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Output A.1: Review of EU relevant practices regarding the creation and functioning of disability agencies

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Abbreviations

ALMPs - active labor market programs

APD - Agency for People with Disabilities (Bulgaria)

CNDC - Czech National Disability Council

CRAPD - Commission for the Rights and Autonomy of People with Disabilities (France)

CSSA - Czech Social Security Administration

DFRSS - Direction for Facilitation of Research, Studies and Statistics (France)

DHPD - Departmental Homes for People with Disabilities (France)

DHTPL - Department of Housing, Town Planning and Landscape (France)

DIC - Delegation for information and communication (France)

DRSES - Direction of Research, Studies, Evaluation and Statistics (France)

DSSA - District Social Security Administrations

EA - Employment Agency (Bulgaria)

ESS - Employment Service of Slovenia

GDEVT - General Delegation for Employment and Vocational Training (France)

GDH - General Direction of Health (France)

GDL - General Direction of Labour (France)

GDLA - General Direction of Local Authorities (France)

GDMRSA - The General Secretariat of the ministries responsible for social affairs (France)

GDPC - General Direction for the Provision of Care (France)

GDSC - General Directorate of Social Cohesion (France)

GDSE - General Direction of School Education (France)

GEVA – Guide to assessing the compensation needs of people with disabilities (France)

GS ICD - General Secretary of the Inter-ministerial Committee for Disability (France)

IBD - Information Database

ICD - Inter-ministerial Committee for Disability (France)

ICF - International Classification of Functioning, Disability and Health

MDA - Ministerial Delegation for Accessibility (France)

MLFSA - Ministry of Labor, Family, Social Affairs and Equal Opportunities (Slovenia)

MLSA - Ministry of Labour and Social Affairs (Czech Republic)

MOLSP - Ministry of Labor and Social Policy (Bulgaria)

NACPD - National Advisory Council for People with Disabilities (France)

NCPD - National Council on Persons with Disabilities under the Council of Ministers (Bulgaria)

NDC – National Disability Conference (France)

NEMC - National Expert Medical Commission (Bulgaria)

NHIF - National Health Insurance Fund (Bulgaria)

NSFA - National Solidarity Fund for Autonomy (France)

NSSI - National Social Security Institute (Bulgaria)

PPC - Personalized Compensation Plan

PPS - Personalized Schooling Project

QES - qualified electronic signature

RDCMS - Regional Disability Claims Management Systems (Bulgaria)

SAA - Social Assistance Agency (Bulgaria)

SSD - Social Security Department (France)

SSPD - Secretary of State in charge of People with Disabilities (France)

TEMC - Territorial Expert Medical Commission (Bulgaria)

UNCRPD - The United Nations Convention on the Rights of Persons with Disabilities

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Introduction

This report was prepared by a World Bank Team under the project "Strengthening Disability System in Bulgaria" implemented by the World Bank with funding from, and in collaboration with, the DG REFORM. The specific objective of the project is to support the Ministry of Labour and Social Policy (MOLSP) of Bulgaria to strengthen and further develop its disability system, specifically by supporting MOLSP in strengthening the individual comprehensive assessment of functioning and needs of persons with disabilities and related administrative processes, and supporting MOLSP in the development of a proposed institutional and governance structure of the new State Disability Agency.

This document presents results from a desk review of disability institutions from several EU countries chosen by MOLSP, namely, France, Czech Republic and Slovenia, deemed by MOLSP most relevant to Bulgaria. The World Bank Team initially prepared a Brief for 22 European Countries and the United Kingdom, looking primarily to whether any of those countries had a dedicated agency for persons with disabilities, but also presenting basic information on how disability policy development, implementation, coordination and monitoring was organized in each of those countries (the Brief is included in Annex 1 to this report). While the review did not find a dedicated disability agency in any of the countries included in the review, the institutional framework in France, Czech Republic and Slovenia were found to be the most relevant to the context of Bulgaria and were chosen for a more detailed case study.

This report is organized in the following way: first, for easy access to the case studies, we present a summary of each one of them, followed by a short discussion on observed similarities and differences in the ways that development, implementation, coordination, and monitoring of disability policies are organized in these four countries and some potential lessons for Bulgaria. Then, we present the case studies of France, Czech Republic and Slovenia and Bulgaria. The Annex to the Report contains a brief review of disability policy institutional framework in 22 European Union countries and the United Kingdom and an unofficial translation of the disability assessment instrument used in France.

It should be noted that all case studies were prepared as a desk review based on information from web-based sources. However, the drafts were checked with officials from relevant ministries in all four countries for accuracy of information.

1. Institutional framework for disability policies in France, Czech Republic, Slovenia and Bulgaria: a summary and discussion

1.1 Summary of case studies

Here case studies on institutional framework for disability policy in France, Czech Republic, Slovenia and Bulgaria are summarized, focusing on key institutions responsible for developing, regulating, implementing, coordinating and monitoring disability policy. For detailed description, see case studies in section 2 of this Report.

French Republic

The **Senate and National Assembly** of the French Parliament adopt legislation.

The **Secretary of State in charge of People with Disabilities (SSPD)** is placed directly under the Prime Minister of the French Republic and coordinates the contributions that numerous institutions are responsible to make in the formulation and implementation of policies implemented for the inclusion of people with disabilities.

The Interministerial Committee for Disability, coordinated by the Secretary of State in charge of People with Disabilities, is responsible for defining, coordinating and evaluating the state policies on people with disabilities.

The **Interministerial Delegation for Autism** specifically follows the progress of the national strategy related to autism.

The **National Advisory Council for People with Disabilities** is an advisory body with the mission of ensuring the participation of persons with disabilities in the elaboration and implementation of policies that concern them.

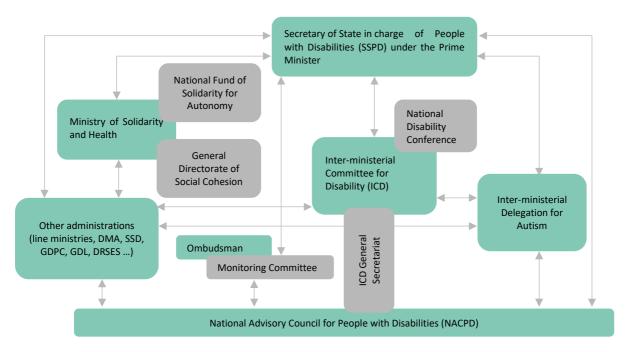
The Ministry of Solidarity and Health includes several departments responsible for development, regulation, and implementation of policies. An essential one is the National Fund of Solidarity for Autonomy that is responsible for distributing financial resources as well as providing technical assistance for the implementation of policies at local level, including through Departmental Homes for People with Disabilities which are responsible for implementing disability assessment. The Direction of Research, Studies, Evaluation and Statistics provides data for the monitoring of policies.

Other ministries are involved in implementation of policies according to their mandates.

The **Ombudsman** is the independent mechanism for monitoring the UNCRPD implementation which has a mission of protection, promotion and monitoring of the UNCRPD. It coordinates a **Monitoring Committee** for making the rights protection of persons with disabilities more effective, consisting also of the **National Consultative Commission on Human Rights** and the **National Advisory Council for People with Disabilities**.

The Institutional framework is graphically presented in Figure 1.

Figure 1: Main bodies responsible for the development, regulation, implementation, coordination and monitoring of disability policies in France



Source: Prepared by the World Bank team

Czech Republic

The **Parliament** is the legislative body of the Czech Republic that adopts legislative acts (such as the Social Services Act).

The **Ministry of Labour and Social Affairs** has a main role in policy development and coordination of policy implementation for people with disabilities and also prepares and adopts decrees. It is the focal point for the implementation of the UNCRPD. It provides methodological guidance to Labour Offices and the Social Security Administration (which are responsible of carrying out disability assessment and granting benefits).

The **Government Board for People with Disabilities** was established to coordinate disability policy in the Czech Republic. The Board also has the role of advisory body of the Government to support the development, implementation, monitoring and evaluation of policies for people with disabilities. It has a joint co-management role with the Ministry of Labour and Social Affairs in supporting the implementation of the UNCRPD. The Board also coordinates the development, implementation and monitoring of the National Plan for People with Disabilities which is the main strategic document in the field of disability. The National Plan is adopted by the Government.

The **Government Commissioner for Human Rights** contributed to the design and formulation of the last National Plan for People with Disabilities and is also responsible for jointly coordinating its implementation and monitoring with the Government Board for People with Disabilities.

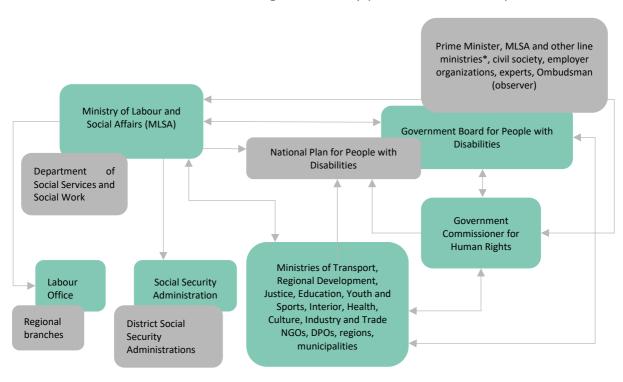
The **Ombudsman** is the UNCRPD monitoring body that safeguards the fulfillment of rights of people with disabilities. It is a permanent guest to the meetings of the Government Board for People with Disabilities.

The **Czech National Disability Council** is the main advisor of the Government Board for People with Disabilities with the aim to defend, promote and fulfil the interests and needs of persons with disabilities. It is also member of boards for national programs regarding accessibility, boards of associations of cities and municipalities and collaborates with regions and employers.

Other stakeholders (such as the Ministry of Transport and Communications and Ministry of Regional Development) implement sector programs and services, as well as policies related to people with disabilities, according to measures they are responsible for as defined in the National Plan. Line ministries develop and manage the implementation of their sector-specific policies. They are also responsible of contributing to the monitoring of the National Plan by reporting the progress achieved every year.

The Institutional framework is graphically presented in Figure 2.

Figure 2: Main bodies responsible for the development, regulation, implementation, coordination and monitoring of disability policies in Czech Republic



Source: Prepared by the World Bank team.

Republic of Slovenia

The **National Assembly** of the Republic of Slovenia is the highest legislative body.

The Ministry of Labour, Family, Social Affairs and Equal Opportunities elaborates, regulates disability assessment, jointly with Ministry of Health, coordinates and monitors disability policies and has been assigned as the focal point within the Government of the Republic of Slovenia for matters related to implementation of the UNCRPD. It elaborated an Action Programme for Persons with Disabilities outlining specific measures that are under the responsibility of various central institutions as well as other types of stakeholders, which was approved by the Government. The Ministry of Labour monitors and evaluates the implementation of disability policies with the support of data and analyses provided by the Social Protection Institute of the Republic of Slovenia.

The **Pension and Disability Insurance Institute** implements pension and disability schemes. The **Employment Service** implements employment policies, rehabilitation and grants benefits depending on the disability level. Both institutions have roles in assessing disability.

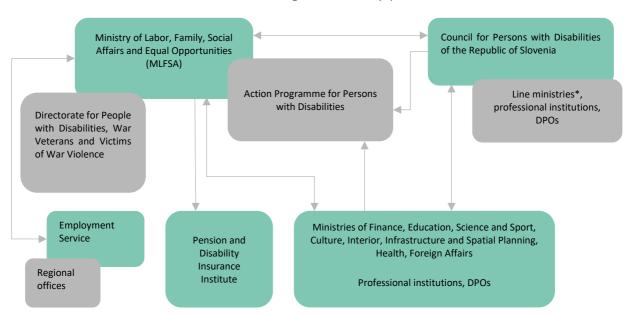
Other institutions implement policies under their mandates and under the Action Programme for Persons with Disabilities.

The **Council of Persons with Disabilities of the Republic of Slovenia** provides an advisory role, monitors the development and implementation of disability and also has the role to encourage and monitor the implementation of the UNCRPD and its Optional Protocol.

The **Human Rights Ombudsman** evaluates the progress being made by the Slovenian Government in the matters concerning the UNCRPD.

The Institutional framework is graphically presented in Figure 3.

Figure 3: Main bodies responsible for the development, regulation, implementation, coordination and monitoring of disability policies in Slovenia



Source: Prepared by the World Bank team.

Republic of Bulgaria

The main legislative body in Bulgaria is the **National Assembly, which** is responsible for enacting the laws (such as Persons with Disabilities Act, Personal Assistance Act and the Law on Social Services).

The **Council of Ministers** is the main authority of the executive power in the Republic of Bulgaria. It determines the policy on the rights of persons with disabilities, adopts strategies and action plans, etc. In carrying out its activities, the Council of Ministers interacts with the National Assembly, the President, the Ombudsman, the Constitutional Court, the judiciary and other state institutions not included in the system of executive power, as well as with local self-government bodies. The Council of Ministers also adopts regulatory acts (bylaws).

While the Council of Ministers develops and adopts policy regulations, several ministries and institutions are responsible for developing and coordinating implementation policies in specific

sectors. Although the main role in developing, regulating, coordinating, implementing and monitoring the policy on people with disabilities is under the Ministry of Labor and Social Policy (MOLSP), policy implementation is also performed by the following institutions: the Ministry of Health, the Social Assistance Agency, the Agency for people with disabilities, the Employment Agency, the National Social Security Institute, the National Health Insurance Fund, National and Territorial Expert Medical Commissions, municipalities, Regional Councils. Furthermore, the Ministry of Health is also responsible for developing the health policy including the medical rehabilitation services for people with disabilities, it is also in charge of developing and regulating the assessment of work capacity carried by National and Territorial Expert Medical Commissions.

National Council on Persons with Disabilities (NCPD) under the Council of Ministers is the main advisory body, which discusses and adopts opinions on drafts of normative acts, programs, plans and other documents, concerning rights or integration of people with disabilities. In addition, the NCPD provides support and assistance to the Council of Ministers in designing and implementing policy on integration of people with disabilities, based on national and international legal norms. It also assists and promotes coordination between the state, municipal, public and economic bodies and institutions and non-governmental organizations of people with disabilities and participates in implementation of the policy by providing support to their activities on integration of the people with disabilities. It establishes and maintains relations with international governmental and non-governmental organizations for people with disabilities, and interacts with other bodies monitoring issues affecting the rights of people with disabilities and raises awareness about the issues and measures related to the integration of people with disabilities through active cooperation with media.

Agency for people with disabilities (APD) is mainly in charge of policy *implementation*, but it is also a part of *coordinating* mechanism for the policy on the rights of persons with disabilities and it also participates in drafting normative acts on the rights of people with disabilities and *provides opinions* on drafts prepared by other agencies. Furthermore, APD *supervises* the providers of assistance services and monitors the protection of the rights of people with disabilities.

Apart from *implementing* the state policy for social assistance, **the Social Assistance Agency** also participates in *drafting normative acts* in the sphere of social assistance benefits, *issues obligatory opinions* in drafting regulations on the rights of persons with disabilities, improves the criteria of the individual needs assessments.

Employment Agency implements employment programs for people with permanent disabilities.

National Social Security Institute in addition to administering compulsory insurance for sickness and maternity leave, unemployment, accidents at work and occupational diseases, disability, old age and death, it also *coordinates* social security schemes and international agreements on social security.

Apart from implementing polices, **the National Health Insurance Fund** *regulates* funding of aids, appliances, equipment and medical devices for persons with disabilities together with the Ministry of Health.

Municipalities implement polices by organizing and providing social services, while **Regional Councils** assist and support regional governors in the *implementing*, analyzing, developing of strategies, plans, measures and other activities related to implementation of the policy on the rights of persons with disabilities at the regional level.

Monitoring Committee is a supervisory body, which promotes, safeguards and *monitors* the implementation of the United Nations Convention on the Rights of Persons with Disabilities.

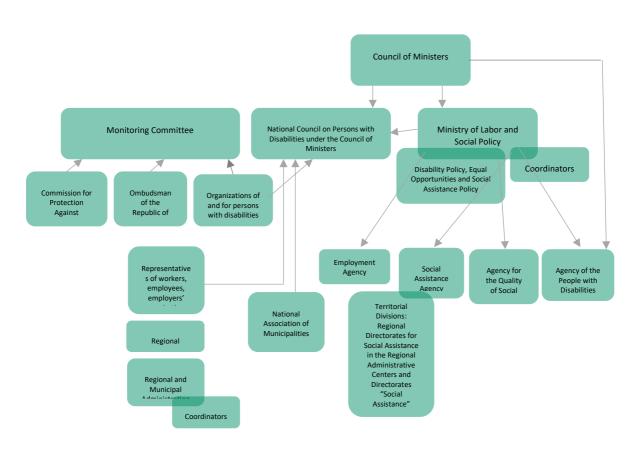
Commission for Protection against Discrimination is national equality body of the Republic of Bulgaria which is responsible for *protection* of human rights: it investigates and identifies violations of equality protection, takes decisions to prevent and stop violation. It also has *advisory* role by providing opinions on draft regulations, making recommendations for the adopting, revoking, amending or designing new legislation.

Ombudsman of the Republic of Bulgaria as the Commission for Protection against Discrimination, is the body protecting the rights of all citizens, including persons with disabilities,, which monitors and encourages implementation of signed and ratified international human rights instruments and advises on legal regulation by making proposals and recommendations to the Council of Ministers and the National Assembly on signing and ratifying international acts on human rights, providing opinions to the Council of Ministers and the National Assembly on draft laws on the human rights protection.

Agency for the Quality of Social Services *monitors* providing social services, licenses providers of social services, makes proposals to the MOLSP on *developing normative* standards and criteria for quality and efficiency of social services.

The Institutional framework is graphically presented in Figure 4.

Figure 4: Main bodies responsible for the development, regulation, implementation, coordination and monitoring of disability policies in Bulgaria



Source: Prepared by the World Bank team.

Finally, Table 1 presented below summarizes key institutions and their roles in developing, regulating, implementing, coordinating and monitoring disability policy in France, Czech Republic, Slovenia and Bulgaria.

