1920. Whereas the beneficiaries of this act were war veterans only, after World War II victims of accidents at work and political persecution and the civilian disabled people were successively included as beneficiaries. In 1973, the principle of finality was fully embodied in the Invalids Employment Act of the time, which meant that from that time onwards, benefits applied to all disabled persons regardless of the cause of their disability.

All precursors of the BEinstG fundamentally laid down the obligation of employers to employ a specific number of disabled people (in relation to the overall number of staff). If this obligation was not met, employers would have to pay compensation, which would benefit disabled people in a particular field. The objectives of this obligation have not changed, but in recent years the incentives for employers to employ disabled people have been extended continuously, so that there is now a wide range of possible subsidies designed to contribute towards creating jobs for severely disabled people. Despite these efforts, neither private employers nor public authorities are yet employing disabled people in sufficient numbers.

6.2 The free labour market

On the basis of the micro-census carried out in 1986, it can be assumed that on average, approximately 20% of all people of employable age who are actually in employment regard themselves as having a physical disability. This would mean that approximately 500,000 to 600,000 employed people could be classified as disabled in a broader sense.

About 49,600 disabled people were recognised as being a registered disabled person within the meaning of the BEinstG at the beginning of 1992. Of these, approximately 34,400 were in regular employment or self-employed, and approximately 15,200 were unemployed. However it should be taken into account that some of the registered disabled persons who were not in regular employment were not able to take up employment, for example because of family obligations. In line with the traditional distribution of roles, this applies particularly to women.

The number of registered disabled women has risen from 5,534 on 1.1.1981 to 14,249 on 1.1.1991, which indicates that an increasing number of disabled women wish to take up employment. However in order to enable them to earn their living by working in the same way as disabled men, the necessary framework conditions must be created (by abandoning gender-specific career advice, developing child care facilities, providing more opportunities for part-time work, etc.).

Since 1 January 1989, there has been more funding available for employers to create additional places for disabled people to work or train as part of "special programmes" in which some 230 additional jobs and training places (mainly for emotionally disabled people) were supported by mid-1992 with funds from the compensation levy fund, the labour market administration authority and provincial authorities.

Another approach for helping emotionally disabled people in particular to integrate into the labour market is the job assistant model. In this scheme, job assistants employed by private organisations offer disabled people intensive personal support in looking for and holding down jobs. By discussing all aspects concerning the disabled person (family, friends, employer, authorities), they ensure that any difficulties at work can be avoided or resolved. In 1992, two such projects were piloted in Linz and Mistelbach (Lower Austria) and financially supported by the federal government and the provincial authorities involved. If this model is successful, it will be expanded in the future.

6.3 Sheltered workshops

In addition to sheltered jobs set up for disabled people in the free economy and funded by resources from the compensation levy fund, the labour market administration authority and the provincial authorities (e.g. through wage subsidies or subsidies for special equipment for workplaces suitable for disabled people), the Sheltered Workshops also offer practical and productive jobs for severely disabled people.

Approximately 1,100 employees, 950 of whom are disabled, are employed by 9 Sheltered Workshops with a total of 16 centres. The workshops are designed to enable disabled people to improve or regain their skills to such an extent that they will be able to take a job on the open market. The Sheltered Workshops also offer permanent jobs for disabled people who, because of their disability, are

unable to integrate into the open labour market. Disabled people should be able to achieve at least half the productivity of a non-disabled person in the same job; they are paid according to collective agreements and are fully covered by social security. The workshops offer work in several different branches of the commercial and industrial manufacture of goods (e.g. wood and metal processing, ceramics). They are subsidised by the compensation levy fund, the provincial authority concerned and the labour market administration authority, but they are also run on a commercial basis.

About 5-7% of disabled people working in Sheltered Workshops go on to take jobs in the free market, which is a relatively high figure internationally. Since 1991, a scheme designed to increase this level of crossover has been in operation.

To further improve the integration of disabled people into the open labour market, disabled employees in the Sheltered Workshops should have the opportunity of working in companies in the free economy whilst remaining employees of the Sheltered Workshops. This would enable prejudices against employing disabled people to be overcome, which would significantly increase the opportunities for disabled people to integrate into the free labour market.

Sheltered Workshops, which are based on the federal government's rehabilitation concept set out in 1977, have proved successful; to date, secure, permanent jobs have been found for approximately 950 disabled people. Although priority should be given to finding jobs for disabled people in the open labour market, we must also aim for a continued, needs-oriented expansion of the Sheltered Workshops for those disabled people who are unable to integrate into the free economy.

6.4 Objectives

The Austrian Federal Government adheres to the principle that disabled people should be given the opportunity to work. Their integration into the open labour market therefore takes priority over accommodating them in special institutions.

For this purpose, the Federal Government intends to:

- encourage private and public employers to increase efforts to employ disabled people;
- support initiatives to set up working groups of disabled people in companies in the free economy;
- improve the co-ordination of rehabilitation in work, e.g. by unifying subsidy guidelines for the various rehabilitation providers;
- extend the work assistant scheme if the results of the pilot schemes are positive;
- reinforce efforts to further increase the crossover from Sheltered Workshops and
- extend subsidies to self-help businesses for disabled people.