Table 1: Government institutions responsible for developing, regulating, implementing, coordinating, and monitoring disability policies in France, Czech Republic, Slovenia and Bulgaria

	France	Czech Republic	Slovenia	Bulgaria
Who develops policy?	Secretary of State in charge of People with Disabilities Inter-ministerial Committee for Disability Ministry of Solidarity and Health	Ministry of Labour and Social Affairs Government Board for People with Disabilities Government Commissioner for Human Rights	Ministry of Labour, Family, Social Affairs and Equal Opportunities	 Council of Minsters Ministry of Labour and Social Policy Ministry of Health
Who is responsible for adopting national policy regulations and regulatory acts to implement the policies?	 Senate and National Assembly Ministry of Solidarity and Health Ministry of Labour, Employment, and Insertion Ministry of National Education, Youth and Sports Ministry of Ecological Transition Ministry of Territorial Cohesion and Relations with Local Government 	 the Czech Republic Government of the Czech Republic Ministry of Labour and Social Affairs 	 National Assembly of the Republic of Slovenia Government of the Republic of Slovenia Ministry of Labour, Family, Social Affairs and Equal Opportunities Ministry of Health 	 National Assembly Council of Minsters
Who implements the national policies?	Solidarity and Health National Fund of Solidarity for Autonomy Departmental Homes for People with Disabilities Ministry of Labour, Employment, and Insertion Ministry of National Education, Youth and Sports Ministry of Ecological Transition Ministry of Territorial Cohesion and Relations with Local Government	Ministry of Labour and Social Affairs Labour Office Social Security Administration Ministry of Transport and Communications Ministry of Regional Development Ministry of Justice Ministry of Education, Youth and Sports Ministry of Interior Ministry of Health Ministry of Culture Ministry of Industry and Trade Government Commissioner for Human Rights Government Board for People with Disabilities and its expert groups Regions and municipalities NGOs, DPOs	Ministry of Labour, Family, Social Affairs and Equal Opportunities Employment Service of Slovenia Pension and Disability Insurance Institute of Slovenia Ministry of Finance Ministry of Education, Science and Sport Ministry of Culture Ministry of Interior Ministry of Infrastructure and Spatial Planning Ministry of Health Ministry of Foreign Affairs Professional institutions DPOs	 Labour and Social Policy Ministry of Health Agency for people with disabilities Social Assistance Agency Employment Agency National Social Security Institute National Health Insurance Fund National and Territorial Expert Medical Commissions Municipalities Regional Councils Other line ministries
Who coordinates national policies?	Secretary of State in charge of People with Disabilities	Government Commissioner for Human Rights	Ministry of Labour, Family, Social Affairs and Equal Opportunities	Ministry of Labour and Social Policy Agency for people with disabilities

	France	Czech Republic	Slovenia	Bulgaria
	Inter-ministerial Committee for Disability Inter-ministerial Delegation for Autism	Government Board for People with Disabilities Ministry of Labour and Social Affairs		
Who is responsible for monitoring national disability policy implementation?	Secretary of State in charge of People with Disabilities Ministry of Solidarity and Health Inter-ministerial Committee for Disability Inter-ministerial Delegation for Autism	Government Board for People with Disabilities Government Commissioner for Human Rights Ministry of Labour and Social Affairs All stakeholders that are responsible with implementing measures defined under the National Plan for People with Disabilities	Ministry of Labour, Family, Social Affairs and Equal Opportunities (with the support of the Social Protection Institute of the Republic of Slovenia)	Ministry of Labour and Social Policy
How are people with disabilities included in national policy development?	National Advisory Council for People with Disabilities	Government Board for People with Disabilities Czech National Disability Council	Council of Persons with Disabilities of the Republic of Slovenia	National Council on Persons with Disabilities under the Council of Ministers
Who is responsible for the protection of rights of persons with disabilities?	Ombudsman of the French Republic and its Monitoring Committee National Advisory Council for People with Disabilities	Ombudsman of the Czech Republic	Council of Persons with Disabilities of the Republic of Slovenia Human Rights Ombudsman	Monitoring Committee Commission for Protection against Discrimination Ombudsman of the Republic of Bulgaria
Who is the focal point for the UNCRPD implementation?	Inter-ministerial Committee for Disability	Ministry of Labour and Social Affairs	Ministry of Labour, Family, Social Affairs and Equal Opportunities	Ministry of Labour and Social Policy
Who is responsible for monitoring the implementation of the UNCRPD?	Ombudsman of the French Republic (Monitoring Committee coordinator) National Advisory Council for People with Disabilities (Monitoring Committee member) National Consultative Commission on Human Rights (Monitoring Committee member) Inter-ministerial Committee for Disability (Monitoring Committee observer)	Ombudsman of the Czech Republic	Council of Persons with Disabilities of the Republic of Slovenia	Monitoring Committee

1.2 Discussion

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD 2008) calls on the state parties to take actions to ensure protection of the rights of persons with disabilities and to secure their systematic inclusion in all aspects of life in a society. In the simplest of terms, there should be no discrimination based on disability. In operational terms, this requires that issues pertaining to persons with disabilities are systematically included in policy development, regulation, implementation, coordination, and monitoring of government performance. To enable this, the policy in institutional framework ought to be adjusted accordingly.

The World Report on Disability (The World Report), published by the World Health Organization and The World Bank in 2011, provided 9 cross cutting recommendations on how to ensure a systematic inclusion of persons with disabilities in all aspects of life, of which the first two are particularly relevant from the point of view of building an appropriate institutional architecture for the development, regulation, implementation, coordination and monitoring of the implementation of disability policy.

Recommendation 1: enable access to all mainstream systems and services. People with disabilities have ordinary needs – for health and well-being, for economic and social security, to learn and develop skills. These needs can and should be met through mainstream programmes and services. Mainstreaming is the process by which governments and other stakeholders address the barriers that exclude persons with disabilities from participating equally with others in any activity and service intended for the general public, such as education, health, employment, and social services. To achieve it, changes to laws, policies, institutions, and environments may be indicated. Mainstreaming not only fulfils the human rights of persons with disabilities, it also can be more cost-effective. Mainstreaming requires a commitment at all levels – considered across all sectors and built into new and existing legislation, standards, policies, strategies, and plans. Adopting universal design and implementing reasonable accommodations are two important approaches. Mainstreaming also requires effective planning, adequate human resources, and sufficient financial investment accompanied by specific measures such as targeted programmes and services to ensure that the diverse needs of people with disabilities are adequately met.²

Recommendation 2: invest in specific programmes and services for people with disabilities In addition to mainstream services, some people with disabilities may require access to specific measures, such as rehabilitation, support services, or training. Rehabilitation – including assistive technologies such as wheelchairs or hearing aids - improves functioning and independence. A range of well-regulated assistance and support services in the community can meet needs for care, enable people to live independently and participate in the economic, social, and cultural lives of their communities. Vocational rehabilitation and training can open labour market opportunities. While there is a need for more services, there is also a need for better, more accessible, flexible, integrated and well coordinated multidisciplinary services, particularly at times of transition such as between child and adult services. Existing programmes and services need to be reviewed to assess their performance and make changes to improve their coverage, effectiveness and efficiency. The changes should be based on sound evidence, appropriate to the culture and other local contexts, and tested locally.3

The World Report notes that implementing the recommendations requires involving different sectors health, education, social protection, labour, transport, housing – and different actors – governments, civil society organizations (including disabled persons organizations), professionals, the

¹https://www.who.int/teams/noncommunicable-diseases/disability-and-rehabilitation/world-report-on-disability/

² *Ibid.* p. 264.

³ *Ibid.* p. 265.

private sector, disabled individuals and their families, the general public, the private sector, and media. It is essential that countries tailor their actions to their specific contexts.⁴ In other words, full inclusion of persons with disabilities requires the whole government and the whole society approach, where concerns related to persons with disabilities are sistematically included in all government policies and programs aimed to implement them.

Prior to summarizing observations concerning similarities and differences in institutional architecture in case studies included in this report, we would like to note that we do not attempt to make judgements about which institutional arrangements are better, or more effective or more efficient. Making such judgements is difficult as institutional and administrative architecture is highly country specific, determined by each country governance arrangements, values and principles, institutional history, context, traditions, and societal values. In truth, any institutional framework is suitable, if the rights of persons with disabilities are respected and they are fully included in all aspects of life.

Having said this, from the desk review presented in this Report, all case study countries appear to have invested significant efforts in building a policy and institutional framework inclusive of disability and have made special provisions in terms of policy coordination and participation of persons with disabilities in the policy development and implementation to comply with the UNCRPD requirements. However, each country has its own specificites and below we briefly reflect on their similarities and differences in policy and institutional framework for disability inclusion.

Similarities

As the normative case studies presented in this Report suggest, all reviewed countries have an elaborated institutional architecture aimed at ensuring that persons with disabilities are included in policy development, regulation, implementation, coordination and monitoring in general, as well as concerning disability specific policies. All have also made provisions for the inclusion of persons with disabilities and their representative organization in the policy making, coordination and monitoring.

As expected, *parliaments legislate and responsible government bodies* (ministries, agencies, etc.), *regulate* matters in their competency through decrees, orders, guidance, decision notes, etc.

Policy development is led by institutions responsible for specific policy matter, with mechanisms for other agencies and persons with disabilities to provide comments and suggestions. This should ensure a systematic inclusion of persons with disabilities in government policies and programs. However, this desk review of normative provisions cannot make a judgement to what extent these mechanisms are respected, effective and efficient and how they function in practice – to make such an assessment, a different study is needed.

Policy implementation is operationalized through numerous programs implemented by sectoral ministries through their specialized departments, autonomous agencies and in collaboration with local administration and self-governing bodies. The challenge regarding implementation is to have an appropriate menu of services and sufficient funding and human resources to implement the programs and to ensure that persons with disabilities are systematically included in all programs. Another important challenge is to ensure cross-departmental collaboration in the programs' implementation at the local level, i.e. the level where the services are delivered to beneficiaries (operational collaboration). Available information the team had for the case studies did not allow it to have a closer look at the arrangements used for operational collaboration at the service delivery level.

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⁴ *Ibid.* "Conclusions". pp. 268-270.

In principle, efficient and effective implementation of programs does require a clear definition of rules, roles and controls and their methodical implementation. For examples of good governance principles, see the 12 principles of the good governance of the Council of Europe.⁵

Policy coordination through all phases of public policy making and implementation is one of the most frequently mentioned challenges in public policy. Coordination is a common issue even within the same government entities, let alone in areas such as disability that are cross sectoral and encompass the entire government. This is where one can observe most differences among the countries included in this desktop case review (see the section on Differences below). Furthermore, while mechanisms for coordination at the national level were provided for, it was much less clear how the coordination was ensured at the program's delivery level.

Policy monitoring: Monitoring is closely related to the reporting hierarchy and accountability for results. Implementing government bodies should monitor the implementation of programs for which they are responsible in order to make course corrections. The ministries should monitor the work of agencies under their authority; however, they themselves are accountable and should report to the national level bodies for delivering results in their respective policy areas. Finally, the government is accountable to the parliament and ultimately to the citizens. It is therefore important to have clarity concerning who reports to whom, who is accountable to whom and who monitors whom for transparent and effective governance and good results. With this in mind, we looked at the policy implementation monitoring arrangements in each of the countries. Except at the national level, none of the case study countries had a clear monitoring mechanism. Monitoring also seems to be cojoined with implementation, so in one state body one finds policy development, regulation, implementation, and monitoring. This is not a very good practice as monitoring must be arranged separately from policy implementation to avoid a conflict of interest.

Differences

Two most notable differences were observed.

Except for Bulgaria, no other country features a specialized executive Agency for Persons with Disabilities. Disability policies and programs are implemented by agencies implementing similar programs for other eligible groups.

The second are differences in the institutional architecture and responsibility for coordination. Regarding institutional architecture, France stands out as having the most national level institutions, including the Prime Minister and the President responsible for disability policy development, strategic planning, coordination and monitoring. Other countries have fewer national level institutions and have opted to designate their respective ministries of labour and/or social policy as responsible for disability policy coordination. Unfortunately, the sources available online, do not contain sufficient information to describe the powers given to these ministries to effectively coordinate disability policy across a number of government agencies (e.g., ministries of education, transport, health, and others) which are institutionally at the same level as ministries of labour and social policies and what methods they can apply to perform their role. Given that disability is a cross-cutting issue concerning all government departments, one can make a case for institutional architecture and coordination responsibilities and mechanisms that would be like the arrangements in France.

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⁵ https://www.coe.int/en/web/good-governance/12-principles/

Looking ahead

Comprehensive information on institutional framework for disability policies is rarely available in one place. In this sense, this report is unique. What can Bulgaria learn from it? First and foremost, look at how other countries have organized themselves institutionally in response to the same policy area, in this case disability, asking questions such as:

- Should Bulgaria have more national level institutions responsible for policy making, coordination and monitoring, such as France or not? If yes, which ones? Which other mandates will have to be changed to avoid overlap and confusion about who does what?
- Should the Ministry of Labour and Social Policy in Bulgaria be given a stronger coordination mandate with powers that would enable it to perform such a role? The answer to this question should be proceeded by a thorough assessment of the performance of the current arrangement. Having information on roles and responsibilities of various bodies in one place is an opportunity to look at potential overlaps, duplication of functions and insufficient clarity regarding who does what, and who reports and is accountable to whom.
- Does Bulgaria need to have both the Commission for Protection against Discrimination and the Ombudsman. Is there clear delineation in their functions?
- Similarly, a question that could be asked about the clarity regarding roles of the Agency for Persons with Disability and the Disability Policy, Equal Opportunities and Social Assistance Policy Directorate, both under MOLSP. At the first glance, their roles look rather similar.

In any case, the authors hope that this report would be of use to disability policy makers and implementers in Bulgaria as it continues to strengthen its disability policy institutions. Moreover, a comprehensive mapping of the disability policy and system in Bulgaria is currently being prepared as part of the same DG Reform and the World Bank project.

2. Case Studies

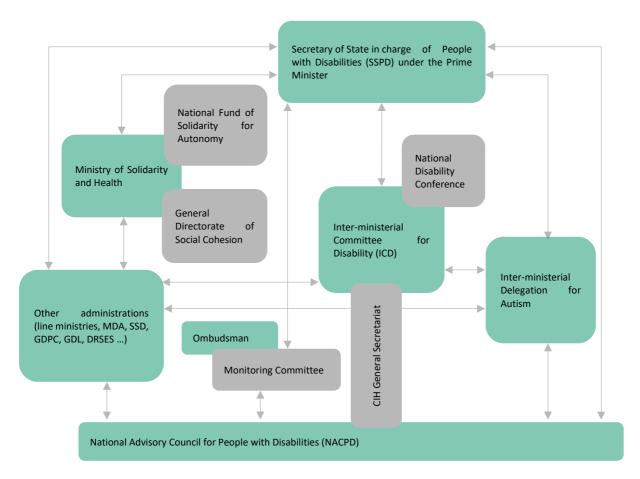
2.1 French Republic

2.1.1 Introduction

The main institution overseeing disability policies in France is the Secretary of State in charge of People with Disabilities (SSPD). SSPD is placed directly under the Prime Minister of the French Republic. It coordinates the contributions that other institutions are responsible to make in the formulation and implementation of policies aimed at the inclusion of persons with disabilities. In addition, the Inter-ministerial Committee for Disability (ICD), coordinated by SSPD, is responsible for defining, coordinating and evaluating the state policies regarding people with disabilities. More recently, an Inter-ministerial Delegation for Autism, was established to follow the progress in the implementation of the national strategy related to the autism policy.

The National Advisory Council for People with Disabilities (NACPD) is a consultative body whose function is to ensure the participation of persons with disabilities in the elaboration and implementation of policies that concern them. See Figure 5 below.

Figure 5: Main bodies responsible for the development, regulation, implementation, coordination and monitoring of disability policies in France



Source: Prepared by the World Bank team.

2.1.2 The Secretary of State in charge of People with Disabilities

(i) Role and mission

The Secretary of State in charge of People with Disabilities (Secrétariat d'Etat chargé des personnes handicapées), by delegation from the Prime Minister, prepares, facilitates and coordinates state policies for people with disabilities in favor of their autonomy and their full participation in the social life, and in support of their carers.⁶

The Secretary of State in charge of People with Disabilities:

- Coordinates actions carried out to promote accessibility of goods and services to people with disabilities, regardless of their disability, in all areas of life
- Prepares and monitors the work of the National Disability Conference and the Interministerial Committee for Disability
- Is responsible for monitoring the implementation of the UNCRPD, in liaison with the Minister for Europe and Foreign Affairs.

The Secretary's Cabinet consists of the following staff:⁷

- Chief of Staff
- Deputy chief of staff in charge of budget, the autonomy branch⁸ and monitoring the implementation of reforms
- Chief of Staff and Advisor for the simplification of access to rights
- Special Advisor
- Advisor in charge of relations with the Parliament and local elected officials
- Advisor on the budget and the autonomy branch and monitoring the implementation of reforms
- Employment, Resources and Inclusive Recovery Advisor
- Medico-Social Transformation Advisor
- Inclusive Schooling, Higher Education, Innovations and Accessibility Advisor.

(ii) Institutions coordinated by or working with the Secretary of State

For the exercise of duties, the Secretary of State in charge of People with Disabilities has authority, by delegation of the Prime Minister, over the general secretariat of:

- The Inter-ministerial Committee for Disability (see related section 2.1.4 below)
- The Inter-ministerial Delegation for Autism (see related section 2.1.5 below), and,
- The General Directorate of Social Cohesion (Direction générale de la cohésion sociale GDSC),
 jointly with the Minister of Solidarity and Health. The GDSC is established under the Ministry

⁶ Decree no. 2020-1037 of August 14, 2020 related to the attributions of the Secretary of State by the Prime Minister in charge of People with Disabilities.

⁷ According to the list of members of the Cabinet available at https://www.gouvernement.fr/ministre/sophie-cluzel/ (December 24, 2020).

⁸ The autonomy branch refers to a newly created social security branch (voted by the Parliament on July 23, 2020) dedicated to financing the risks related to loss of autonomy of elderly and people with disabilities. The National Solidarity Fund for Autonomy-NSFA will manage the branch starting January 1, 2021, and voted its first allocation of 31.6 billion Euro (https://www.cnsa.fr/actualites-agenda/actualites-du-conseil/la-branche-de-lautonomie-consacrera-316-milliards-deuros-au-soutien-a-lautonomie-des-personnes-agees-ou-handicapees-en-2021). The largest expenditures of the branch will be related to financing and supporting investments into medico-social establishments and services for elderly and people with disabilities, including training of staff. The branch will also finance, in whole or in part, benefits and individual aid for people with disabilities.

and includes the following departments: (1) Department for social and medical-social policies, with the role of developing and monitoring solidarity policies for people in precarious situations, including people with disabilities through its Sub-directorate for the autonomy of people with disabilities and the elderly (Box 1); (2) Department for the rights of women and gender equality; (3) Department for policy support.⁹

• The General Delegation for Employment and Vocational Training (GDEVT) and the General Direction of Labour (GDL), jointly with the Minister of National Education, Youth and Sports, the Minister of Labor, Employment and Insertion.