7. HEALTH

According to a WHO definition, health is a state of complete physical, mental and social well being. This definition makes health an all-encompassing objective, which at best can be achieved selectively. However it has the advantage of being a holistic view which must include the various economic, social and cultural factors which affect health and illness.

In contrast, our health system is bound by a traditional viewpoint, which focuses not on health, but on illness, something that has been repeatedly criticised by both politicians and experts in the field. Our health system has largely become a "repair industry" in which the mistakes made in other areas of society have to be corrected.

This is also borne out by the fact that our health system is based primarily on the treatment of acute illnesses. To date, the treatment of chronic conditions, along with prevention and rehabilitation, have largely been neglected. However, the view that contemporary medicine should consist of approximately 33% prevention, 33% acute medicine and 33% rehabilitation, is finding more and more support. It is not simply the human aspects, which support this point of view: preventative and rehabilitative medicine ultimately makes more economic sense than one based solely on treating symptoms.

7.1 Prevention

Accident prevention

There are approximately 600,000 accidents in Austria each year; of these almost 5,000 are fatal and about 460,000 necessitate sick leave (with hospital treatment required in about 220,000 cases). Associated with this is not only the human suffering, which is almost impossible to quantify, but also the enormous cost to the economy, estimated at approximately 100 billion Austrian shillings every year.

The number of accidents at work has been falling slightly for some years, as a result of employee protection regulations, medical care at work, the activities of workplace inspectors and preventative measures by accident insurance companies. Some 2,000 people suffer from job-related illnesses and almost 200,000 accidents at work are registered every year. Efforts to eliminate health risks at work and to reduce the risk of accidents must therefore be continued. A draft for a Work Protection Act, which complies with EC regulations, stipulates that employers must take specific risks stemming from employees' disabilities into account when assessing risk in their companies and drawing up the corresponding protective measures. Furthermore, medical and safety care at work is to be extended gradually to include all employees by the year 1997.

In view of the trend towards a leisure society, we will need to pay increased attention to traffic and leisure accidents and those in the home, particularly as they are more significant overall than accidents at work. Initial steps have been taken in the form of an obligation on the part of health insurance providers, introduced in 1992, to undertake health promotion and accident prevention measures. Accident prevention measures being taken by the various agencies bearing the costs should furthermore be co-ordinated with one another in a comprehensive, nation-wide concept.

Preventative healthcare

Preventative healthcare should concentrate primarily on people in high-risk groups (e.g. drinking, smoking, overweight people and those subject to stress) or on age groups more prone to accidents (children and old people).

Participation in preventative examinations run by health insurance companies has increased from 214,000 persons in 1987 to 428,000 persons in 1990. This indicates that Austrians are becoming increasingly health-conscious, although the services offered by health insurance companies (e.g. voluntary well-man/woman examinations, obligatory medical examinations for schoolchildren and apprentices) are not yet being taken up in sufficient numbers.

7.2 The treatment of illness

The focus in this area is very much on in-patient treatment. Austria has the highest ratio of hospital beds to inhabitants anywhere in Europe. A considerable proportion of patients is, however, old people and those in need of long-term care, for whom a hospital stay is not necessary from a medical point of view. Many illnesses could be treated in a more convenient way and for the most part more cheaply on a community basis or even at the patient's home, subject to the necessary semi-institutional, community and mobile facilities and services being available. The introduction of medical home care as an obligatory service provided by the health insurance funds is a step in the right direction, although this would still have to be backed up by supporting arrangements for basic care and household services in order to enable the person concerned to stay in his or her accustomed surroundings. To achieve this, it will be necessary to set up an integrative range of facilities and services on a local basis. The aim must be to enable a large proportion of patients to be treated at home or on a community basis and to provide sufficient personnel for preventative care and post-treatment care after an institutional stay.

7.3 Psychiatry

Psychiatry is something of a special field, as it is largely separate from other medical disciplines because of the existence of separate hospitals. We should be aiming for decentralisation, with psychiatry being incorporated into general hospitals. As it can make a valuable contribution, particularly in the treatment of

psychosomatic and gerontopsychiatric illnesses and in after-care in cases of serious illnesses or accidents, co-operation with other medical disciplines would benefit from it.

To complement institutional psychiatry, the expansion of community psychiatric care instead of or after a stay in an institution is particularly urgent (see also section 12.3). In doing so, more intensive use should also be made of the socio-psychological and the opportunities offered by agriculture in terms of therapeutic pedagogy.

Many mentally disabled people are currently still housed in psychiatric hospitals, although these are unable to offer them the necessary assistance. People with mental disabilities should therefore be transferred to more suitable forms of care as quickly as possible.

7.4 Medical rehabilitation

As is the case in our health system overall, most medical rehabilitation takes place inside institutions, predominantly in a few large rehabilitation centres specialising in specific forms of illness. Most hospitals have no rehabilitation departments that could start medical rehabilitation immediately after acute treatment. In addition, rehabilitation should also be introduced in old-age and nursing homes, and community-based rehabilitation increased in order to shorten or avoid stays in hospital.