Box 1: Roles of the Sub-directorate for the autonomy of people with disabilities and the elderly of the GDSC

The Sub-directorate consists of the following three departments:¹⁰

- Prevention of the loss of autonomy and life course of the elderly,
- Integration, citizenship and life course of persons with disabilities, and
- Rights and benefits.

The Sub-Directorate proposes, elaborates, implements and evaluates policies and measures for persons with disabilities and the elderly to ensure their access to the rights of all, ensuring the promotion of their personal, social autonomy and citizenship and providing them with the appropriate support and care.

It facilitates, in liaison with the General Secretary of the Inter-ministerial Committee for Disability (GS ICD), inter-ministerial reflections and work on disability, including access to education, training, employment, the living environment and the social life of people with disabilities. It pursues and develops an ongoing dialogue with representatives of local authorities and associations of individuals and heads of institutions, including the National Advisory Council for People with Disabilities.

It pursues and develops the same dialogue, concerning the prevention of aging and loss of autonomy, participation in social life and the exercise of citizenship of elderly people.

It defines, implements and evaluates actions of prevention, support in the ordinary environment of life, support to caregivers, development of the offer of social and medico-social support, access to care and healthcare for people with disabilities and the elderly who are losing their autonomy, as well as the search for new offers of services and intermediate living places. It develops policy and regulations for employment assistance facilities and services and defines the rules for allocating their resources. It is involved in the development and monitoring of public health plans concerning medical and social aspects.

It coordinates relations with the administrations concerned and the National Agency for Human Services (Agence nationale des services à la personne) in order to contribute to the definition and implementation of the policy on human services.

⁹ Art. 1 of the Order of January 25, 2010 on the organization of the General Directorate for Social Cohesion in services, sub-directorates.

¹⁰ Ministère des Solidarités et de la Santé (2020b).

It also monitors and coordinates policy to support the modernization sector of homebased support.

It is involved in the development and monitoring of pension plans and oversees the National Health and Social Action Fund for the Elderly of the National Old Age Insurance Fund.

It exercises the technical supervision of the national institutes for deaf and blind youth. It contributes to the development and ensures compliance with the rules guaranteeing the quality of support and care provided to people with disabilities and the elderly by social and medicosocial institutions and services, in particular in connection with the French National Authority for Health (Haute Autorité de santé).

It participates in the policy for preventing and combating abuse against people with disabilities and the elderly, especially when they are accompanied or cared for by services or institutions.

It participates in European and international policies in all these areas.

Source: Art. 6 of the Order of January 25, 2010 on the organization of the General Directorate of Social Cohesion in services, sub-directorates.

The Secretary of State in charge of People with Disabilities has at its disposal, on behalf of the Prime Minister, the institutions listed below for the exercise of its duties. The inspection and control bodies and the ministerial audit missions are made available to the Secretary of State in charge of People with Disabilities as necessary for any study or mission falling within its competence. The other ministerial departments, as well as the bodies which are attached to them ensure, as necessary, the provision of their services.

- The Social Security Department (Direction de la sécurité sociale SSD): The Social Security Department is responsible for developing and implementing social security policy: health insurance, work accidents and occupational diseases, retirement, family, dependency, financing and governance.¹¹ It reports to two Ministers: The Minister for Solidarity and Health and the Minister for Public Action and Accounts. It is responsible for the financial balance of the social accounts and as such prepares the social security financing law¹² every year.
- General Direction of Health (Direction générale de la santé GDH): One of the Directions of
 the Ministry of Solidarity and Health, the GDH prepares the public health policy and
 contributes to its implementation. Its main mission is to analyze the health needs of the
 population, to preserve and improve the state of health of the population by proposing the
 goals and priorities of the health promotion policy and by designing and coordinating
 intervention programs.
- General Direction for the Provision of Care (Direction générale de l'offre de soins GDPC):

 The Direction is established under the Ministry of Solidarity and Health¹³ and participates in the elaboration, implementation and evaluation of the national health policy. It comprises the following sub-directions: (1) healthcare offer; (2) management of the performance of healthcare providers; (3) human resources of the health system; (4) strategy and resources.¹⁴

¹¹ SSD (2020).

¹² The social security financing law is assessed and voted every year by the Parliament since 1996 according to the SSD website: https://www.securite-sociale.fr/la-secu-en-detail/loi-de-financement/presentation/

¹³ Article D1421-2 of the Public Health Code.

¹⁴ Ministère des Solidarités et de la Santé (2020a).

The Direction ensures¹⁵ equal, adequate and permanent access to care across France. It guarantees equal access to healthcare and the reduction of territorial inequalities. To this end, it designs the organizational, legal and financial instruments necessary for the development and regulation of the healthcare supply. It monitors their operational implementation by providing essential assistance and technical support to regional health agencies and other players in the healthcare system. It carries out impact assessments.

- General Delegation for Employment and Vocational Training (Délégation générale à l'emploi et à la formation professionnelle GDEVT): Under the Ministry of Labour, Employment and Economic Inclusion, the GDEVT designs, pilots and implements public policies related to: (1) support for professional transitions; (2) professional insertion; (3) continuous vocational training and work-study programs; (4) economic and social changes: predictive management of jobs and skills, support to enterprises with difficulties. It includes in its organigramme a subdepartment with a mission dedicated to the employment of workers with disabilities, under a larger department for accessibility to employment.¹⁶
- General Direction of Labor (Direction générale du travail GDL): The Direction, under the Ministry of Labour, Employment and Economic Inclusion, has the following key departments: (1) Department for territorial facilitation of labor policy and labor inspection; (2) Department for working relations and conditions; (3) Department for general affairs which supports the services of the Direction in its work related to studies and evaluation, ensures the link with the Direction for Facilitation of Research, Studies and Statistics and the European agencies responsible for the field of studies, research and statistics (DFRSS). The Department coordinates the monitoring and implementation of European policies and represents the Direction at the International Labor Organization and other international organizations, jointly with the Direction for European and International Affairs.¹⁷
- Direction for Facilitation of Research, Studies and Statistics (Direction de l'Animation de la recherche, des Études et des Statistiques DFRSS): The DFRSS is the department of the Ministry of Labor, Employment and Economic Inclusion which produces analyses, studies and statistics on the themes of labor, employment, vocational training and social dialogue.¹⁸ The Direction has as main missions: (1) to inform the economic and social debate; and (2) to participate in the design and implementation of public policies.¹⁹
- General Direction of School Education (Direction générale de l'enseignement scolaire -GDSE): The GDSE formulates educational and pedagogical policies and ensures the implementation of the educational programs in schools, colleges, high schools and vocational high schools. It defines and coordinates the schooling policy for students with disabilities or disabling health disorders.²⁰
- General Direction of Local Authorities (Direction générale des collectivités locales GDLA):
 The GDLA is responsible for developing provisions concerning local authorities, distributing
 State financial assistance between these authorities, establishing the statutes of local actors
 (elected officials and staff) and defining the guidelines related to national and European policy
 on territorial cohesion and urban policy.²¹

¹⁵ Order of May 7, 2014 on the organization of the general management of the general direction for the provision of care sub-departments and offices - amended by Order of December 23, 2019.

¹⁶ Ministère du travail, de l'emploi et de l'insertion (2020).

 $^{^{17} \ \}underline{\text{https://travail-emploi.gouv.fr/ministere/organisation/organisation-des-directions-et-services/article/organisation-de-la-direction-generale-du-travail-dgt}$

¹⁸ https://dares.travail-emploi.gouv.fr/dares-etudes-et-statistiques/la-dares/

¹⁹ https://dares.travail-emploi.gouv.fr/dares-etudes-et-statistiques/la-dares/presentation-de-la-dares-65/article/quisommes-nous

²⁰ https://www.education.gouv.fr/la-direction-generale-de-l-enseignement-scolaire-dgesco-7517/

²¹ https://www.cohesion-territoires.gouv.fr/direction-generale-des-collectivites-locales

- Ministerial Delegation for Accessibility (Délégation ministérielle à l'accessibilité MDA): The mission of the MDA is to promote accessibility by coordinating public policies and the actions of the Ministry of the Ecological Transition and the Ministry of Territorial Cohesion and Relations with Local Government in the various fields concerning accessibility: transport (land, sea and air), built environment (housing and establishments open to the public), roads, public spaces. MDA is attached to the General Secretariat of both ministries. DMA responsibilities include: ensuring that conditions for exchange among all stakeholders regarding accessibility are created, including associations of people with disabilities; contributing to inter-ministerial work, including with the Inter-ministerial Committee for Disability and the National Advisory Council for People with Disabilities; publishing methodological guides and generic information documents in various areas of expertise (housing, roads and public spaces, transport, parking).
- Department of Housing, Town Planning and Landscapes (Direction de l'habitat, de l'urbanisme et des paysages DHTPL): The DHTPL within the Ministry of Ecological Transition, develops, coordinates and evaluates policies for town planning, construction, housing, landscapes, biodiversity, water and non-energy mineral substances. It must also meet the housing and accommodation needs of citizens and in particular help to plan the production of housing on the right scale for the national territory. It also aims to improve the management of the existing housing supply, in particular to meet the needs of the most disadvantaged.²³
- Direction of Research, Studies, Evaluation and Statistics (Direction de la recherche, des études, de l'évaluation et des statistiques DRSES): The DRSES is a department for research, studies, evaluation and statistics part of the official statistical service that acts under the supervision of the following Ministries: Ministry of Solidarity and Health, Ministry of Labor, Employment and Economic Inclusion, Ministry of the Economy, Finance and of Recovery. The DRSES has a priority mission to provide its supervisory ministries, their decentralized services, bodies and agencies with a better observation capacity, expertise and evaluation of their actions and the context in which they are implemented. DRSES provides public decision-makers, citizens, and economic and social leaders with reliable information, population analyses and analyses of health and social policies.²⁴
- General Secretariat of the Ministries Responsible for Social Affairs (Secrétariat général des ministères chargés des affaires sociales GDMRSA), in particular its Delegation for information and communication (Délégation à l'information et à la communication DIC): The GDMRSA²⁵ assists three ministries in charge of social affairs. It leads and coordinates the action of all the departments and services of the social ministries. GDMRSA is responsible for assisting (1) the health and medico-social sector management and coordination of the organization of the health system and medico-social care, in particular ensuring the consistency of the territorial implementation of public health and social policies, leading the network of 26 regional health agencies; (2) labor, employment, vocational training and social dialogue sector; (3) city, youth, sports and social cohesion sector. The Delegation for information and communication (DIC) ensures the design and implementation of the internal communication policy of social affairs ministries and ensures the coordination of the network of communication officers of decentralized services.²⁶

²² The DMA website: https://www.ecologie.gouv.fr/politique-de-l-accessibilite#e3

²³ The DHUP website: https://www.ecologie.gouv.fr/direction-generale-lamenagement-du-logement-et-nature-dgaln/

²⁴ The DRSES website: https://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/la-drees/

²⁵ Decree no. 2013-727 of August 12, 2013 regarding the establishment, organization and attributions of the General Secretariat of the ministries responsible for social affairs.

²⁶ The DIC website: https://solidarites-sante.gouv.fr/ministere/organisation/organisation-des-directions-et-services/article/organisation-de-la-delegation-a-l-information-et-a-la-communication-dicom/

2.1.3 The National Disability Conference (NDC)

(i) Scope of the National Disability Conference

The National Disability Conference (Conférence nationale du handicap) is an important tool to enhance policy coordination, participation of all relevant actors, definition of shared visions and goals. The Conference is a formal meeting foreseen by Law no. 2005-102 of February 11, 2005,²⁷ organized every three years under the authority of the President of the Republic, "in order to discuss the orientations and means of the policy concerning People with Disabilities". As per Art. 3 of the Law: "The Government organizes every three years, as from January 1, 2006, a National Disability Conference to which it invites in particular the associations representing people with disabilities, the representatives of the organizations managing the establishments or the social and medico-social services for persons with disabilities, representatives of social security departments and bodies, representatives of trade unions and employers' organizations and qualified bodies, in order to discuss the orientations and means of policy concerning people with disabilities." The fifth and most recent session of the National Disability Conference was held on February 11, 2020.

The key results of the Conference are presented in a final report. Notably, as per Art. 3 of Law no. 2005-102, "At the end of the work of the national conference on disability, the Government submits to the office of the parliamentary assemblies, after having obtained the opinion of the NACPD, a report on the implementation of the national policy in favor of persons with disabilities, focusing in particular on actions to prevent impairments, provide accessibility, integration, maintenance and promotion in employment, respect for the principle of non-discrimination and improvements in living conditions. This report may be debated in the National Assembly and the Senate."

(ii) Preparing for the Conference: collections of practices, field visits by public officials, public consultations

For the organization of the National Disability Conference, joint efforts are made by the Interministerial Committee for Disability General Secretariat, as well as the Steering Committee composed of thirty-five members, including representatives of civil society, universities and media and members of the NACPD. The conference is prepared through participatory activities that take place during the three-year interval between conferences. For the preparation of the most recent session held in 2020, the following activities were undertaken:

• Collection of citizen initiatives that can be labelled as "remarkable practices"

Between 2018-2019, almost 500 initiatives with and for the people with disabilities across France were nominated and labelled as "remarkable practices" by the Steering Committee. The application to become part of the "map"²⁸ of the initiatives called "All concerned, all mobilized" was open to any person or organization developing initiatives to enhance the quality of life of persons with disabilities.²⁹ Selected initiatives fulfilled the following criteria:

²⁷ Law no. 2005-102 of February 11, 2005 on the equal rights and opportunities, participation and citizenship of people with disabilities.

²⁸ The 5th NDC on the website of the Secretary of State in charge of People with Disabilities – "Map of labelled practices": <a href="https://handicap.gouv.fr/le-secretariat-d-etat/acteurs/comite-interministeriel-du-handicap-cih/la-conference-nationale-du-handicap/article/les-initiatives-labellisees-tous-concernes-tous-mobilises#La-carte-de-toutes-les-initiatives-labellisees/
²⁹ The 5th NDC on the website of the Secretary of State in charge of People with Disabilities – "Submission form for the "remarkable practices" to obtain the label "All concerned, all mobilized": https://handicap.gouv.fr/IMG/pdf/charte des pratiques cnh.pdf

Accessibility – the practices and initiatives are accessible to ALL, meaning that they allow everyone to participate whatever their disability, as independently as possible, thus ensuring full equity among citizens

Joint development – the practices, actions and initiatives are developed or co-constructed with all citizens; to this end, the participation of citizens in the development of the project is essential

Partnership – the event brings together several actors not committed to the theme.

Meetings between government ministers and citizens with disabilities

Meetings were organized throughout France between citizens with disabilities and a wide range of ministers. Within each ministry, a senior official was appointed to mainstream disability in public policies under its competence. To this end, the senior officers organized the travels of ministers in different regions. The ministers joined events organized by and with people with disabilities. The visits covered all areas of daily life: transport, housing, sport, culture, digital technology, health, school, employment, vocational training, university, voluntary actions and territorial cohesion, army, etc. The ministers met with relevant actors involved: citizens with disabilities, family and professionals carers of people with disabilities, etc. One very positive outcome is that ministers could learn about the innovative projects that improve and simplify the lives of people with disabilities thanks to the mobilization of professionals and volunteers.

• Initiation of five major national projects (chantiers nationaux)

For the conference preparation, consultations were also launched for five major national projects, on subjects related to the National Advisory Council for People with Disabilities (NACPD) agenda. A report was published³⁰ (prepared by nominated public officials) for each of the five projects:

- Project 1. Improve and simplify disability compensation for children
- Project 2. Revise the disability benefit for adults with disabilities
- Project 3. Develop the Departmental Homes for People with Disabilities
- Project 4. Prevent unwanted departures to Belgium
- Project 5. Ensure participation of people with disabilities in the development of public policies.

Online national consultation

Another activity building on the dynamic mobilization of citizens was an online consultation launched in 2019 over a period of 3.5 months via the Make.org platform regarding the question "How can society guarantee a real place for people with disabilities?". By answering the open question in the platform, participants were able to make proposals and vote on those already entered by other participants. An algorithm was developed to identify the most popular ideas. The results of the online survey were presented at the 5th NDC.³¹ In total, 274,600 persons participated in this online consultation, 7,172 proposals were made, and 953,000 votes were casted. The main themes were split into four groups: communicating, adapting society, simplifying procedures, and accompanying.³²

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³⁰ The 5th NDC on the Secretary of State in charge of People with Disabilities website: <a href="https://handicap.gouv.fr/le-secretariat-d-etat/acteurs/comite-interministeriel-du-handicap-cih/la-conference-nationale-du-handicap/article/conference-nationale-du-handicap-restitution-de-la-mobilisation-nationale?var mode=calcul

³¹ Secrétariat d'Etat chargé des personnes handicapées (2020).

³² Présidence de la République (2020).

(iii) Commitments of the 5th National Conference on Disability 2020

The Conference and the Government pledged to implement 12 commitments that focus on the strengthening the support for persons with disabilities and their families, as well as on the mobilization of all stakeholders for the improvement of the daily life of persons with disabilities:³³

- 1. Successful inclusive schooling.
- 2. Winning the challenge of qualification and employment.
- 3. Take disability into account in the universal pension system.
- 4. Accelerate universal accessibility.
- 5. Raising awareness, to mobilize.
- 6. Organize unconditional support and break the isolation of families, by setting up the "360", a unique support number, in partnership with regions.
- 7. Accelerate the deployment of solutions adapted to people with the most needs for support and stop the departure of people with disabilities to residential facilities in Belgium.
- 8. Support life projects by creating "transition" places securing people's choices (employment, school, housing etc.).
- 9. Improve health insurance coverage of rehabilitation care pathways for children with disabilities or illnesses.
- 10. Extend individual compensation for needs and recognize people with disabilities in their role as parents.
- 11. Launch a major national program for technological innovation in the service of daily life and autonomy.
- 12. Set up a "deadline guarantee" for the granting of services.