Medical rehabilitation must also include all necessary clinical psychology, preventative and psychotherapeutic measures. This will enable disabled people to take responsibility for their participation in the rehabilitation process.

If a person requires a long stay in hospital, rehabilitation measures should be introduced in good time so as to ensure that there is no gap in the person's treatment upon discharge from hospital. During the rehabilitation process itself, the people responsible for subsequent care must be involved in order to ensure the success of the rehabilitation in the long term.

7.5 Objectives

The Austrian Federal Government adheres to the comprehensive definition of health as set out by the WHO. In this context, prevention, rehabilitation and community care in particular must be given more support than was previously the case. The Federal Government therefore intends to:

- further extend accident prevention and preventative healthcare;
- extend community medical care and rehabilitation facilities and
- integrate psychological and psychotherapeutical measures into general healthcare.

The following measures should also be taken in respect of rehabilitation:

- the setting up of rehabilitation wards in hospitals;
- the provision of rehabilitation in old-age and nursing homes;
- the extension of after-care to ensure that rehabilitation measures are successful.

With regard to psychiatry, the Federal Government intends to:

- develop a decentralised, community psychiatric care system and
- help mentally disabled people to leave psychiatric institutions whilst at the same time setting up adequate long-term care structures.

8. LEISURE

Over the last few years leisure has gained increasingly in significance for an ever-greater number of people. The problems experienced by disabled people in this area are twofold - they not only have to contend with architectural barriers but with emotional ones as well. The fact that they are different becomes the central problem, more frequently than in other areas of life. On the basis of the principles of integration and normalisation, disabled people should be given the opportunity to participate in the wide range of leisure activities available.

Physically disabled people currently have difficulty gaining access to events or other leisure activities because of physical obstacles (see section 10). Furthermore, administrative regulations often add to the problems encountered by wheelchair users in participating in events. The protection provided by these regulations or prohibitions should be able to be achieved in a different way.

8.1 Culture

People with sensory disabilities are often extremely restricted in terms of leisure time activities because of the dearth of compensatory facilities. It will be necessary to develop the technical resources (e.g. headphones, induction wiring) in cinemas, theatres, adult education centres and other events locations for these people much more than has been the case in the past. Examples such as the cinema for blind people in Paris, which puts across the visual message by describing the images aurally (audiovision) and the museum for blind people in Modena, Italy, also demonstrate new possibilities.

Many art forms also make a major contribution to therapy and rehabilitation. These therapies (e.g. music, painting, pantomime) would have to be offered in the form of "cultural workshops" run by trained experts similarly to adult education classes in order to link creative activity with therapeutic objectives (e.g. for mentally or emotionally disabled people).

8.2 Sport

Sport can give disabled people self-confidence, contribute to their general physical well being and offer an opportunity for constructive leisure activities. Playing sports can also be a major contributor to the integration of disabled people if it enables them to come together with non-disabled or other disabled people. Sport has another important function for disabled people: it forms an integral part of therapy and medical rehabilitation in rehabilitation centres.

Improvements in facilities for disabled people to participate in sports would produce sporting facilities and associated premises that are designed with disabled people in mind, specially trained sports teachers (particularly for mentally disabled people) and an increase in the number of local exercise facilities with professional guidance.

8.3 Travelling

Travelling and holidays are major elements in the integration of disabled people into society. Most disabled people can use general tourist facilities, but for many, physical obstacles and a lack of facilities greatly restrict the type of holidays they are able to take.

However, an increasing number of city and holiday guides designed for disabled people are making it much easier for them to plan their holidays and in many cases are enabling disabled and non-disabled people to go on holiday together for the first time.

The necessary measures for construction and transport (see sections 10 and 11) will considerably increase the scope for integrative travel. However, this will not rule out the need for special arrangements for specific groups of disabled people in the leisure and holiday sector.

8.4 Objectives

The Austrian government adheres to the principle that disabled people should have the same opportunities as non-disabled people in terms of their leisure time. This entails:

- ensuring that all leisure facilities are designed with the needs of disabled people in mind, and that they are accessible to disabled people without restrictions;
- continuing to upgrade technical resources in cultural facilities and
- ensuring better integration of sports for disabled people into organised sports.

9. HOUSING

People with a disability often have additional needs as far as their homes are concerned:

- Homes for physically disabled persons must meet certain structural requirements;
- People with sensory disabilities need specific technical facilities or aids;
- People in need of long-term care require constant assistance;
- Mentally or emotionally disabled people often need assistance and guidance to be able to cope with their everyday lives.

These persons are therefore only able to lead independent lives if their homes meet these requirements or the assistance they require is available from within their home environment.

9.1 Living in the community

In the question as to the form in which these special needs should be covered, a distinction is drawn between two different forms of living: the care model and the community-based model.

In the care model, the disabled person is accommodated in an old-age or nursing home or another institution that provides all the assistance the person requires in addition to accommodation. The community-based model follows the principles of integration and normalisation, and tries to realise these in the form of "living in the community" and "community-based psychiatry". This can be achieved with serviced accommodation with assistance within reach, residential communities with personal care staff and small residential homes that are integrated into their physical and social environment.

The international trend is now clearly towards the latter form. For example, in May 1990, the German Ministry of the Family presented the results of a study on the subject of "Living for the Disabled", which stated:

"The development of forms of living for disabled people cannot be viewed separately from the basic discussion on the thematic and organisational orientation of aid for disabled people. Residential facilities for disabled people created in line with the principle of normalisation impressively underline the argument that even severely disabled people are able to lead an open, integrated life in the community."

9.2 Current situation

In the mid 1980's, a more intensive discussion began in Austria on residential facilities for people with mental and multiple disabilities. In 1986, the Residential Places for Disabled People Working Group was founded in Vienna with the intention of creating a total of 1,000 residential places for disabled people in the

community with the corresponding personal care facilities by 1996. By May 1992, 514 of these places had been created. There are also 400 residential places with personal care for emotionally disabled people in Vienna, some of which are based in the community.

However, the anticipated knock-on effect of the Viennese programme on the other provinces is happening only gradually. Developments in community-based forms of living are for the most part still in the project phase; outside Vienna, comprehensive concepts on this topic have only been developed in Styria.

In a future-oriented disability policy, serviced accommodation and residential communities with personal care must be given priority over accommodation in institutions. No more large-scale homes should be built and existing homes should be divided up into smaller units, residential communities or individual flats. In residential communities, efforts should be made to make it easier for disabled and non-disabled people to live together. In order to take the strain off the attendants or to prepare the disabled people for fully independent living, it is also necessary to offer forms of residential accommodation with personal care for a transitional period. In order to create the organisational framework for a policy of this kind, it would be necessary both to draw up provincial programmes and to set up a nation-wide co-ordination centre.

9.3 Objectives

The Austrian Federal Government adheres to the principles of community-based living for disabled people. Emotionally and mentally disabled people in particular should be offered more residential facilities with personal care. This will require:

- future-oriented planning and co-ordination of residential building, residential building subsidies and social services and
- the setting up of a nation-wide guidance and co-ordination centre in order to ensure uniform research, documentation and PR work in the field of housing for disabled people.

10. BUILDING

According to a survey by the Central Statistics Office (1986 microcensus), there are 393,800 people in Austria, or 5.7% of the population, with mobility impairments. In order for these people to cope with everyday life, it is essential to design residential and public buildings and facilities so that they are free of obstacles.

10.1 Current situation

In contrast with other countries, steps to avoid and do away with physical barriers in buildings were only taken at a very late stage in Austria. The standard rule for the design suitable for disabled people of buildings and transport

facilities accessible to the public is ÖNORM B 1600, "Building Measures for Physically Disabled and Elderly People", which was first published in 1977 and revised in 1983. It was only after this that these thoughts found their way into the provincial authorities' planning regulations, although they have only incorporated the ÖNORM recommendations into their regulations to a limited extent.

Before an ÖNORM existed for this, all public buildings built by the Federal Government were subject to internal guidelines for barrier-free construction (1974), and subsequently adopted the first edition of ÖNORM B 1600 in 1977 and the second edition in 1984 as a guideline. Since 1976, all telephone exchanges in government buildings furthermore have to be designed to be able to accommodate switchboards for blind people. The Austrian Institute for School and Sports Centre Building, a foundation run by the government and provincial authorities, published recommendations for sports facilities suitable for disabled people in 1986. Despite these positive initiatives, Austria still has a long way to go in this field compared with other countries.

10.2 Construction suitable for disabled people

The aim of the construction suitable for disabled people must be to make all public buildings and facilities, whether new buildings, extensions, conversions or renovations, accessible for disabled people. This applies, for example, to offices open to the public, day nurseries, schools, department stores, restaurants, hotels, banks, museums, theatres and other cultural institutions, leisure and sports facilities, religious buildings etc. The principles formulated for adaptable residential buildings (see section 10.3) also have to be taken into account here. However, public buildings and facilities should not only be able to accommodate wheelchair users but also people with other disabilities. Blind and visually impaired people, for example, need special guidance and orientation systems (such as those fitted at Zurich's main station in May 1990).

In order for barrier-free building to become more widespread, it would be necessary to set up advice centres and a central specialist office. Zurich has had the Swiss Office for Barrier-Free Building and a number of regional advice centres have been existing throughout Switzerland since 1982.

These activities are also being set up in Austria: in May 1992 there were advice centres in Dornbirn, Feldkirch, Graz, Innsbruck, Klagenfurt, Korneuburg, Krems, Linz, Salzburg, Schwaz, St. Pölten, Wels, Wien and Wiener Neustadt.

10.3 Adaptable residential building

The physical design of residential buildings is, of course, particularly important for physically disabled people. In order to provide disabled people with sufficient accommodation, the original policy was to design a certain percentage of all new residential buildings with disabled people in mind. However, practical experience

showed that this policy of "stocking up" would not have the effect of making such homes available to disabled people when they actually needed them.