2.1.4 The Inter-ministerial Committee for Disability

(i) Establishment and role

The Inter-ministerial Committee for Disability (Comité Interministériel du Handicap - ICD) was created by Decree in 2009.³⁴ According to Art. 2 of the Decree, it is responsible for defining, coordinating and evaluating the state policies regarding people with disabilities. The ICD is chaired by the Prime Minister or, through delegation from the latter, by the Secretary of State in charge of People with Disabilities. The ICD has a mandate of five years, the current mandate having started in 2017. The role³⁵ of the ICD is to:

- Coordinate disability policy at national and regional level,
- Mobilize civil society and involve people with disabilities,
- Promote research on disability issues.

"The Inter-ministerial Committee for Disability is composed of ministers responsible for people with disabilities, solidarity, family, youth, education, higher education, research, work, employment, vocational training, consumption, economy, health, social security, social affairs, the elderly, housing, transport, culture, communication, sports, tourism, justice, local authorities, the city, the public

³³ The NDC on the website of the Secretary of State in charge of People with Disabilities: https://handicap.gouv.fr/le-secretariat-d-etat/acteurs/comite-interministeriel-du-handicap-cih/la-conference-nationale-du-handicap/article/les-propositions-de-la-cnh-le-11-fevrier-2020/.

³⁴ Decree no. 2009-1367 of November 6, 2009 on the creation of the Inter-ministerial Committee for Disability.

³⁵ The ICD website: <u>https://www.gouvernement.fr/comite-interministeriel-du-handicap.</u>

service, the budget, overseas, foreign and European affairs. Depending on the meeting agenda, other members of the Government may be invited to meetings of the Inter-ministerial Committee."³⁶

The ICD is a key inter-ministerial body to coordinate relevant disability policies in France and hence provides a platform for intersectorial policy design, implementation, monitoring and evaluation. The inter-ministerial approach to disability policy was reinforced following the National Disability Conferences and the ratification of the UNCRPD on February 18, 2010.

The ICD thus stimulates, coordinates and evaluates the ministerial and inter-ministerial actions for people with disabilities in France. It takes decisions and draws up a roadmap for all members of the Government. The ICD also provides a context for highlighting all the actions carried out by associations representing people with disabilities and by local authorities.

(ii) Role and mission of the General Secretariat of the Inter-ministerial Committee for Disability

In accordance with Art. 3 of the Decree, a General Secretary (GS ICD) is appointed by the Prime Minister. The GS prepares the work and deliberations of the ICD, coordinates disability policy at national and regional levels and the implementation of decisions taken by the Inter-ministerial Committee. The Secretariat can count on personnel made available by ministerial departments or other public institutions. The main duties of the GS are the following:

- Preparing the ICD and the National Disability Conference (see section 2.1.3), as well as the
 conference report to the Parliament im-portant opportunities for consultations and
 consolidation of the ICD's roadmaps.
- Leading the network of senior officials in charge of disability and inclusion.
- Fulfilling the role of General Secretariat for the National Advisory Council for People with Disabilities (NACPD).
- Coordinating universal accessibility.
- Monitoring the country's UNCRPD commitments.
- Piloting the initiative "A supportive response for all".
- Mobilizing stakeholders, from public authorities to the media, including associations representing people with disabilities and their families.

(iii) Strategic objectives defined and followed by the Inter-ministerial Committee for Disability

At the first ICD meeting of the current presidential term (held in 2017), the ICD committed³⁷ to accomplish five objectives within five years:

- 1. Accessing rights more easily.
- 2. Receiving guidance and support throughout education, from the early years childcare right up to the university level.
- 3. Accessing the job market and working like everyone else.
- 4. Living at home and staying in good health.
- 5. Playing an active part in the community: getting around and accessing recreational, sports and cultural activities.

³⁶ Art. 1 of the Decree No. 2009-1367 from November 6, 2009 "On the creation of the Inter-ministerial Committee for Disability".

³⁷ Comité Interministériel du Handicap (2017).

For each successive ICD meeting, the ICD has reported on activities carried out in the previous year for the accomplishment of the goals, backed up by statistical data to highlight the progress.

At the last ICD meeting (November 2020), the Committee has introduced four main objectives: (1) invest in the young generations of people with disabilities (early screening and intervention, inclusive schooling, focus on higher education, access to benefits); (2) simplify procedures and strengthen the power to act of persons with disabilities (access to rights, employment, independent living, access to care and assistive technologies); (3) improve daily support for a better life (support phone number and carers); (4) transform society (universal accessibility, social-medical services offer that can be adapted to all needs).³⁸ At the same time, a report was presented to show the progress regarding the five commitments launched in 2017.³⁹

2.1.5 The Inter-ministerial Delegation for Autism

The Inter-ministerial Delegate was appointed by the Decree from April 26, 2018, to steer the implementation of the National Strategy for Autism and Neurodevelopmental Disorders 2018-2022 (see section 2.1.11). The Delegate reports to the Prime Minister, the Secretary of State in charge of People with Disabilities, informs other ministers concerned, and acts in close cooperation with the General Secretary of the Inter-ministerial Committee for Disability.

The Inter-ministerial Delegate relies on a team of five civil servants40 and is responsible for:

- Monitoring the implementation, at the inter-ministerial level, of the national strategy and its inclusion in the associated ministerial policies.
- Guaranteeing regular recourse to the expertise and experience of service beneficiaries, professionals and scientists.
- Coordinating territorial deployment of the strategy.
- Coordinating the communication meeting the needs of awareness, information and training by mobilizing the national strategy stakeholders.
- Proposing changes necessary for the operational implementation of the national strategy.
- Ensuring in joint elaboration, with each of the ministries and their bodies,⁴¹ plans of action and specifications foreseen by the national strategy.
- Guaranteeing the scope of each project carried out, the good progress of the achievements, ensuring that deadlines and pre-set milestones are respected, as well as the quality of expected deliverables.

The Decree also establishes a National Council for Autism Spectrum Disorders and Neurodevelopment Disorders, chaired by the Inter-ministerial Delegate. The Council meets when convened by the Inter-ministerial Delegate, who sets the agenda. The composition of the Council is set by an order of the Secretary of State in charge of People with Disabilities and has: twelve representatives of family and associations of service beneficiaries; six representatives of the state and local authorities; nine professionals and scientists; eight experts. The Council aims to recognize the expertise of individuals

³⁸ Comité Interministériel du Handicap (2020a).

³⁹ Comité Interministériel du Handicap (2020b).

⁴⁰ A special advisor, a general secretary, a project manager, a communication officer, and an executive assistant.

⁴¹ The Inter-ministerial Delegate can request, as necessary, the services of the ministries concerned, in particular those in charge of solidarity, health, labor, national education, housing, higher education and research, justice, agriculture, culture, sports, overseas, budget, inspection bodies, the National Advisory Council for People with Disabilities, as well as funds and social security organizations. It can benefit from the support of operational resources and personnel made available by the ministries.

and families and has involved them both in the implementation and monitoring of the National Strategy.

2.1.6 The National Advisory Council for People with Disabilities

(i) Establishment, role and mission

The National Advisory Council for People with Disabilities (Conseil national consultatif des Personnes handicapées - NACPD) has a history of 45 years and ensures the participation of persons with disabilities in the elaboration and implementation of policies that concern them. The NACPD continuously strengthens and develops its role, composition and way of functioning - a brief summary pointing out the most important laws in this sense are presented in Table 2 below.

Table 2: Key legal documents pertaining to the National Advisory Council for People with Disabilities of France

Legal documents	Brief description
Law No. 75-534 from June 30, 1975 on orientation in favor of people with disabilities	Establishes the National Advisory Council for People with Disabilities.
Article L. 146-1 of the Code for Social Action and Families (CASF)	States provisions related to roles of the NACPD and its composition.
Article D. 146-1 of the Code for Social Action and Families (CASF)	States provisions related to the definition of the NACPD colleges.
Article D. 146-9 of the Code for Social Action and Families (CASF)	States provisions related to the General Secretariat of the NACPD.
Law No. 2005-102 from February 11, 2005 on the equal rights and opportunities, participation and citizenship of people with disabilities	Strengthens the role of the NACPD, establishes that the NACPD must be notified of all draft laws/regulations.
Decree No. 2020-90 from February 5, 2020 modifying the composition and functioning of the National Advisory Council for People with Disabilities	Establishes the changes/revisions for the current mandate's composition and functioning.

The NACPD can be consulted by relevant ministers on any project, program or research related to/of interest for people with disabilities. At the same time, it can address any policy-related issues relevant to people with disabilities. It can also be consulted by the President of the National Assembly, the President of the Senate or the President of the Economic, Social and Environmental Council (CESE) on any subject having an impact on the lives of persons with disabilities.

The NACPD is responsible for evaluating the material, financial and moral situation of people with disabilities covered by the French national solidarity system (in France and abroad), and to propose to the Parliament and the Government measures to support care of people with disabilities through multi-year programs.⁴³

⁴² Article L. 146-1 of the Code for Social Action and Families.

⁴³ Article. L-146-1; also strengthened by the Law No. 2005-102 from February 11, 2005 on equal rights and opportunities, participation and citizenship of people with disabilities.

The NACPD role was strengthened in 2005 by the Law No. 2005-102,⁴⁴ when it was established that all draft laws/legislative initiatives must be notified to the NACPD. Furthermore, mainstreaming disability in policymaking was made compulsory in 2012 through a Circular from the Prime Minister.⁴⁵ Moreover, regardless of legal obligations, the public administration became increasingly used to consulting the NACPD for legal texts related to disability. These provisions strengthen the NACPD's advisory mission while giving it a transversal and inter-ministerial dimension. In general, Law No. 2005-102 gives the NACPD the mission of assessing the situation of people with disabilities and proposing actions brought to the attention of the Parliament and the Government.

(ii) Composition of the Council

When established, the composition of the NACPD consisted in the main organizations representing persons with disabilities. At present, it includes a wider array of stakeholders: the main stakeholders in shaping policies for people with disabilities, such as trade unions and employer organizations, territorial representatives from different levels of territorial distributions, members of parliament, social protection organizations, research institutions.

The composition, the terms of appointment of the members of the board and its working procedures are all set by a decree. The mandate of the current NACPD started in 2020. It is composed of six different colleges (working groups) as described in Table 3. The number of members of colleges, organizations, public establishments, bodies and associations under colleges 1 to 5 is fixed by order of the minister in charge of people with disabilities. The NACPD currently has a total of 160⁴⁶ full members for a mandate of three years.

Table 3: Composition of the National Advisory Council for People with Disabilities of France, mandate 2020-2023

Colleges	No. of members
College of representatives of associations of people with disabilities or their families	62
College of representatives of professional associations and organizations	33
College of qualified persons	24
College of representatives of interprofessional trade unions representative at national level and national employers' organizations	11
College of national and institutional organizations operating in the fields of prevention, employment, social protection and research	24
College of territorial representatives, national advisory bodies and parliamentary assemblies	6
Total members	160

Source: NACPD (2020).

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Regarding the member selection process, this is carried out through an open public competition⁴⁷ for membership under colleges 1, 2, 3 and 5 (apart from the positions allocated to public social protection institutions). The 6th college of the NACPD includes: a) two representatives from the Parliament, a

⁴⁴ Law No. 2005-102 from February 11, 2005 on equal rights and opportunities, participation and citizenship of people with disabilities.

⁴⁵ The Circular from September 4, 2012 on the inclusion of disability in laws (Premier ministre, 2012).

⁴⁶ Compared to the previous number of members, the current Council has 38.0 percent more members.

⁴⁷ Open competition for becoming a member of the NACPD: https://handicap.gouv.fr/actualites/article/appel-a-candidats-pour-devenir-membre-du-conseil-national-consultatif-des/

deputy and a senator appointed by their respective assembly; b) three representatives of local authorities appointed respectively by (1) the association of regions of France, (2) by the assembly of departments of France and (3) by the association of mayors of France; c) a representative of the Economic, Social and Environmental Council.⁴⁸

Each appointed member has a substitute, apart from the two parliamentary representatives and the President of the NACPD. Members can sit in one college only. No member, including institutional members and the president, is paid or compensated for their activities at the NACPD.

(iii) Organisation and functioning of the Council

The NACPD is led by a President appointed for three years by the Secretary of State in charge of People with Disabilities. In the current composition of the NACPD, there are nine specialized/thematic committees (listed in Box 2). Each is represented by a Vice-president and two members. The Vice-presidents and members representing the specialized committees are appointed by the Secretary of State in charge of People with Disabilities out of the members of the NACPD, upon the President's proposal. They coordinate and report on the work of each specialized committee and participate in the meetings of the Governance Committee. The committees can also invite other members on the basis of their expertise, informing the President about their selection.

Box 2: List of specialized committees within the National Advisory Council for People with Disabilities of France

- Territories and citizenship
- Accessibility, universal and digital design
- Disability compensation and resources
- Education, schooling, higher education and cooperation between general and special education
- Training, ordinary and adapted employment and sheltered work
- European and international issues, implementation of conventions
- Health, well-being and well-treatment of people with disabilities
- Culture, media and sports
- Institutional organization

Source: Art. 1 of the Decree No. 2020-90 from February 5, 2020 modifying the composition and functioning of the National Advisory Council for People with Disabilities.

The General Secretary of the Inter-ministerial Committee for Disability (GS ICD) acts as the secretariat of the NACPD. The Governance Committee is composed of the Vice-Presidents and their associated members of the specialized committees. One of the main tasks of this committee is to validate the draft opinions submitted by the specialized committees in the Plenary Assembly for adoption. At the beginning of the current mandate starting with 2020, the following structures were established within the NACPD:⁴⁹

A Monitoring Committee, which ensures that the NACPD advice feeds as much as possible
into the work of the government administration and vice-versa. Three persons are appointed
by the President for this Committee.

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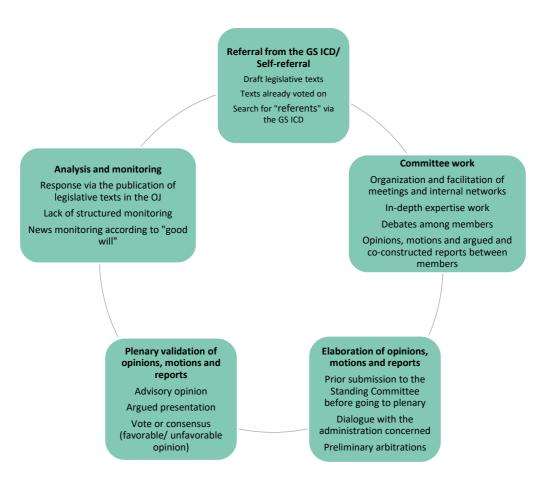
⁴⁸ Article D. 146-1 of the Code for Social Action and Families.

⁴⁹ Decree No. 2020-90 from February 5, 2020 modifying the composition and functioning of the National Advisory Council for People with Disabilities.

An Ethics Council, which discusses semantic, sociological and ethical questions, current issues
and future challenges, the progress towards an inclusive society, paving a way for innovative
solutions. The members of the Council are appointed by the President based on their
expertise.

The NACPD holds a plenary session once a month (except in August), in addition to the meetings of the Governance Committee. Exceptional plenary meetings may be requested. Likewise, specialized committees meet at least once per month. The process is as follows: the ministries send their legislative proposals to the president of the NACPD and to the General Secretary. The latter transmits the proposals for examination to the relevant specialized committee. The specialized committee then drafts a note accompanied by a proposed opinion. It is up to the Plenary Assembly, at the end of this process, to adopt the opinion of the NACPD. Opinions take one of the following forms: favorable opinion, favorable opinion with reservation(s), acknowledgement, or unfavorable opinion.

Figure 6: The operating process of the NACPD in France within the framework of its missions



Source: Mission Radian – Michels (2019: 59).

At the end of its mandate, the NACPD submits to the Secretary of State in charge of People with Disabilities a report on the implementation of policies concerning people with disabilities.⁵⁰

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 $^{^{\}rm 50}$ Article D. 146-12 of Decree no. 2020-90 of February 5, 2020.

2.1.7 National Solidarity Fund for Autonomy

The National Solidarity Fund for Autonomy (Caisse Nationale de Solidarité pour l'Autonomie - NSFA) acts under the remit of the Ministry of Solidarity and Health and is both a "fund" responsible for distributing financial resources, as well as a technical support "agency". It is responsible for:

- Participating in the financing of assistance for the autonomy of the elderly and people with disabilities: contributing to the financing of the personalized autonomy allowance and the disability compensation service; assisting the financing of the Departmental Homes for People with Disabilities; allocating funds intended for medico-social establishments and services; supporting the modernization and professionalization of home-based support services.
- Guaranteeing equal treatment throughout the country regardless of age or type of disability, ensuring a fair distribution of resources.
- Providing expertise and information: exchanging information; sharing good practices between
 departments; supporting innovative actions; developing evaluation tools; supporting state
 services in identifying priorities and adapting the offer of services.
- Providing information to the elderly, and people with disabilities and their relatives.
- Ensuring expertise and research on all issues related to access to autonomy, whatever the age and origin of the disability.⁵¹

The NSFA has a key role in coordinating the institutions responsible for disability assessment (see section 2.1.10).

2.1.8 Ombudsman of the French Republic

The Ombudsman of the French Republic has the general mission to ensure the protection of rights and freedoms and to promote equality. In 2011, it was appointed by the Government as an independent mechanism for monitoring the UNCRPD implementation. In this capacity, it ensures, in conjunction with people with disabilities and their representative organizations, a mission of protection, promotion and monitoring of the implementation of the UNCRPD.⁵² The Ombudsman coordinates a **Monitoring Committee for the implementation of the UNCRPD** established in 2012, with the aim of bringing together, in a national forum, the main actors involved in the implementation of the UNCRPD for making the rights' protection of persons with disabilities more effective. The Committee meets, on average, twice every year, and its members include:⁵³

- The French Council of Persons with Disabilities for European Affairs
- The General Controller of Places of Deprivation of Liberty
- The National Advisory Commission on the Rights of the Child
- The National Advisory Council for People with Disabilities
- Additionally, the state, represented by the Secretary of State in charge of People with Disabilities, may be invited to participate as an observer.