For this reason, therefore, adaptable residential building is becoming more widespread in Austria, and on an international scale. This means that all residential buildings must meet certain physical requirements, i.e.:

- level access to all residences,
- door widths of at least 80 cm and
- adequate space in bathrooms and toilets.

Numerous studies have shown that this method of building costs very little more (it adds a maximum of 2% to 3% to building costs). If these three conditions are met, a home can be adapted for disabled people with relatively low effort.

The amendment to the Viennese Building Code, which came into force on 1 January 1991, took a big step in this direction: all new buildings with recreation rooms, with the exception of single family houses, small houses, summer houses and terraced houses, must be safe for physically disabled people and must be able to be accessed and used by them without external assistance wherever possible.

10.4 Objectives

The Austrian Federal Government follows the principle of construction suitable for disabled people and adaptable residential building. Public buildings and facilities and residential houses must be accessible to all disabled people. This requires the following measures in particular:

- the adoption of the recommendations of ÖNORM B 1600 in building regulations,
- better training in construction suitable for disabled people for architects and building engineers,
- the setting up of a complete network of advice centres for the construction suitable for disabled people nation-wide and
- the creation of a central specialist office for the construction suitable for disabled people for nation-wide training, research, documentation and PR, plus co-ordination and support for regional advice centres.

11. TRANSPORT

Virtually all disabled people are restricted in their personal mobility to a greater or lesser extent - whether it be visually or hearing-impaired people who have orientation difficulties, people whose mobility is restricted in some way, or people

who are unable to cope with what are generally regarded as common levels of strain due to internal illnesses. After all, mentally and emotionally sick people also experience constant or occasional difficulties in getting about on present-day transport systems.

11.1 Public transport

International developments are clearly heading towards public transport, which is user-friendly for disabled people. There are, for example, low-floor buses and trams in use in many cities in Europe. This trend will lead to low-floor vehicles soon becoming only slightly more expensive than common vehicles.

For disabled people, special travel services are logistically more complex, they make them dependent and be no substitute for public transport. Our objective should be to only use these travel services in future for those people who are very severely disabled and cannot even use barrier-free public transport.

Railways

The Austrian Federal Railways have introduced a number of improvements for disabled people over the last few years.

An example of this is the Rail Service Pass, which enables disabled people to be taken to and fetched from the main stations in major cities. Disabled people's aids are carried free of charge up to a maximum weight of 90 kilos. Some trains (May 1992: 85) are already using newly developed, spacious carriages for disabled people with fully automatic inside doors, space for wheelchairs and toilets suitable for disabled people. Boarding is made easier with the aid of a stationary lifting platform, which is to be available at about 100 stations by 1992.

A foldable portable wheelchair has been developed for use in carriages, which cannot accommodate standard wheelchairs. However, this puts the disabled person at a great disadvantage compared with non-disabled passengers, as the disabled passenger has to reserve this portable wheelchair at least three days before making a journey.

Urban transport

Austria is lagging behind many other countries as far as buses and trams are concerned, but here too, we can see positive beginnings. For example, some urban transport companies are already using low-floor buses as part of their normal services. Austrian companies are now also working on prototypes of low-floor trams with floors that are level throughout, and transport companies are intending to only purchase low-floor carriages in future.

Whilst it is regarded as a matter of course in the many large cities that underground lines are built with the needs of disabled people in mind, the

construction of the underground in Vienna has, for a long time ignored this issue. It was not until the end of the 1980s that the principles of construction suitable for disabled people were applied here.

11.2 Private transport

Road traffic is one of the main causes of disablement. Approximately 5% of all mobility disablement and about 15% of all paraplegia are caused by traffic accidents. On the other hand, it is often necessary for disabled people to use private transport. For people with restricted mobility, a vehicle of their own is often indispensable for enabling them to get around and to participate in society.

For this reason, the Road Traffic Regulation makes a series of allowances for disabled people: people with permanent mobility impairment can obtain a parking pass, which facilitates parking and stopping (however only if they drive the vehicle themselves). People who need to park a vehicle immediately in front of their home or place of work owing to a disability can also apply to have a disability parking space installed. If a vehicle is parked in a disability parking space without a parking pass, or if a disabled person is prevented from accessing such a parking space, the local authorities must arrange for the vehicle concerned to be removed.

The situation for wheelchair users was improved as a result of the 12th amendment of the Road Traffic Regulation: since 1984, users of motorised wheelchairs have been permitted to ride on pavements, paths and in pedestrian zones at walking pace.

11.3 Fare discounts

Various groups of disabled people are given discounts on fares on public transport in certain towns and a reduction of 50% on the Austrian Federal Railways. Discounts on the railways have been established in law through the Federal Disability Act. Whether these discounts are actually granted or not currently depend partly on the cause of the disability. In line with the principle of finality, these discounts should be granted to all severely disabled people regardless of the cause of the disability.

11.4 Objectives

The Austrian Federal Government believes that disabled people should, as far as possible, have the same opportunities for mobility as non-disabled people. Public transport should have priority over special travel services. This will require:

- all public transport and associated facilities to be designed to meet the needs of disabled people and
- the use of technical aids where necessary.