2.1.9 National Consultative Commission on Human Rights

Established in 1947, the Commission is the French National Institution for Human Rights. It is an Independent Administrative Authority with the role of providing independent advice and proposals

⁵¹ The NSFA on the Ministry of Solidarity and Health website: https://solidarites-sante.gouv.fr/ministere/acteurs/agences-et-operateurs/article/cnsa-caisse-nationale-de-solidarite-pour-l-autonomie/

⁵² Défenseur des droits (Ombudsman): https://www.defenseurdesdroits.fr/fr/institution/organisation/defenseur/

⁵³ Défenseur des droits (2020: 87).

on human rights to the government and Parliament. It monitors the effectiveness of the rights protected under international human rights conventions, including the UNCRPD.

The Commission functions through the following structure:54

- A President who can formulate and submit recommendations or observations to before plenary meetings at his/her own initiative or when required.
- A Bureau consisting of the President, two Vice-presidents and a General Secretary. The bureau
 establishes the agendas of the plenary assemblies, follows the attendance and the budget of
 the Commission.
- A Coordination Committee, composed of the Bureau, the former presidents and vice-presidents of the Commission, the presidents and vice-presidents of the Commission. chairmen of thematic groups and thematic referents. They establish the agendas of the plenary meetings, support the programming and coordination of activities, plan the calendar and work themes. They assist and advise the members of the bureau in making decisions on any matter brought to their attention by the president of the Commission.
- The members of the Commission, who have mandates of three years. They are organized in thematic sub-committees and working groups.

2.1.10 Disability assessment institutions and instrument

(ii) The legal and institutional framework for disability assessment

The main legal framework of the French disability policy is the Law No. 2005-102 from February 11, 2005, *On the equal rights and opportunities, participation and citizenship of people with disabilities*. This law established the Departmental Homes for People with Disabilities (DHPD) in each of the 101 territorial departments of France. These DHPDs offer equal access to the rights and benefits to people with disabilities by welcoming, informing, supporting and advising people with disabilities and their families on their rights. More generally, DHPDs raise awareness on disability issues. The network of local authorities is monitored by the NSFA.

Each DHPD is composed of two bodies:

(1) A multidisciplinary team in charge of assessing the difficulties the person faces and his/her needs based on request and the documentation submitted.⁵⁵ This multidisciplinary team remains at the disposal of the persons with disabilities and their relatives; it can be composed of doctors, occupational therapists, psychologists, social workers, educators, etc. The multidisciplinary team applies the multidimensional assessment guide GEVA and proposes the person's Personalized Compensation Plan (PPC), as well as the Personalized Schooling Project (PPS) for pupils with disabilities.

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⁵⁴ Commission nationale consultative des droits de l'homme: https://www.cncdh.fr/fr/fonctionnement/

⁵⁵ In order to undergo the disability assessment process, persons with disabilities or their representatives must submit an application form, to which a medical certificate must be attached. The certificate must be dated less than three months and be submitted sealed to the DHPD. It is drawn up on a standard form. It is supplemented by two specific sections, one dedicated to hearing impairments and the other to visual impairments.

Life project including aspirations, needs, wants

Regulatory criteria for the award of benefits

PPC

PPS

CDAPH

Decisions

Multidisciplinary team

GEVA

Synthesis

PPC

PPS

Decision proposals

Figure 7: Disability assessment process in France

Source: NSFA.

Notes: Life project: a section of the file filled in by the person requesting to undergo the disability assessment process. The persons are invited to fill in a section on "Daily life", also known as "Life project". PPC: Personalized Compensation Plan proposed by the multidisciplinary team. PPS: Personalized Schooling Project for pupils with disabilities.

(2) The Commission for the Rights and Autonomy of People with Disabilities (CRAPD) – an executive board which decides on the aid provision of the person with disabilities based on the evaluation carried out by the multidisciplinary team and the proposed compensation plan. The CRAPD⁵⁶ assesses the disability level of the person, allocates the compensation benefit, recognizes the status of worker with disabilities, and decides on measures facilitating school integration (see Figure 7 and Box 3). Decisions taken by the CRAPD may be the subject of an appeal, which itself may be preceded by an attempt at conciliation.

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⁵⁶ The DHPD' on the Secretary of State in charge of People with Disabilities website: https://handicap.gouv.fr/les-aides-et-les-prestations/maison-departementale-du-handicap/article/la-commission-des-droits-et-de-l-autonomie-des-personnes-handicapees/

Box 3: Disability assessment in France - main responsibilities of the Commission for the Rights and Autonomy of People with Disabilities

- Decide on the orientation of the person with disabilities and the appropriate measures to ensure his/her educational or professional and social integration.
- Designate (and specifically name) the establishments, services or the devices corresponding to the needs of the person (child or adult) with disabilities for reeducation, education, reorientation.
- Assess whether the person's level or the degree of disability justifies the allocation of various types of benefits available for children and adults with disabilities (disability benefit, education allowance for children with disabilities, etc.).
- Recognize, if applicable, the status of the worker with disabilities for persons meeting the conditions defined by the Labor Code.
- Decide on the support of people with disabilities over the age of sixty accommodated in facilities for adults with disabilities.

Source: Article L. 241-6 of the Social Action Code and Families.

The DHPD ensures the monitoring of the implementation of the Commission's decisions, as well as the management of the departmental disability benefit fund. It also coordinates actions with the health and medico-social systems.

(ii) Disability assessment instrument

In order to promote a uniform application of the law and assessment of the needs of persons, the central authority has provided local assessment teams with a multidimensional assessment guide (Guide d'évaluation des besoins de compensation des personnes handicapées or "GEVA" – an English translation of GEVA is attached to this Report).⁵⁷

GEVA comprises 7 sections (touching upon aspects of a person's situation: social, financial, medical, etc.). The basic component related to 'activities and functional abilities' is composed of 8 International Classification of Functioning, Disability and Health (ICF)⁵⁸ Activities and Participation (A&P) domains (Table 4) and includes 142 ICF items. Each item is linked to a series of 5 environmental factors (human environment, technical aids, animal aids, housing, services) assessed in terms of a facilitator or a barrier/lack of).⁵⁹ Thus, each A&P item can be assessed (using the ICF 5 grades generic scale: no difficulty, mild difficulty, moderate difficulty, severe difficulty, cannot do) in terms of Capacity and Performance. An additional qualifier of performance (activity performed alone; performed partially with human assistance; performed with continued assistance; not performed) allows to assess what performance would require in terms of environmental facilitators and support (see Box 4 for legal definition of disability in France).

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⁵⁷ The NSFA website: http://www.cnsa.fr/compensation-de-la-perte-dautonomie/du-projet-de-vie-a-la-compensation/levaluation-des-besoins/

⁵⁸ World Health Organization (2001).

⁵⁹ NSFA (2008: 16-32).

Table 4: ICF Activities and Participation Domains in GEVA

	No. of items
General tasks and demands and interpersonal interactions and relationships	18
Mobility and handling objects	23
Self-care	12
Communication	14
Domestic and daily life	16
Applying knowledge and learning	5
Tasks and demands related to schooling and initial training	22
Tasks and demands related to work	32

Box 4: Legal definition of disability in France

- Law No. 75-534 from June 30, 1975, On the orientation of people with disabilities introduced the legal concept of a person with disabilities and made education, training and career guidance for children and adults with disabilities a national obligation.
- Law No. 2005-102 from February 11, 2005, On the equal rights and opportunities, participation and citizenship of people with disabilities, provides a definition of disability inspired by the ICF. According to the present law, disability is "the limitation of activity or restriction in participation in the social environment experienced by a person due to substantial, enduring, or definitive alteration of one or several physical, sensory, intellectual, cognitive, or psychiatric functions, a multiple disability, or a disabling health disorder".

2.1.11 People with disabilities in strategic documents

Disability: a priority for the five-year term: Right after taking the office in 2017, the current Secretary of State in charge of People with Disabilities presented a document entitled "Disability: a priority for the five-year term", 60 to the Council of Ministers. The document stressed the need to increase awareness and change society's view of disability and step up the government actions that also focus on efficiency and results. The guidelines underpinning the implementation of the targets are simplifying access to rights and improving quality of services. The targets were set under the following dimensions: (1) accessing rights more easily; (2) receiving guidance and support throughout education, from early years childcare right up to the university level; (3) accessing the job market and working like everyone else; (4) living at home and staying in good health; (5) playing an active part in the community: getting around and accessing recreational, sport and cultural activities.

National Strategy for Autism and Neurodevelopmental Disorders 2018-2022: The Strategy⁶¹ puts science at the heart of the public autism policy. It formulated the following commitments: (1) strengthening research and training; (2) putting in place early interventions prescribed by the best practice recommendations; (3) guarantying effective schooling to children and young people; (4) promoting inclusion of adults; (5) supporting families. The strategy was developed by mobilizing many ministerial departments, including the Ministry of Solidarity and Health, the Ministry of National

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 $^{^{60}\,} The\, French\, Government\, website: \\ \underline{https://www.gouvernement.fr/conseil-des-ministres/2017-06-07/handicap-une-priorite-du-quinquennat/}$

⁶¹ Secrétariat d'Etat chargé des personnes handicapées (2018).

Education, the Higher Education and Research and Innovation, and the Ministries of Labor, Justice, Housing, Culture, Sports, etc. An Inter-ministerial Delegate was appointed to steer and monitor the strategy implementation (see section 2.1.5).

National Strategy for supporting parenthood 2018-2022: The General Directorate for Social Cohesion (GDSC) of the Minister of Solidarity and Health and the Secretary of State in charge of People with Disabilities launched the strategy⁶² as policy for supporting parents and preventing risks that may burden families. The strategy includes specific measures related to supporting families with children with disabilities.

National Strategy for the Employment of People with Disabilities 2019-2022 "Together, Let's dare Employment": Following a recent national strategy for tackling poverty launched by the President of the Republic in 2018,⁶³ the integration of vulnerable groups in the labor market (including people with disabilities) became a priority for the government. The Secretary of State in charge of People with Disabilities, the Minister of Labor and the Secretary of State to the Minister of Public Accounts have prepared⁶⁴ and launched the strategy⁶⁵ and set up a National Committee for monitoring and evaluation of the employment policy for people with disabilities.

The strategy is setting a roadmap for the reform of the employment policy for people with disabilities under three major policy directions: (1) Hiring a person with disabilities is first and foremost hiring a skill; (2) Simplifying employment and disability; (3) Supporting choices and careers in all their diversity.

Strategy for the mobilization and support of close care givers 2020-2022: In France, 8 to 11 million people support their family members cope with the with loss of autonomy for reasons related to age, a handicap, a chronic or disabling disease. As the population ages, these numbers are likely to grow. The Strategy highlights that there will be three times more people over 85 by 2050 in France. The Prime Minister instructed the Minister of Solidarity and Health and the Secretary of State in charge of People with Disabilities to work on the development of a caregiver support strategy. ⁶⁶

Developed with representatives of family caregivers, the strategy aims to respond directly to their needs and has the following objectives: (1) recognize their role as informal caregivers for a more united society adapted to the prospect of a sharp increase in the loss of autonomy in population; (2) improve the quality of life of family caregivers by eliminating the difficulties that complicate their daily lives.

⁶² Ministère des Solidarités et de la Santé (2018a).

⁶³ Ministere des 3

⁶³ Ministère des Solidarités et de la Santé (2018b).

⁶⁴ With inputs from the National Advisory Council for People with Disabilities and the General Delegation for Employment and Vocational Training among stakeholders involved.

⁶⁵ Secrétariat d'Etat chargé des personnes handicapées, Ministère du travail, de l'emploi et de l'insertion, Ministère de l'Action et des Comptes Publics (2019).

⁶⁶ Premier ministre, Secrétariat d'Etat chargé des personnes handicapées, Ministère des Solidarités et de la Santé (2019).

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2.2 Czech Republic

The main institution for promoting and protecting the rights of people with disabilities in the Czech Republic is the Ministry of Labour and Social Affairs (MLSA). It is the focal point for the implementation of the UNCRPD and plays a key role in the development and the coordination of the implementation of policies for people with disabilities, including of the disability assessment process. The MLSA itself is responsible for the delivery of many programs from persons with disability in the areas of labor and social protection. The Government Board for People with Disabilities (hereinafter "the Board") was established to coordinate disability policy in the Czech Republic. Jointly with MLSA, it has a comanagement role in supporting the implementation of the UNCRPD. The Board also coordinates the elaboration and monitoring of the implementation of the National Plan for People with Disabilities which is the main strategic document in the field of disability.

Prime Minister, MLSA and other line ministries*, civil society, employer organizations, experts, Ombudsman (observer) Ministry of Labour and Social Affairs (MLSA) Government Board for People with Disabilities National Plan for People with Disabilities Department of Services Social and Social Work Government Commissioner for **Human Rights** Ministries of Transport, Social Security Labour Regional Development, Office Administration Justice, Education, Youth and Sports, Interior, Health, Culture, Industry and Trade Regional **District Social** NGOs. DPOs. regions. branches Security municipalities Administrations

Figure 8: Main bodies responsible for the development, regulation, implementation, coordination and monitoring of disability policies in Czech Republic

Source : Prepared by the World Bank team.

Note: * Ministry of Education, Youth and Sports, Ministry of Health, Ministry of Transport and Communications, Ministry of Finance, Ministry of Culture, Ministry of Regional Development, Ministry of Industry and Trade.

The National Plan is approved by the Government of the Czech Republic and foresees measures under the responsibility of multiple national level institutions apart from MLSA (e.g. the Ministries of Health, Education, Transport, Regional Development, etc.).

2.2.1 Ministry of Labour and Social Affairs

MLSA is the main institution responsible for developing and coordinating the implementation of disability policies in the Czech Republic. It is responsible for social policy (e.g. people with disabilities,

social services, social benefits, family policy), social security (e.g. pensions, sickness insurance), employment (e.g. labor market, employment support, employment of foreigners), labor legislation, occupational safety and health, equal opportunities of women and men, European Social Fund and other social or labor related issues. MLSA provides methodological guidance to Labour Offices, Czech Social Security Administration, State Labour Inspection Office, Regional Labour Inspectorates and to the Office for International Legal Protection of Children. It runs five Social Care Homes for children and adults with physical or mental disabilities and supervises three Government-funded organizations: the Research Institute for Labour and Social Affairs,⁶⁷ the Institute for Occupational Safety Education and the Occupational Safety Research Institute.⁶⁸

At the same time, MLSA is the focal point for UNCRPD implementation in the Czech Republic, bearing the full responsibility for ensuring compliance with the UNCRPD. The implementation of UNCRPD is managed jointly with the Government Board for People with Disabilities. All MLSA activities concerning persons with disabilities fall within the scope of the focal point for the implementation of the Convention. ⁶⁹

In cooperation with other stakeholders, MLSA organizes conferences and seminars intended for both persons with disabilities as well as staff of central and local governments for the dissemination of UNCRPD provisions and strengthening the interinstitutional cooperation essential for UNCRPD implementation throughout the country. At the same time, for the purpose of destigmatizing and increasing awareness, MLSA produces publications on the issues of people with disabilities. MLSA departments are detailed in Annex 2.2.1., while the main department dealing with disability policy is described below (Section 2.2.1.1).

2.2.1.1 Department of Social Services and Social Work

The Department defines concepts and policies regarding social services, oversees the training required by specialized staff involved in providing such services, and regulates the funding of social services. It is also responsible for the implementation of disability policies.⁷⁰

Main tasks of the Department (general):

- Defines the social services and social work system in accordance with the principles of social protection and social inclusion, provides conceptual and methodological support in this area and in the field of equal opportunities and social housing, ensures elaboration of legislative drafts in these fields,
- Sets out financing of social services and implement the subsidy policy of the Ministry,
- Ensures necessary expertise for monitoring and evaluating the availability, quality, content and scope of social services,
- Develops the national strategy for the development of social services,

⁶⁷ The main task of the institute is applied research in the field of labor and social affairs at the regional, national and international levels, formulated according to the current needs of the state administration bodies, or non-profit or private entities. The main research interests of the institute include labor market and employment; social dialogue and industrial relations; social protection; family; equal opportunities; income and wages, theory of social policy. Examples of recent work: i. Quality of social work performance in the Czech Republic - creation of an evaluation methodology and initial evaluation (ongoing); ii. Consequences of population aging on the need for long-term care (2019-2020); iii. Economic situation of people with disabilities in residential social services facilities (2018-2019); iv. Policy brief on the role of assistive technologies in the context of ageing and the benefits for elderly and people with disabilities (2020). Source: https://www.vupsv.cz/o-nas/

⁶⁸ MLSA, https://www.mpsv.cz/web/cz/o-mpsv; <u>https://www.mpsv.cz/web/cz/umluva-osn-o-pravech-osob-se-zdravotnim-postizenim/</u>

⁶⁹ The focal point is an employee of the Department of Social Services and Social Work.

⁷⁰ MLSA, https://www.mpsv.cz/socialni-prace-a-socialni-sluzby/

- Assesses draft legislation submitted by other ministries (entities), including parliamentary and senate proposals,
- Define qualification and lifelong education of workers in social services, decides on administrative proceedings on the accreditation of educational programs in the subject area,
- Defines the quality assurance system for the social services provided,
- Methodically manages administrative bodies to which rights and obligations are entrusted under the Social Services Act and provides methodological support to organizations providing social services,
- Manages social services facilities established under the direct authority of the Ministry,
- Ensures control activities towards public administration bodies in social services and social work, providers of social services and recipients of subsidies within the scope of the Department,
- Cooperates within the scope of the Social Services Act on the concept of a systemic approach to population aging.

Main tasks of the Department (specifically related to people with disabilities):

- Defines the process of comprehensive (coordinated) rehabilitation of people with disabilities
- Participates in the implementation and is the material guarantor of individual projects financed from the European Social Fund, which focus on supporting the conceptual and strategic activities of the department in the field of social services, comprehensive (coordinated) rehabilitation of people with disabilities and other areas
- Contributes to the definition and implementation of national policies such as accessibility of people with disabilities, crime prevention, drug policy and all other national concepts that are directly related to the strategy, quality of services, accessibility and financing of social services and social work activities.

2.2.1.2 Social Security Administration

The Czech Social Security Administration (CSSA) is a social security body that administers pension and sickness insurance. It includes a medical assessment service, which assesses the health status of insured persons for the purposes of pension and sickness insurance. It also carries out this activity for the purpose of providing benefits from non-insurance social security schemes. The District Social Security Administrations (DSSA) are territorial organizational units of the CSSA, which participate in the implementation of social insurance within the scope of their competence. Most relevant departments of an DSSA include: Social Insurance Department (coordinates and directs the implementation of social insurance); Health Insurance Department (provides health insurance for employees and other persons in accordance with relevant regulation); Pension Insurance Department; Department of Self – employed; Department of the Register of Insured Persons and the Register of Employers, etc. The DSSAs also include a Medical Assessment Service Department that assesses the health status and work ability of applicants to social security systems or benefits for persons with disabilities. In addition, the Department: (i) decides on the termination of temporary incapacity for work or the need for treatment; (ii) controls the fulfillment of obligations in the assessment of health status set by attending physicians; (iii) gives incentives to impose a fine on a medical facility for noncompliance with social security obligations; and (iv) upon request, gives the attending physician prior written consent for the retroactive recognition of temporary incapacity for work for a period longer than three days or for the recognition of incapacity for work by the same attending physician.⁷¹

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⁷¹ Social Security Administration. https://www.cssz.cz/

2.2.1.3 Labor Office

The Labor Office of the Czech Republic is an administrative office with nationwide competence. Its General Directorate manages, directs and controls activities of regional branches of the Labor Office and ensures coordination, methodological management and financing of measures and instruments of active employment policy. Regional branches are organizational units of the Labor Office of the Czech Republic that create conditions for the implementation of the state employment policy and provisions within several acts related to social benefits. They also provide occupational rehabilitation services and ensure the implementation of the agenda for fulfilling the quota of employed persons with disabilities and support for the employment of persons with disabilities.⁷²

The Labor Office grants disability benefits, regulated by Act No. 329/2011 on the Provision of Benefits to Persons with Disabilities, sets the mobility, allowance for a special aid, disability card⁷³ and other benefits that flow from it. The decision is taken by the regional branches.⁷⁴ Decree No. 388/2011 on the implementation of certain provisions of the Act No. 329/2011 determines which medical conditions can be considered as a significant limitation for mobility and orientation.⁷⁵

2.2.2 The Government Board for People with Disabilities

The Government Board for People with Disabilities, established by the Government Resolution No. 151 from May 8, 1991, is an important platform for facilitating representation and participation of people with disabilities in formulating legislative and non-legislative public policy measures. It is a permanent coordination initiative and advisory body to the Government to support the development, implementation, monitoring and evaluation of policies for people with disabilities. The Board cooperates with the central state administration authorities and associations of people with disabilities. The Central state administration authorities have to present to the Board draft measures concerning the problems of people with disabilities for discussion. The Board's main advisory body is the Czech National Disability Council. The Board coordinates the elaboration of the National Plans for the inclusion of persons with disabilities, as well as their monitoring and revision.

2.2.2.1 The composition of the Board and description of key roles

The Board consists of the Prime Minister, selected Ministers, representatives of relevant ministries, the chairman and vice-chairmen of the Czech National Disability Council, one representative of employers, five other members (civil society, experts, academia) (see Table 5). Additionally, the Public Defender of Rights (Ombudsman) is a permanent guest with an advisory voice. The Board meetings can be general or of expert and working Board groups.

⁷² Labor Office: https://www.uradprace.cz/web/cz/o-uradu-prace/

⁷³ A person older than 1 year of age with physical, sensory or mental disability or a long-term unfavorable state of health, which significantly limits his or her ability to move or orientate, including persons with autism spectrum disorder, is entitled to a disability card. Source: https://www.uradprace.cz/web/cz/prukaz-ozp/

⁷⁴ Labor Office (Disability benefits): https://www.uradprace.cz/web/cz/davky-pro-ozp/

⁷⁵ Labor Office (Disability card): https://www.uradprace.cz/web/cz/prukaz-ozp/

⁷⁶ As a monitoring body of the UNCRPD and an independent institution dealing systematically with the issues of the rights of persons with disabilities and their fulfillment (Government of the Czech Republic, 2020a: 4).

Table 5: Composition of the Government Board for People with Disabilities in the Czech Republic

Bureau of the Board	Chairperson	Prime Minister
	Executive deputy chairperson	Government minister appointed by the chairperson ⁷⁷
	Four deputy chairpersons	Minister for Labor and Social Affairs
		Minister for Education, Youth and Sports
		Minister for Health
		Chairperson of the Czech National Disability Council
Other members ⁷⁸	• •	Communications, Finance, Culture, Regional in whose competence part of the problems of we ministries belongs
	Directors of expert departments special Board member ministries	alizing in problems of people with disabilities in
	Four deputy chairpersons of the Czech N	National Disability Council
	The Chairperson of the Union of Bohemi representative of employers predomina	an and Moravian Production Cooperatives as the ntly employing persons with disabilities
	,	I society, experts and members of academia, disabilities, whose work contributes to raising
	The Head of the Board's secretariat.	

Source: Government of the Czech Republic (2001).

The chairperson of the Board (Prime Minister) is accountable to the Government for the Board's activities. In particular, the Board's chairperson:⁷⁹

- Convenes and chairs the Board meetings,
- Appoints and removes Board members who are not members as representatives of their office,
- Signs exceptionally important documents and awards the Board's Prize.

The Board Executive Deputy Chairperson is accountable to the Board Chairperson for the Board's activities. In particular, the Executive Deputy Chairperson:⁸⁰

- Carries out the operational management of the Board's activities,
- Signs opinions, recommendations and other materials of the Board,

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⁷⁷ The position is currently filled in by the Government Commissioner for Human Rights.

⁷⁸ The Board Members are appointed and removed by the Government. Their term of office ends: a) in the case of Government members, when they cease to hold this office; b) in the case of representatives of state administration, upon their removal from their office or upon termination of their employment/service relationship; c) in the case of the chairperson and deputy chairpersons of the Czech National Disability Council, upon the termination of their own term with the Council; d) the removal of the chairperson of the Board (Government of the Czech Republic, 2001, Article 3).

⁷⁹ *Ibid*. Article 4.

⁸⁰ *Ibid*, Article 5.

- Delivers the Board's material to the Government for discussion,
- Presents members of the Board with the plan of the Board's work for approval and draft materials of the Board for discussion,
- Appoints and removes the chairpersons and members of the Expert Board Groups,
- Makes decisions on whether guests are to be invited to Board meetings,
- Grants consent for experts to be invited as permanent associates of expert groups,
- Proposes remuneration for Board members and experts entitled to remuneration.

Board members attend Board meetings and those of expert groups to which they are assigned. They are entitled to present proposals to the Board and attend any meetings of the Board's expert groups. In the event of illness or for other justifiable reasons, a member representing the state administration may send to a Board meeting another employee of the same authority, but this person is not allowed to vote.⁸¹

2.2.2.2 The Board Secretariat

The Secretariat has an important role in organizing the Board activities and liaising with other institutions. It ensures institutional compliance and coordinates monitoring of the implementation of the National Plan. Its main positions and functions are detailed in Table 6.

Table 6: Staff and functions of Secretariat members of the Government Board for People with Disabilities in the Czech Republic

Position	Functions of the Board Secretariat member
Head of the Board	Manages the resources of the Department of the Board Secretariat
Secretariat and Lawyer of the Board (Senior Government Counsel)	Develops proposals for new legal regulation with nationwide scope or legal regulation of matters not yet regulated by law, comprehensively assesses regulation drafts in a comment procedure or prepares opinions on them
Counsely	Comments on new and amended general legislation in terms of its impact on citizens with disabilities and participates in the resolution of comments
	Cooperates with the Social Policy and Health Committees of the Chamber of Deputies and the Senate of the Parliament of the Czech Republic
	Provides expert advice in the field of legal protection of persons with disabilities.
Secretary of the Board (Government	Coordinates and methodologically directs the evaluation of the effectiveness of nationa plans for the support and integration of people with disabilities
Counsel)	Participates in the development of amendments to the current national plans and the development of new national plans for people with disabilities
	Independently prepares expert documents for the Board meetings based on the proposals from ministries and organizations of persons with disabilities and prepares motions for resolutions
	Organizes the Board meetings and prepares the meeting notes
	Independently prepares expert documents for the meetings of the Board expert and working groups based on the ideas of their members and organizations of persons with disabilities and organizes their meeting

⁸¹ Ibid, Article 6.

Organizes Award for journalistic work focused on the topic of disability and other events

Participates in events organized by organizations of people with disabilities and negotiation with them

Searches for responses to the Board activities and associations of people with disabilities and disability issues in the media in general

Participates in the administration of the subsidy program Support for the Public Benefit Activities of Disabled Person's Organizations (DPOs).

Secretary of the Steering Committee of the National Development Program for Mobility for all (Government Counsel)

Assesses proposals for new national regulation during the comment procedure

Elaborates the concept and ensures the activity of the National Development Program for Mobility for All (see section 2.2.2.3)

Organizationally and administratively ensures the functioning of the bodies of the National Development Program for Mobility for All (Steering Committee, Evaluation Commission)

Provides in person and telephone consultations to the representatives of local governments when submitting plans for barrier-free routes, prepares promotional material and regularly updates the methodological manual of the National Development Program for Mobility for All

Monitors and assesses EU normative acts and other international documents related to the issues of people with disabilities

Acts as representative of the Board Secretariat to the High-Level Group on Disability at the EC

Independently manages the foreign agenda of the secretariat - handles correspondence in English

Handles correspondence related to the complaints from citizens and legal entities

Participates in the administration of the subsidy program Support for the Public Benefit Activities of DPOs

Secretary of the Subsidy Program Support for public benefit activities of DPOs (Government Counsel)

Establishes uniform national procedures and principles for the provision of subsidies, including the evaluation of projects in the area of competence of the Board Secretariat and the Department of Human Rights and Protection of Minorities

Prepares proposals for targeting public funding support for public benefit activities of DPOs

Ensures the development and implementation of subsidy procedures

Cooperates with the Department of Internal Audit and Control on the implementation of controls at grant recipients

Participates in the preparation of the Annual Report of the Board and the final accounts

Participates in ensuring cooperation with other public administration bodies, associations and other organizations of people with disabilities.

Support staff

Manages the agenda of the Board secretariat

Conducts negotiations and handles submissions in matters of persons with disabilities

Informs organizations of people with disabilities about changes in legislation related to their issues.

Source: Government Board for People with Disabilities (2020: 5-7).

2.2.2.3 Expert and working groups of the Board

The Board has the following expert and working groups:82

Expert Group on Social Policy (est. 2002) main task is to develop topics that are key to the successful transformation of social services in terms of covering the needs of people with disabilities. The scope of the group also includes other topics related to the social policies that are developed at national and local government levels for people with disabilities.

Expert Group for the Employment of Persons with Disabilities (est. 2003) main task is to initiate or propose and recommend to the competent departments of the responsible ministries a range of systemic changes in the area of support for the employment of persons with disabilities.

Expert Group on Regional Development (est. 2004) task is to regularly discuss with regional representatives the urgent general problems of people with disabilities and the development and implementation of regional plans for equal opportunities for people with disabilities.

Expert Group on Education (est. 2004) should monitor and evaluate activities of entities involved in rising the level of education of persons with disabilities, including through inclusive measures supporting inclusive education.

Expert group for solutions for problems experienced by people with autism spectrum disorders — ASD (est. 2014) focuses on education and social and health care. Its members are representatives of the respective ministries, committees of the Chamber of Deputies of the Czech Parliament, experts on the issue, representatives of non-profit organizations, self-advocates and advocates for the ASD. The aim of the group is to discuss, find and present solutions to issues the most pressing areas of life of people with ASD and also to establish functional cooperation in cross-cutting areas.

Expert Group on Accessibility of Public Administration and Public Services (est. 2016) serves to better coordinate the mechanisms that make public administration and public services accessible to all citizens, with special regard to people with disabilities. The members of this group are representatives of the ministries responsible for accessibility issues and representatives of organizations of people with disabilities.

Steering Committee of the National Development Program for Mobility for All⁸³ (est. 2004) - composed of representatives of all institutions involved in financing of complex barrier-free environment. After the submission of the plans for barrier-free environment, the Steering Committee always decides in the first phase which of them to exclude for non-compliance with formal requirements, and which will be submitted to the Evaluation Committee of the National Development Program for Mobility for All for assessment. In the second phase, based on the conclusions of the evaluation, it recommends/does not recommend plans for funding under the program.

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⁸² Additionally, in 2019, a working group was created for the elaboration of the National Plan 2021-2025(Government Board for People with Disabilities, 2020: 11-14).

⁸³ The aim of the Program is to support the implementation of a barrier-free environment in cities and municipalities. The two basic areas to which the program contributes are the removal of barriers in (i) public buildings and (ii) transport. The financing of the mobility program is provided by the Government Plan for the period 2016–2025, which was adopted by the Government Resolution No. 568 from July 14, 2014, which also amended the Program itself. The government's financing plan follows on from the previous plan, which provided financial support for the program in the period 2005-2015 (Government of the Czech Republic webpage on the National Development Program for Mobility for All: https://www.vlada.cz/cz/ppov/vvzpo/program-mobility/program-mobility-79350//)

Evaluation Commission of the National Development Program for Mobility for All evaluates submitted plans for barrier-free environment based on the program criteria and their submission to the Steering Committee of the National Development Program for Mobility for All for approval.

Jury for the Award for Journalistic Work focused on the topic of disability. The jury is appointed every year to evaluate the entries submitted and selects the top three in each of the three competition categories or proposes honorable mentions

Commission for the evaluation of projects within the subsidy program "Support for public benefit activities of DPOs". The Commission assesses submitted projects of associations, the results of the discussion of applications for subsidies are the basis for the head of the Office of the Government of the Czech Republic to decide on the provision of subsidies.

2.2.2.4 Board Activity

In its activities, the Board strives to create equal opportunities for people with disabilities in all areas of life, and in particular:84

- Brings attention to problems of people with disabilities that are in the competence of several
- Formulates opinions and makes recommendations on documents presented to the Czech Government concerning people with disabilities by other stakeholders.
- Monitors and supports the implementation of the current National Plan for People with Disabilities.
- Awards the Board's Prize for the best journalistic work promoting the issues of people with disabilities.

The Board meets as needed, but at least twice per year, convened by the Chairman. Members are invited at least 10 working days before prior to the meeting. Invitations must include the agenda as well as a report on the conclusions of the previous meeting, material to be reviewed at the forthcoming, expert recommendations/opinions (if any) for the assessment of the members. Expert teams and guests may also be invited. Meetings are chaired by the Chairman and are not open to public.85 Conclusions of the Board are adopted by voting on each separate item on the agenda and the Board has a quorum if a simple majority of the present members. 86 Material adopted by the Board and the meeting conclusions, including the voting results, are public. The Board Executive Chairman should present to the Government by March, 31 of every year a report on the Board activities for the past calendar year, which has been approved by the Board. Such summary report shall also include a reference plan of action for the current year. The Board presents an activity report within one month of the termination of its yearly activities.⁸⁷

All drafts of new or amended regulation, as well as documents of a non-legislative nature concerning the rights and status of persons with disabilities are sent by the Board Secretariat in electronic form to the Czech National Disability Council (which distributes these documents to its member organizations) and selected representative organizations. Organizations of persons with disabilities can send their comments on the draft regulation to their submitters, or to the Board Secretariat. The Board Secretariat gathers, evaluates and forwards the comments submitted by the organizations to

⁸⁴ Government of the Czech Republic (2001), Article 2.

⁸⁵ Government of the Czech Republic (2020b), Article 2.

⁸⁶ Ibid, Article 4.

⁸⁷ Ibid, Article 6.

the Government Commissioner for Human Rights for implementation.⁸⁸ Through its Secretariat, the Board carries out the main activities described below.

Development and implementation of National Plans for People with Disabilities

Starting in 1993, National Plans formulating and regulating policies targeting people with disabilities have been drafted, approved and implemented by the Government. These National Plans have included specific measures identified as important priorities in their respective periods of implementation. After the adoption of the UNCRPD, the Plans have aimed to continue the inclusion of disability related issues in state policies, to promote and support the integration of people with disabilities and to implement individual articles of the UNCRPD through specific measures.

By 2020, seven National Plans have been prepared and adopted, including the one currently under implementation (see Table 7).

Table 7: National Plans for People with Disabilities in the Czech Republic

Title of the National Plan	Adopted by
National Plan of Helping Disabled Citizens	Government Resolution No. 466/1992
National Plan of Measures for Reducing the Negative Impact of Disability	Government Resolution No. 493/1993
National Plan of Equalization of Opportunities for Persons with Disabilities	Government Resolution No. 256/1998
National Plan of Support and Integration of Citizens with Disabilities 2006-2009	Government Resolution No. 1004/2005
National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2010-2014	Government Resolution No. 366/2010
National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020	Government Resolution No. 385/2015
National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025	Government Resolution No. 761/2020

The Board has a key role regarding the preparation of the National Plan – the one for 2021-2025 was elaborated jointly by the Board and the Government Commissioner for Human Rights. The Board and MLSA are also responsible to assess the yearly implementation and update the plan as necessary. The Board Secretariat monitors the implementation of the National Plan. However, not having executive powers or sufficient human resources, the Board Secretariat acts primarily as a consulting point on ways to implement measures of the National Plan for ministries and other responsible institutions. ⁸⁹ It forwards its opinions as an advisory body to the Government of the Czech Republic, which regularly discusses and approves reports and inputs on the implementation of the National Plan.

The central coordinator of the implementation of the National Plan is the Government Commissioner for Human Rights, who is the Executive Vice-President of the Board. The function of coordinator is

⁸⁸ Government of the Czech Republic (2020a: 4).

⁸⁹ Government of the Czech Republic (2020c: 87).

held by the Board Secretariat. The key actors in the implementation of the National Plan for 2021-2025 are:90

At the national level:

- The Government of the Czech Republic
- Ministries: MLSA, Ministry of Transport, Ministry for Regional Development, Ministry of Justice, Ministry of Education, Youth and Sports, Ministry of Interior, Ministry of Health, Ministry of Culture, Ministry of Industry and Trade
- The Government Commissioner for Human Rights
- The Government Board for Persons with Disabilities and its expert groups
- Nonprofit, nongovernmental organizations representing persons with disabilities.