To compensate for the additional costs incurred as a result of disabilities, the Federal Government also intends to further extend the discount scheme for disabled people.

12. LEGAL PROTECTION

Living conditions for disabled people should differ as little as possible from those of non-disabled people. Special regulations therefore present problems on principal. However, there are areas of life in which special legal protection for disabled people seems appropriate. These in particular include labour law protection regulations for disabled employees and guardianship and patients' advocacy schemes for mentally and emotionally disabled people.

12.1 Protection against dismissal

The Disabled Persons Employment Act, the aim of which is to integrate disabled people into the labour market (see section 6.1), provides special protective regulations for disabled employees: the main tenor of this, in addition to appointing a contact who will represent the interests of the disabled people in the company, is protection against dismissal.

As it is often more difficult for disabled people to change jobs than it is for non-disabled people, special protection against dismissal is provided for registered disabled persons. Employers who wish to dismiss a registered disabled employee must first submit a substantiated, written application to the disability committee of the Provincial Invalid Office for approval. Dismissal without this prior approval is invalid in law unless it forms one of the exceptional cases, which require retrospective approval.

There have been repeated objections to this regulation as in real terms it would mean that disabled people are impossible to dismiss. However, reality is somewhat different: in 1990, a total of 350 applications for dismissal were submitted, and the disability committee reached a decision in only 70 of these cases, with an equal number of rejections and approvals. In all other cases, a mutual solution was found.

Many employers are not willing to employ disabled people. However, this is not because of the apparent difficulties in dismissing them, but rather as a result of a lack of information, prejudice and fear. It is therefore not a problem of protection against dismissal, but rather a much more complex psychological and social problem. Public bodies and organisations for disabled people alike must try to combat such prejudices by providing more information and with PR work (see section 14.7).

12.2 Guardianship

The Right of Guardianship, which dates back to 1916, was partially set aside with the coming into force on 1 July 1984 of the Federal Law on Guardians for Disabled People. Instead of putting the people concerned globally under guardianship, this act is designed to provide mentally disabled and emotionally ill people who cannot take care of their own affairs themselves with a legally appointed guardian in order to protect them from possible disadvantages. In such cases, guardianship should be limited to the extent that it is necessary in each individual case.

In order to have sufficient suitable people available, special associations were appointed by the Association for Guardianship and Patients' Advocacy Act to nominate official or honorary guardians who have the necessary skills in social work or legal skills. However, despite increased financial assistance from the Federal Ministry of Justice, these associations have still not been adequately developed. Out of the minimum number of 140 official guardians planned, there were only 89 by May 1992, with massive disparities between the various individual provinces. By the end of 1991, guardians were appointed for approximately 23,000 people; of these only 1,400 are guardians working through an association.

12.3 Patients' Advocacy

The Accommodation Act, which came into force on 1 January 1991, regulates the legal position of emotionally ill people who are held in a closed area of a hospital or psychiatric ward or have been subjected to other restrictions to their freedom of movement. It has set aside the second part of the old Guardianship Order.

The Accommodation Act has also created patients' advocates, who represent the rights of committed patients vis-à-vis the hospital and in the legal process as far as the admissibility of the committal is concerned. Like guardians, patients' advocates are nominated by a relevant association and appointed by the courts (by May 1992: 25 people). They can also represent voluntarily committed patients with the approval of the person concerned. The competence of the sick person is not limited in any way. Patients' advocates also help mentally disabled people to move from an institutionalised to a community-based life (see section 7.3).

The Accommodation Act protects patients from being held without good reason. However, there are currently too few facilities and community services that are able to care for emotionally ill people instead of or following institutional care (see section 7.3). The situation differs from region to region. However, there is much room for improvement in all the provinces, even after the 1979/80 psychiatric reforms in Vienna.

12.4 Objectives

The Austrian Federal Government aims to provide disabled people with special legal protection wherever necessary. This principle encompasses the following measures in particular:

- the preservation of protection against dismissal in line with the Disabled Persons Employment Act and
- to increase the development of association guardians and patients' advocates.

13. PROVISION FOR LONG-TERM CARE

The risk of the needing long-term care has developed over the last few decades from what tended to be a peripheral individual phenomenon to a problem affecting the whole of society, the solution of which is now a main issue of social policy.

13.1 Current situation

There are approximately 300,000 to 350,000 people in Austria who need assistance and care. More specifically, the following financial aid was paid out for people needing long-term care in 1992:

- 235,000 helpless persons' allowances (pension and accident insurance)
- 44,000 increased family allowances (Family Burdens Equalisation Act of the Federal Government)
- 47,000 nursing and blind persons' allowances (Provinces)
- 32,000 helpless persons' allowances (Federal and Provincial employees)
- 4,500 nursing, blind persons' and helpless persons' allowances (Federal Maintenance Acts).

"Simple" long-term care requirements are not covered by statutory health insurance in Austria. The people concerned often become recipients of social assistance because of the high cost of care. Social assistance, however, is only designed as a subsidiary social safety net in individual cases of need and not for typical, frequently occurring risks.