At regional and local levels:

- Regions, municipalities
- Nonprofit, non-governmental organizations representing persons with disabilities.

In order to monitor its implementation, the National Plan requires that all institutions responsible for implementing measures submit to the Board a yearly report on the status of the measure(s) for the preceeding year. The report contains the following information: a description of the method concerning implemented measures; a description of preliminary outputs produced with regard to measures under implementation; a description of the modes of cooperation for measures implemented in coordination with other institutions; compliance indicators and data related to the implementation of the measure(s). If a measure has only been partly implemented of if it has not been implemented at all, the report should provide justification for non-compliance and a proposal of further action with alternative solutions. The Board Secretariat prepares an assessment report based on the reported information, including an opinion on the implementation of the individual measures.⁹¹

Contribution to the subsidy program for Disabled People's Organizations

The Board Secretariat ensures the evaluation for the subsidy: "Support for public benefit activities of DPOs" which is administered by the Human Rights Department of the Office of the Government of the Czech Republic to support public benefit activities developed by organizations of people with disabilities. 92

Administering the National Development Programme Mobility for All⁹³

The Board Secretariat is the administrator of this programme that aims to support the implementation of barrier-free environment in cities and municipalities. Measures include improving access to buildings of state and public institutions and to public transport.

⁹⁰ Government of the Czech Republic (2020c: 80).

⁹¹ Government of the Czech Republic (2020c: 79, 84).

⁹² Government of the Czech Republic (Subsidy program Support for public benefit activities of DPOs):

https://www.vlada.cz/cz/pracovni-a-poradni-organy-vlady/vvzpo/dotacni-program-podpora-vua/dotacni-program-podpora-vua-29495/

⁹³ Government of the Czech Republic (National Development Program for Mobility for All): https://www.vlada.cz/cz/ppov/vvzpo/program-mobility/program-mobility-79350/

Organizing seminars, conferences, information and awareness raising activities (including the Award for journalistic work)

Events on issues relevant to the problems of people with disabilities are organized every year. The Board representatives also participate at the EU-level meetings and working groups.

The Board contributes to the dissemination of information on disability to the general public, including by announcing the Award for the best journalistic works focused on the topic of disability in the press, radio and television.⁹⁴ The competition has been held annually since 1994.⁹⁵

2.2.2.5 Collaboration with other stakeholders

The Board cooperates with all ministries involved in the development and implementation of disability policy and the development of specialized legislation concerning citizens with disabilities. Ministries most relevant to the Board's objectives are represented directly at the Board. The Secretariat provides advisory support in the field of legal protection of persons with disabilities and informs organizations about changes in legislation that affect their work. The main partner of the Board is the Czech National Disability Council, which is the largest umbrella organization of persons with disabilities in the Czech Republic. In this way, the Board ensures cooperation between the government administration and civil society. The staff of the Secretariat represents the Board at the events organized by these organizations. The main stakeholders are listed below: ⁹⁶

State and self-governing bodies

- Ministries (especially MLSA, Ministry of Education, Youth and Sports, Ministry of Health, Ministry of Transport and Communications, Ministry of Finance, Ministry of Culture, Ministry of Regional Development and Ministry of Industry and Trade)
- Health and Social Committees of the Chamber of Deputies and the Senate
- Parliament of the Czech Republic
- State Fund for Transport Infrastructure
- Czech Statistical Office
- Regional authorities
- Universities
- Special schools
- Non-governmental organizations
- Czech National Disability Council (advisory body of the Board)
- Association of Employers of People with Disabilities of the Czech Republic
- Union of Czech and Moravian Production Cooperatives
- Association of organizations of the deaf, hard of hearing and their friends
- United Organization of the Blind and Visually Impaired of the Czech Republic
- Association of Civic Counseling Centers
- Society for the Support of People with Mental Disabilities in the Czech Republic
- Other associations of persons with disabilities
- Ministry for Education, Youth and Sports

⁹⁴ Government of the Czech Republic (Award for journalistic work): https://www.vlada.cz/cz/ppov/vvzpo/cena-za-publicisticke-prace/xxii-rocnik-137919/

⁹⁵ Government of the Czech Republic webpage: https://www.vlada.cz/cz/ppov/vvzpo/uvod-vvzpo-17734/

⁹⁶ Government Board for People with Disabilities (2020: 20-21).

The Ministry for Education, Youth and Sports is responsible for public administration in education, for developing educational, youth and sport policies and international cooperation in these areas. It is responsible for the education of pupils with special educational needs, defined as persons with a chronic health condition, physical disability or social disadvantage.⁹⁷

Ministry of Health: The Ministry of Health is a central authority of the state administration for the health care, public health protection, health research activities, medicaments and technical equipment for prevention, diagnostics and treatment of people, health insurance and health information system etc. Its current activity includes the implementation of strategies such as: National Action Plan for Alzheimer's Disease, the Strategy for the reform of psychiatric care, the National Action Plan for Mental Health 2020-2030⁻⁹⁸

Ministry of Transport and Communications: The Ministry of Transport and Communications is the national authority of the state administration for transport issues; it is responsible for the preparation of the state transport policy and, within its competence, for its implementation.⁹⁹ The Ministry of Transport ensures special vehicle markings, parking permits for people with disabilities, etc.¹⁰⁰

The Czech National Disability Council: The Czech National Disability Council (CNDC)¹⁰¹, established in 2000, is an umbrella of more than 90 organization of persons with disabilities. The primary objective of the Council is to defend, promote and fulfil the interests and needs of persons with disabilities in cooperation with national and local authorities in the Czech Republic, as well as international institutions. The CNDC is a member of the European Disability Forum. The key tasks of the Council are related to policy formulation, implementation monitoring, awareness-raising activities and cooperation with national and international organizations of people with disabilities to promote equal opportunities in all areas of life.¹⁰² The Coincil is an advisory body for the Governmental Board for People with Disabilities. It is also a memebre of the following: (i) the Governing Board of the National Development Programme Mobility for All; (ii) the joint committee for the Programme for the Development and Renovation of the Public Transport Vehicles; and (iii) two Boards of the Association of Cities and Municipalities. The Coouncil collaborates actively with the Association of Regions of the Czech Republic, the Association of Employees in Health and Social Service in the Czech Republic etc.

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⁹⁷ Ministry of Education, Youth and Sports (Education of pupils with special educational needs): https://sdv.msmt.cz/areas-of-work/social-programs/the-education-of-pupils-with-special-educational-needs/

⁹⁸ Ministry of Health (Programs and Strategies): https://www.mzcr.cz/category/programy-a-strategie/

⁹⁹ Government of the Czech Republic (Ministries): https://www.vlada.cz/en/clenove-vlady/ministerstva/

¹⁰⁰ Labor Office (Disability card): https://www.uradprace.cz/web/cz/prukaz-ozp

¹⁰¹ Czech National Disability Council: https://nrzp.cz/2010/05/05/czech-national-disability-council/

 $^{^{\}rm 102}$ Government of the Czech Republic (2020c: 12).

2.2.3 Government Commissioner for Human Rights

The Commissioner acts as a Deputy Chairman of the Government Board for People with Disabilities. The Commissioner also chairs the Government Council for Human Rights and. She/he performs the following tasks:¹⁰³

- Develops policy notes on the long-term development of the human rights protection at the national level.
- Prepares proposals and initiatives to improve respect for human rights, national minorities, including Roma community, access to services by people with disabilities, gender equality and the status of NGOs in society.
- Prepares reports on the fulfilment of obligations from international agreements in the field of human rights, which the Czech Republic submits to monitoring bodies of the UN, the Council of Europe and the EU.
- Assesses, in the inter-ministerial comment procedure, material of legislative and non-legislative nature pertinent to the protection of human rights.
- Cooperates with public administration bodies (state administration and self-government), non-governmental/non-profit organizations and experts.

2.2.4 Public Defender of Rights (Ombudsman)

As of January 1, 2018, the Ombudsman undertook the role of the UNCRPD monitoring body. Since 2001, the Ombudsman has been defending individuals against unlawful or incorrect conduct of Government institutions or against their inactivity. The Ombudsman may examine administrative and court files, request explanation from the authorities and carry out unannounced inquiries on site.¹⁰⁴

The Ombudsman carries out researche and surveys that can be used to evaluate the situation of people with disabilities relative to the general population (on subjects such as voting, availability of social services for children with disabilities and their families, how work rehabilitation is carried out by expert working groups at the national level, the employment of people with disabilities in the public sector, court decisions related to the legal capacity of persons with disabilities, problems faced by beneficiaries of residential services for people with disabilities, deinstitutionalization, accessibility of railways and transport for people using wheelchairs).¹⁰⁵

The Ombudsman has an Advisory body for the area of protection of the rights of people with disabilities composed of people with disabilities and disability advocates. The Advisory body meets regularly to discuss experiences of people with disabilities. Members also provide support within specific projects, events and seminars related to people with disabilities, provide comments and inputs to the documents elaborated by the Ombudsman, communicate information regarding the activity of the Ombudsman to persons with disabilities. ¹⁰⁶

¹⁰³ Government Commissioner for Human Rights: https://www.vlada.cz/cz/zmocnenecnenkyne-vlady-pro-lidska-prava-15656/

¹⁰⁴ Ombudsman. Public Defender of Rights (2020: 7).

¹⁰⁵ Ombudsman. Public Defender of Rights (2020: 13-19).

¹⁰⁶ Ombudsman. Public Defender of Rights (2020: 12).

2.2.5 Disability assessment institutions and instrument

2.2.5.1 Legal and institutional framework for disability assessment

MLSA defines disability assessment process and instruments which are applied by institutions under its coordination, manages and controls the performance of state administration in social security and takes measures to ensure the unified interpretation of regulation. The National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025 envisages specific measures to better integrate functioning into disability assessment system. The focus is to shorten time to carry out the assessment, improve transparency and standardize the process and consider introducing a multidisciplinary assessment system by using the International Classification of Functioning, Disability and Health. ¹⁰⁷

The disability assessment for the recognition of the disability status is carried out by the Medical Assessment Services of the District Social Security Administrations (DSSA). The assessment by the DSSA is intended to establish the applicants' disability status (or changes in the degree of disability) and to determine their eligibility for disability pension and employment support. The assessment by DSSA can include:¹⁰⁸ (i) disability type and degree (and changes); (ii) long-term adverse medical condition of a child; and (iii) level of dependence for the purpose of care allowance, to receive a disability card or other benefits.¹⁰⁹

The assessment can only be carried out by a medical doctor/insurance physician. The steps are as follows (Figure 9):

- The applicant submits an application to DSSA,
- The assessment process is launched and carried out by a specialized insurance physician who works for the Medical Assessment Service,
- The insurance physician requests the applicant's general practitioner to carry out a medical
 examination within a specified number of days from the receipt of the request and to submit
 a medical report; other specialized medical professionals may also be asked by the insurance
 physician to examine the applicant and provide complementary medical reports,
- If considered necessary, the insurance physician may request an individual meeting with the applicant in order to carry out an assessment of functioning and a medical examination
- Once all documentation has been collected, the insurance physician proposes a disability status referring to the Annex to the Decree no. 359/2009 on the assessment of disability and a degree of disability in accordance with the Law no. 155/1995 on pension insurance.

¹⁰⁷ These measures are the responsibility of MLSA and the Ministry of Health and include carrying out an analysis of the current system and of other best practices, developing new instruments based on the ICF, carrying out awareness raising/training activities targeting practitioners, defining the methodology through consultations with the Government Board for People with Disabilities (Government of the Czech Republic, 2020c: 68-70).

¹⁰⁸ Law No. 582/1991 On the organization and implementation of social security, Section 8, Paragraph 1.

¹⁰⁹ In assessing the level of dependence, the assessment is also based on the results of the social investigation (MLSA website on Disability: https://www.mpsv.cz/web/cz/zdravotni-postizeni#ps/).

¹¹⁰ Law No. 582/1991 On the organization and implementation of social security, Section 8, Paragraph 4.

^{111 &}quot;Assessment medicine is a specialized attestation field that engages qualified professionals in the field who meet specific qualification requirements defined by law. All doctors are trained every year within the system of lifelong learning on the whole range of medical disciplines." Czech Social Security Administration (Medical Assessment Service): https://www.cssz.cz/lekarska-posudkova-sluzba/

 $^{^{112}}$ The work of the Medical Assessment Service is governed by the Law No. 582/1991 On the organization and implementation of social security.

Application **District Social Security** Administration Person Face- to-face medical examination (if needed) Medical Assessment **Social Security** Service Administration or Labour office Medical examination Assessment report **Decisions regarding** Medical reports disability pension including disability or other benefits status and validity Person's GP Other specialists*

Figure 9: Disability assessment for the recognition of disability status in Czech Republic

Source: Prepared by the World Bank team.

A disability status and its severity are not permanent. It is based on an understanding that reduced work capacity might further decline as a consequence of a serious illness or injury or improve due to rehabilitation or other interventions. The Medical Assessment Service determines the validity period in the assessment report, which is estimated individually, considering predicted development of person's health conditions and other relevant factors.¹¹³

Disability status is a gateway to the disability pension, as well as other social security benefits. ¹¹⁴ The result of the health assessment is an opinion based on the expert findings of clinicians and is the basis for decisions by either the CSSA or the Regional Branch of the Labor Office of the Czech Republic. ¹¹⁵, ¹¹⁶

2.2.5.2 The disability assessment instrument

The Annex to the Decree No. 359/2009 on the assessment of disability contains a traditional Bareme table – a list of types of impairments and medical diagnoses, each of which is linked to a percentage indicating the corresponding reduced work capacity (see Table 8 that presents an excerpt). The tables in the Annex to the Decree cluster the impairment/diagnoses into 15 main chapters (such as Infection, Oncology, Psychiatric disorders, etc.). The insurance physician identifies the relevant impairment and diagnosis and then matches it to the identified percentage. If a specific health condition is not listed in the Annex, the closest comparable condition is used to identify the relevant percentage. A person is considered to have a disability degree if they have a long-term unfavorable health condition which

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¹¹³ Based on the annual activity report of the Social Security Administration for 2018, due to the very high number of submitted requests for health assessments, among solutions identified and implemented for a more efficient response of the disability assessment systems were to reduce the number of medical check-ups or to determine "permanent" validity of the assessment report. New methodological guidelines were elaborated, and relevant staff were trained (Czech Social Security Administration, 2019: 10, 47).

¹¹⁴ Or from other areas, such as transportation benefits, for which the person with disabilities must apply to the Ministry of Transport.

¹¹⁵ Czech Social Security Administration webpage (Medical Assessment Service): https://www.cssz.cz/lekarska-posudkova-sluzba/

¹¹⁶ For example, the Czech Social Security Administration is competent to make the decision regarding the disability pension entitlement and amount of the benefit.

generates a decrease in the person's work capacity by at least 35.0 percent which has lasted or is estimated to have lasted for more than one year. There are three disability levels: disability level 1 - reduced work capacity between 35.0 and 49.0 percent; disability level 2 - reduced work between 50.0 and 69.0 percent; and disability level 3 - reduced work capacity of at least 70.0 percent.¹¹⁷

2.2.6 People with disabilities in strategic documents

National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025: The Plan is the key strategic document formulating the Czech State policy towards persons with disabilities. The Plan specifically highlights the need for continued interministerial action on complex problems faced by people with disabilities and lists 172 measures to fulfill objectives under 17 strategic areas that follow specific articles of the UNCRPD.

National Strategy for the Development of Social Services 2016–2025: The strategy was elaborated in the course of 2015 with the participation of a wide group of experts coordinated by MLSA, specifically the Department of Social Services and Social Work. The purpose of the strategy is to set up a system of social services to meet the needs of people in vulnerable situations and subsequently tth users of social services, and to enable them to live in their home environment, where possible using informal care. This includes developing social services for people with disabilities.

Social Inclusion Strategy 2021–2030: The strategy covers the main areas important for social inclusion of socially excluded people and those at risk of social exclusion (including persons with disabilities); as well as the areas of combating poverty and social exclusion and sets out priority topics for social inclusion and its financing from national sources and sources of the European Union.

National Development Program for Mobility for All¹¹⁸: The aim of the National Development Program for Mobility for All is to support the implementation of comprehensive solutions for barrier-free environment (public buildings and transport) in cities and municipalities. The program finances projects elaborated by local governments under calls for proposals. The Program is administered by the Government Board for People with Disabilities that offers methodological counseling to applicants and organizes the evaluation of proposals. The methodology stipulates that for all individual projects under preparation, the applicant must consult with the relevant government departments.

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¹¹⁷ Law no. 155/1995 on pension insurance.