At the moment, the arrangements for drawing care and helpless persons' allowances differ greatly from the point of view of conditions for entitlement, methodology and level of allowances. Aspects such as the different levels of benefits and the convergence of several different entitlements result in a situation of inequality that would not appear justified from a professional point of view. For these reasons reorganisation is urgently needed.

13.2 Cash benefits

The payment of care allowances is designed to, at least partially, cover additional expenses resulting from the need for long-term care. The care allowance should

be graduated in accordance with the person's actual needs, with the duration of care and assistance being used as the classification criteria for the relevant level. It is intended to put in place a legal entitlement to the care allowance regardless of the income and assets of the person concerned or of the cause of the need for long-term care.

The long-term care allowance is to be granted by those organisations which already grant comparable benefits (e.g. pension insurance companies, accident insurance companies, Provincial Invalid Offices, municipal authorities, etc.). The Federal Government will pay a care allowance to those people who currently have entitlement to care-related cash benefit under federal laws. This is intended to replace the previous system of helpless persons' allowances and comparable benefits. The provincial authorities will pay the care allowance of those people who receive no benefits under federal regulations. These are primarily relatives of pensioners and recipients of social assistance.

13.3 Benefits in kind

The provision of long-term care not only entails payment of direct cash benefits to those concerned, but also the provision of benefits in kind, as the payment of cash benefits alone cannot be regarded as a practicable solution.

Every person in need of long-term care should be given the choice as to whether they are cared for at home, in semi-institutional or fully-institutional facilities. It is important to ensure that the person in need of long-term care can be cared for in their accustomed environment for as long as possible. The most important aspect, therefore is to provide a complete network of social services which can be used to avoid an institutional stay or to postpone the need for one for as long as possible. Remaining nursing homes should be small, decentralised and integrated into the community of residence, and must conform to nation-wide standards.

The provincial authorities should undertake to set up decentralised organisational units right across their region, based on existing structures, which will act as approach and co-ordination points, and which will amongst other things be responsible for interlinking the mobile, community, semi-institutional and institutional services on offer. This could be run along similar lines to the Integrated Health Care and Social Services Districts.

13.4 Attendants

The establishment of new care structures must primarily lead to a reduction of the burden on non-professional attendants in the family. It is therefore particularly important to provide supplementary assistance for the families (e.g. day care, short-term and respite care). The burden of family care should under no circumstances remain on the shoulders of women, as has been the case in the past. People who choose to care for family members and in doing so waive the

pension protection associated with employment, were given the opportunity to take out voluntary insurance with pension insurance companies since 1 January 1992.

There is already a serious lack of care staff (there was a shortage of about 7,000 qualified nurses in Austria in 1992), a figure which will probably worsen over the next few decades. To relieve this situation, the working conditions of professional attendants must be improved and they must be provided with the opportunity to progress in their careers and to obtain further training on all levels.

Supervision by independent psychologists and psychotherapists is absolutely essential for all attendants. Too much specialisation in the caring professions can however be problematic, as this would entail the involvement of too many people in the different aspects of the person's care. The aim would be to provide continual care by one responsible person who would cover the mobile, community-based and institutional areas.

13.5 Objectives

The Austrian Federal Government emphasises that taking the risk out of the need for long-term care is one of the most urgent socio-political issues of our times.

A nation-wide reorganisation of long-term care is required. This will include:

- introducing a graduated, needs-oriented care allowance to which there is a legal entitlement regardless of people's income and assets;
- creating a complete network of community-based services and high-quality rehabilitation and care facilities and
- laying down binding minimum standards for nursing homes and community social services.

In addition it is particularly important

- to improve training and working conditions for professional attendants and
- to expand training and advice for family members.

14. DISABILITY POLICY

In order to be able to implement the principles of this concept in the various areas of life, we will need to establish certain legislative and organisational framework conditions.

14.1 Legislation

Despite all the progress in our disability policy disabled people are still discriminated against in a wide range of different areas of life. In order to go

some way to achieving equality for disabled and non-disabled people, we should set up a commission along the lines of the equal opportunities commission for women, which would be able to be called upon when a person is discriminated against on the grounds of his or her disability.

14.2 Administration

According to the Federal Ministries Act, the Federal Ministry for Labour and Social Affairs is responsible for matters concerning assistance for disabled people. However, as our disability policy affects every area of life and is the responsibility of the whole of our society, collaboration between the individual ministries is absolutely essential for an efficient disability policy.

The Federal Disability Act gave rise to the establishment of the Federal Advisory Board for Disabled People, which advises the Federal Minister for Labour and Social Affairs on all fundamental matters of the disability policy, and supports him in the co-ordination of assistance measures for disabled people. Experts and representatives of other ministries can be invited to the committee meetings. More use should be made of this facility than has previously been the case in order to ensure that all parties involved work closely and regularly together.

14.3 International aspects

In order to create the organisational framework for our future disability policy, it will not be enough to simply take measures within Austria. In times of increased international co-operation and involvement, it will be necessary to work ever more closely with international organisations active in the disability sector. These are the United Nations, whose Centre for Social Development and Humanitarian Affairs in Vienna is the centre for all UN activities for disabled people, on the one hand, and other organisations, such as the Council of Europe and the OECD, which regularly deal with matters concerning disability.

The most important international aspect for Austria, however, will be European integration. In February 1993, the EC passed the second HELIOS programme for disabled people that is scheduled for 1993-1996. This programme will include an exchange of information and experience in vocational training and rehabilitation, economic and social integration and help for disabled people to lead independent lives, and should result in the development of a community concept. As a member of the EEA, Austria will probably be able to co-operate with the EC on disabled matters from 1994 onwards.

In 1983, the International Labour Organisation (ILO) approved agreement no. 159 on the rehabilitation and employment of disabled people. This agreement has to date not been ratified by Austria, as its internal legislation has not provided for all the requirements of the agreement. The gaps should be closed as quickly as possible in order to enable the ILO agreement to be ratified.

14.4 Representation of interests

The question as far as social issues are concerned is whether the public sector should carry out these tasks itself or whether it should appoint private providers or organisations to carry them out (see also section 2.5). It is certainly not practical for public bodies to perform all public tasks, as this would often be an expensive, cumbersome and inefficient solution. On the other hand, the state must not be allowed to abdicate its responsibility and leave social problems to market forces and private providers. We should therefore be aiming at a system in which public and private sector services complement each other in as meaningful a way as possible. Where the state cannot provide the services, it should specify the framework, provide the funds and check that they are being used for the purpose for which they are intended.

Organisations for disabled people therefore play a major role in the state's disability policy. The Austrian umbrella organisation for disabled people - "Österreichische Arbeitsgemeinschaft für Rehabilitation" (ÖAR) -, is already one of the Federal Ministry of Labour and Social Affairs' major contacts on disability policy matters, and is collaborating hard on creating the political will and the legislation. Because of this degree of importance, it would be necessary for the existence of the umbrella organisation for disabled people to be financially secured by the public sector.

14.5 Helpers

Impairments resulting from disabilities often lead to a need for qualified social work and personal care. Therefore it is essential that the people who have to perform these services are properly trained. This not only applies to long-term care (see section 13), but to all fields of work with disabled people.

There is too few qualified staff in both institutional and community fields. It is therefore undoubtedly necessary to improve training and working conditions for people working with disabled people as well as the opportunities open to them for further training. However care must be taken that the increase in professionalisation does not result in a split of work with disabled people: rehabilitation and integration must be regarded as comprehensive, inter-disciplinary tasks.

14.6 Research

Important laws and other measures for disabled people should be accompanied by scientific expertise in the preparation and implementation stages. Targeted research could also help to improve the living conditions of disabled people by filling gaps in expertise and working out potential new solutions, sorting through the experience gathered and adapting it to the needs of disabled people. Because of the complexity of the field, this must be done in as inter-disciplinary and co-ordinated a way as possible. Topics specific to the field of disability should

increasingly be incorporated into university and non-university research processes. The most important results should be well documented and published in an easily understandable form, so that they can be implemented faster and over a more widespread area.

Important areas for research are:

- medical research into prevention and rehabilitation as well as aids for disabled people (see also "Bio-Medical Technology", the 1992 research and technology concept by the Federal Ministry of Science and Research);
- the significance of long-term care allowances and rehabilitation to the national economy;
- training facilities with a view to subsequent professional opportunities;
- the training and employment situation of disabled women;
- barrier-free building;
- the ratio between "self-help" and care provided by the public sector;
- social marginalisation processes which affect disabled people to a particular extent.

14.7 Public Relations

PR is a very important requirement for integrating disabled people in our media- and information-based society. In this context, it is important to inform disabled people about their rights and opportunities by means of targeted information. But more efforts must be made to do away with the existing prejudices towards disabled people. The federal government sees its task as one of contributing towards this and of supporting suitable forms of contemporary, targeted social advertising. This also requires an expansion of the financial funds available.

Another task of PR is to provide certain target groups with information, which is important to them, e.g.:

- to inform employers about the abilities of disabled people, financial incentives or protection from dismissal for registered disabled persons;
- to provide individual professional groups with information on the specific needs of disabled people (e.g. nursery nurses, teachers, architects, designers, transport planners).

When reporting to the media, care should be taken that the "secret image of disabled people" (the overall effect of dealing with disabled people in a casual manner) comes across in a more positive way: disabilities should be described as something commonplace, and disabled people should not be characterised by their deficiencies but presented as active people.

14.8 Objectives

The Austrian Federal Government adheres to the principle of the integration of disabled people in all areas of society, and will create the framework conditions for this. It therefore intends in particular to:

- set up an equal opportunities commission for disabled people in the Federal Ministry of Labour and Social Affairs,
- improve training and working conditions for people working with disabled people,
- to increase research and development on disability-related themes and provide the necessary funding and
- to professionalise and provide better financial support for public relations work.

The Federal Government supports the efforts of the UNO, the EC and other international organisations in the field of disability policy. It therefore aims for:

- Austrian participation in the EC programmes for disabled people and, in general,
- increased co-operation with international organisations.