¹¹⁸ Government of the Czech Republic (National Development Program for Mobility for All): https://www.vlada.cz/cz/ppov/vvzpo/program-mobility/podklady-pro-zpracovani-zameru-bezbarierove-trasy-15623/

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Government of the Czech Republic webpage (Government Board for People with Disabilities): https://www.vlada.cz/cz/ppov/vvzpo/uvod-vvzpo-17734/

Government of the Czech Republic webpage (Government Commissioner for Human Rights): https://www.vlada.cz/cz/zmocnenecnenkyne-vlady-pro-lidska-prava-15656/ Government of the Czech Republic webpage (Ministries): https://www.vlada.cz/en/clenove-vlady/ministerstva/

Government of the Czech Republic webpage (National Development Program for Mobility for All): https://www.vlada.cz/cz/ppov/vvzpo/program-mobility/podklady-pro-zpracovani-zameru-bezbarierove-trasy-15623/

Government of the Czech Republic webpage (National Development Program for Mobility for All): https://www.vlada.cz/cz/ppov/vvzpo/program-mobility/program-mobility-79350/

Government of the Czech Republic webpage (Award for journalistic work): https://www.vlada.cz/cz/ppov/vvzpo/cena-za-publicisticke-prace/xxii-rocnik-137919/

Government of the Czech Republic webpage (Subsidy program Support for public benefit activities of DPOs): https://www.vlada.cz/cz/pracovni-a-poradni-organy-vlady/vvzpo/dotacni-program-podpora-vua-29495/

Labour Office webpage: https://www.uradprace.cz/web/cz/o-uradu-prace

Labour Office webpage (Disability card): https://www.uradprace.cz/web/cz/prukaz-ozp/

Labour Office webpage (Disability benefits): https://www.uradprace.cz/web/cz/davky-pro-ozp/

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(vyhláška o posuzování invalidity). (Decree <u>no. 359/2009 Coll.</u>, which sets the percentage rates of decline in working capacity and the requirements for the disability assessment and regulates the assessment of working capacity for the purposes of disability - Decree on the assessment of disability). Available in Czech at: <a href="https://www.noveaspi.cz/products/lawText/1/69487/1/2/vyhlaska-c-359-2009-sb-kterou-se-stanovi-procentni-miry-poklesu-pracovni-schopnosti-a-nalezitosti-posudku-o-invalidite-a-upravuje-posuzovani-pracovni-schopnosti-pro-ucely-invalidity-vyhlaska-o-posuzovani-invalidity

Vyhláška č. 388/2011 Sb. Vyhláška o provedení některých ustanovení zákona o poskytování dávek osobám se zdravotním postižením (Decree No. 388/2011 on the implementation of certain provisions of the Act on the Provision of Benefits to Persons with Disabilities). Available in Czech at: https://www.zakonyprolidi.cz/cs/2011-388

Zákon č. 155/1995 Sb. Zákon o důchodovém pojištění (Law no. 155/1995 on pension insurance) and amendments. Available in Czech at:

https://www.noveaspi.cz/products/lawText/1/43085/1/2/zakon-c-155-1995-sb-o-duchodovem-pojisteni/

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Annex 2.2.1 Main departments of the Ministry of Labour and Social Affairs

- Minister's Cabinet
- Senior Support Section
- Social Security Coordination Department
- Social Insurance Department
- Pension Insurance Department
- Department of Sickness and Accident Insurance
- Actuarial Department
- Department of Social Services and Social Work
- Department of Social Services Financing
- Department of Social Services
- Department of Social Work and Education
- Department of Aging and Social Inclusion
- Department of Social Services Inspection
- Section of the Secretary of State
- Employment Section
- Department of Labor Market and Research and Development Support
- Labor market department
- R&D Support Department
- Department of Appeal and Administrative Activities in the Field of Employment
- Department of Appeals and Administrative Activities in the Field of Employment
- Department of insolvency of the employer and agency work
- Department of Inspection and Occupational Safety
- Employment Legal Support Department
- Department of Employment and Occupations
- Department of Foreign Employment
- Department of projects and system of professions
- Legislation section
- Economic and ICT section
- Family support section
- Department of Family Policy and Protection of Children's Rights
- Department of Non-Insurance Social and Family Benefits
- Section of European Funds and International Cooperation

Annex 2.2.2 Excerpt from the Decree on the assessment of disability

Chapter V - MENTAL AND BEHAVIORAL DISORDERS

General assessment principles

When assessing the rate of decline in working capacity, it is necessary to assess the level of mental, mental, social and work functions and the ability to perform work activities in such a way or within such limits as are considered normal in a given socio-cultural environment. It is based on the course and severity of the disability, general physical condition, ability to adapt, personality characteristics, level of intellect, social adaptability, workload management and the impact on work ability and ability to perform daily activities. To assess the impact of mental and behavioral disorders on work ability and ability to perform daily activities, questionnaire methods and assessment scales are used to assess the intensity of psychopathological symptoms, subjective state and experience, psychosocial adaptation and the ability to live in a way that is appropriate for social status.

The assessment usually includes a psychological examination, especially to determine the effect of the disorder on personality and performance.

Functionally, it is necessary to distinguish the extent of the disability. Minimal disability means that there is a deviation from the norm in one or more areas, or a mild disability at certain times. In the case of mild disability, there is a clear deviation from the norm, mild disability lasts for most of the observed period or it is a moderate disability in certain shorter periods. Moderate disability is accompanied by a significant deviation from the norm in most activities, moderate disability lasts for most of the observed period or more severe disability is recorded only in certain limited periods. Severe disability represents a significant deviation from the norm in all activities, the disability lasts for most of the observed period. Particularly severe disability means such a deviation from the norm, which has reached a very significant degree with a long duration.

When assessing the rate of decline in working capacity for mental and behavioral disorders, the reference period, which is decisive for assessing the rate of decline in working capacity, should usually last one year.

Table 8: Disability assessment in Czech Republic - excerpt from the Decree on the assessment of disability

Item	Type of health affliction	Degree of reduction in work capacity in %
1	Organic and symptomatic mental disorders	
	Dementia, organic psychosyndromes, post-traumatic changes and others.	

Assessment point of view:

When determining the degree of decline in work ability, it is necessary to comprehensively assess disorders of cognitive functions, i.e. disorders of intellect, memory and learning, thinking and judgment, ability to differentiate and classify external stimuli, plan and organize, create abstractions, mood and emotion disorders, personality and behavior. The assessment must take into account the extent and structure of the organic disability, the rate of development of the disability, the premorbid personality, including education, the ability to sociability and adaptability.

Minimal disability:	5-10
premorbid personality, including education, the ability to sociability and adaptability.	
personality and behavior. The assessment must take into account the extent and	
	structure of the organic disability, the rate of development of the disability, the premorbid personality, including education, the ability to sociability and adaptability.

	deviation from the norm when performing one or more daily activities or roles that are	
	expected in a given socio-cultural environment	
1b	Mild disability:	15-20
	mild thinking disability, noticeable deviation from the norm, dysfunction worsening	
	social adaptability, consequences manifest for most of the observed period or there is	
	a moderate disability in several periods during the year, mild deviation from the norm	
	in performing some daily activities and roles	
1c	Moderate disability:	30-45
	moderate thinking disability, clear departure from the norm when performing certain	
	activities and roles	
1d	Severe disability:	60
	significant deviation from the norm in performing most daily activities and roles	
1e	Particularly severe disability:	70-80
	severe thought disorder, reserve compensatory mechanisms of the brain exhausted,	
	deviation from the norm in the performance of all activities and roles, disintegration,	
	crisis degree of the disorder	

Source: Decree No. 359/2009 Coll., which sets the percentage rates of decline in working capacity and the requirements for the disability assessment and regulates the assessment of working capacity for the purposes of disability - Decree on the assessment of disability.

2.3 Republic of Slovenia

The Republic of Slovenia has adopted many regulations in the past three decades to improve the lives and social inclusion of people with disabilities and is among the first countries in the world to have ratified UNCRPD. To support the UNCRPD implementation, the Ministry of Labor, Family, Social Affairs and Equal Opportunities (MLFSA) elaborated an Action Program, approved by the Government, outlining specific measures that are under the responsibility of various central government institutions as well as other types of stakeholders. The MLFSA is the main national Government institution responsible for elaborating, implementing and coordinating implementation of disability policies, particularly through its Directorate for People with Disabilities, War Veterans and Victims of War Violence. The Social Protection Institute of the Republic of Slovenia provides analyses and data used in the design and monitoring of policies. An advisory role in shaping and implementing disability policy is played by the Council for Persons with Disabilities of the Republic of Slovenia.

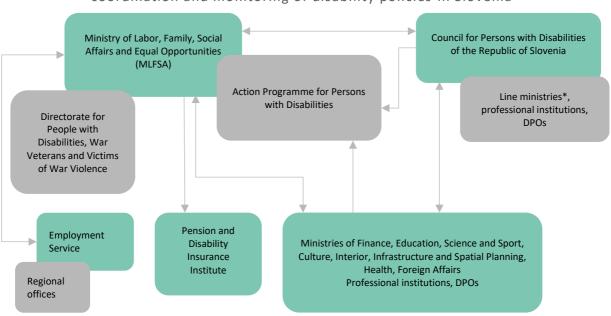


Figure 10: Main bodies responsible for the development, regulation, implementation, coordination and monitoring of disability policies in Slovenia

Source: Prepared by the World Bank team.

Note: * MLFSA, Ministry of Finance, Ministry of Health, Ministry of Culture, Ministry of Infrastructure and Spatial Planning, Ministry of Public Administration, Ministry of Education, Science and Sport.

2.3.1 Ministry of Labor, Family, Social Affairs and Equal Opportunities

MLFSA is central Government institution responsible for employment, vocational education and training, pension and disability insurance, social protection (including policies targeting people with disabilities), family and demographic policy, social assistance, women and equal opportunities, protection of war veterans and victims, etc.¹²⁰ MLFSA ensures protection and respect of rights of people with special needs and promotes their independent living. It guarantees the right to social care

119 https://www.gov.si/podrocja/socialna-varnost/invalidi-vojni-veterani-in-zrtve-vojnega-nasilja//

 $^{{}^{120}\,\}underline{\text{https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/o-ministrstvu/}$

services and to adapted employment and training for people with disabilities in need of specialized support to be active members of the community. MLFSA is the focal point within the Government of the Republic of Slovenia for matters related to implementation of UNCRPD. 122

Disability policies are the responsibility of the **Directorate for People with Disabilities, War Veterans and Victims of War Violence**, which regulates matters related to disability, monitors implementation of the Action Program for Persons with Disabilities 2014–2021, and designs, implements and coordinates social protection and employment policy for people with disabilities. Several other Directorates have responsibilities that include people with disabilities among their target groups, as described below. 124

Directorate for Family Affairs

The Directorate for Family Affairs is responsible for developing and implementing family policy related to marriage, parent–child relationships, adoption, foster care and guardianship, for preventing domestic violence, and for parental protection and family benefits. The Directorate drafts and implements regulations, informs the general public about technical and legislative issues, carries out tasks related to funding and international cooperation, plans and develops expert groundwork for the regulation of family policy and drafts strategic documents.¹²⁵

Directorate for Social Affairs

The Directorate for Social Affairs is responsible for policies aimed at promoting equal opportunities and social inclusion by investing in people (including people with disabilities) and continuously assessing all social security schemes. It also ensures that the measures are adapted to individual needs. Revisions of the social security system are focused on (i) improving the situation of the most vulnerable groups in the context of overall general solidarity; and on (ii) setting up supplementary social security schemes. 126

Directorate for Labor Market and Employment

The Directorate for Labor Market and Employment is responsible for employment policies, unemployment insurance, active labor market programs, enforcement of occupational standards, certification systems, free movement of workers and adult education. The Directorate pursues the objectives of labor market and employment policy development based on the European Employment Strategy. Each year, priorities are defined based on research analytics, with the aim of addressing the most pressing problems in the field.¹²⁷

¹²³ The Directorate for People with Disabilities, War Veterans and Victims of War Violence also regulates matters concerning war veterans and victims of war violence and implements the program for the protection of war cemeteries.

¹²¹ https://www.gov.si/podrocja/socialna-varnost/varstvo-oseb-s-posebnimi-potrebami//

¹²² http://www.euroblind.org/convention/article-33/slovenia/

¹²⁴ These Directorates are also included in the current Action Program for Persons with Disabilities 2014–2021 among departments with most measures under their responsibility from MLFSA. Other departments of the MLFSA responsible of fewer measures include the Labor and Labor Rights Directorate, the Equal Opportunities and European Coordination Service, the Public Guarantee, Maintenance and Disability Fund of the Republic of Slovenia (MLFSA, 2014a: 31).

https://www.gov.si/en/state-authorities/ministries/ministry-of-labor-family-social-affairs-and-equal-opportunities/about-the-ministry-of-labor-family-social-affairs-and-equal-opportunities/family-affairs-directorate//

¹²⁶ https://www.gov.si/en/state-authorities/ministries/ministry-of-labor-family-social-affairs-and-equal-

opportunities/about-the-ministry-of-labor-family-social-affairs-and-equal-opportunities/social-affairs-directorate//
https://www.gov.si/en/state-authorities/ministries/ministry-of-labor-family-social-affairs-and-equal-

opportunities/about-the-ministry-of-labor-family-social-affairs-and-equal-opportunities/labor-market-and-employment-directorate//

2.3.1.1 The Directorate for People with Disabilities, War Veterans and Victims of War Violence

The Directorate for People with Disabilities, War Veterans and Victims of War Violence: 128 (i) participates in the preparation of laws and other regulation which impact the lives of people with disabilities in Slovenia; (ii) monitors the implementation of policies for people with disabilities at the national level (focusing on social protection, employment and other fields); (iii) prepares analyses, reports, guidelines, expert opinions and other material in the field of disability; (iv) coordinates other activities related to disability protection carried out by other MLFSA Directorates; and (v) handles technical and administrative tasks for the Council of Persons with Disabilities of the Republic of Slovenia (see section 2.3.2). It also manages the field of war veterans and victims of war violence (regulation, implementation, coordination).

The Directorate, in accordance with applicable regulations: (i) provides financial resources to people with disabilities who, due to their disability, cannot provide their own means of subsistence; and (ii) provides and finances support services for people with disabilities who need the help of others for an independent and quality life, including vocational rehabilitation services to increase employment opportunities. The Directorate also enables people with hearing impairments to use Slovenian sign language by financing Slovenian sign language interpreters.

All legislation in the field of disability protection is prepared in cooperation with disability organizations and associations in order to ensure transparency and the possibility of influencing the preparation of regulations, with the aim of ensuring equal opportunities for all, especially for people with disabilities as one of the most vulnerable groups.

2.3.1.2 Employment Service of Slovenia

The Employment Service of Slovenia (ESS) is one of the key Slovenian labor market institution. It carries out the following main tasks:¹²⁹

- Employment advice and mediation
- Life-long career guidance
- Provision of the unemployment benefit and unemployment insurance
- Implementation of active employment policy (AEP) measures and programs
- Issuing of work and employment permits for foreign workers
- Preparation of analytical, development and other professional materials related to ESS activities
- Labor market (LM) and ESS information of a public nature.

2.3.1.3 Pension and Disability Insurance Institute of Slovenia

The Pension and Disability Insurance Institute of Slovenia is responsible for compulsory pension and disability insurance. It has 15 regional units and offices. The obligatory pension and disability insurance scheme includes workers in employment relationship, self-employed, farmers and members of their families, and some other persons carrying out certain economic activities providing basis for obligatory social insurance. Workers with disabilities who have not completely lost their ability to work

 $[\]frac{128}{\text{https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/o-ministrstvu/direktorat-za-invalide-vojne-veterane-in-zrtve-vojnega-nasilja/}$

¹²⁹ https://www.ess.gov.si//

are those who do not receive a disability pension but are waiting either for professional (occupational) rehabilitation or for another adequate job position. They are entitled to the following rights:

- The right to reduced work hours corresponding to their reduced ability to work
- The right to retain their job or, alternatively, be transferred to another adequate job position
- The right to undergo professional (occupational) rehabilitation
- The right to receive adequate compensation.

2.3.1.4 The Social Protection Institute of the Republic of Slovenia

The Social Protection Institute of the Republic of Slovenia was founded in 1996 by the Republic of Slovenia. On its behalf, the executive rights and obligations are carried out by MLFSA. The mission of this public research Institute is to offer professional support for the development of social policy, with a focus on social and disability care and family policy. The Institute informs decision-making of MLFSA by: (i) creating and maintaining databases for social assistance programs and social services; (ii) monitoring the implementation of a number of government programs by establishing specialized systems of indicators; (iii) providing support to these programs by collecting and analyzing data; and (iv) providing expert opinions on measures in the field of social protection. 130

In this context, the Institute also monitors programs designed for people with disabilities, including those supporting and promoting independent living, and the implementation of legislation governing the rights of people with disabilities. 131 The Institute prepares the annual report on the implementation of the Action Program for Persons with Disabilities 2014-2021, which is discussed every year by the Government. 132 Continuous expert advice is provided by the Institute to the Directorate for People with Disabilities, War Veterans and Victims of War Violence.

2.3.2 The Council for Persons with Disabilities of the Republic of Slovenia

The Council for Persons with Disabilities of the Republic of Slovenia (the Council) was established in 2013 (particularly to meet the implementation of Article 33 of the UNCRPD) as an independent mechanism to promote, protect and monitor the implementation of the UNCRPD. 133 The Council acts as a mandatory consultative forum on disability policy issues¹³⁴ and cooperates with related organizations in other countries and with relevant international organizations. 135

The Council roles are: 136

- Monitoring development and implementation of programs in the field of disability policy and to suggest improvements,
- Provision of opinions on laws and regulation related to the protection of persons with disabilities,
- Participation in the preparation of reports on the implementation of national programs/ providing opinions on the reports,

¹³⁰ https://www.irssv.si/institute/about-us/

¹³¹ https://www.irssv.si/index.php/raz-porocila/invalidsko-varstvo#/

¹³² Such reports can be found at: https://www.irssv.si/index.php/raz-porocila/invalidsko-varstvo#spremljanje-zakonodajein-strate%C5%A1kih-dokumentov/

¹³³ https://www.gov.si/zbirke/delovna-telesa/svet-za-invalide-republike-slovenije//

¹³⁴ MLFSA (2014b), Art. 2(1).

¹³⁵ Ibid, Art. 3.

¹³⁶ *Ibid,* Art. 2(2).

- Submitting to the Government suggestions, proposals and recommendations concerning the protection of persons with disabilities,
- Monitoring cooperation between ministries and professional institutions and organizations of persons with disabilities,
- Promotion and monitoring of the implementation of the Law on the Ratification of the UNCRPD and its Optional Protocol,
- Performing other tasks in accordance with the rules adopted for the Council governance.

The Council is a tripartite body and includes 21 members as indicated below.

Table 9: Members of the Council for Persons with Disabilities of the Republic of Slovenia

Category of members	No. of members	Represented institutions/organizations		
Government representatives	7	 Ministry of Labor, Family, Social Affairs and Equal Opportunities Ministry of Finance Ministry of Health Ministry of Culture Ministry of Infrastructure and Spatial Planning Ministry of Public Administration Ministry of Education, Science and Sport 		
Representatives of professional institutions in the field of disability protection	7	 Pension and Disability Insurance Institute of Slovenia Health Insurance Institute of Slovenia Employment Service of Slovenia University Rehabilitation Institute of the Republic of Slovenia - Soča Social Protection Institute of the Republic of Slovenia Association of Training Organizations for Persons with Special Needs Association of Vocational Rehabilitation Providers in the Republic of Slovenia 		
Representatives of representative and other disability organizations operating at national level	7	 5 representatives from organizations included in the National Council of Disability Organizations of Slovenia¹³⁷ 2 representatives from organizations not included in the National Council of Disability Organizations of Slovenia 		

Source: https://www.gov.si/zbirke/delovna-telesa/svet-za-invalide-republike-slovenije//

The Council has a President (elected by the Council members from among the representatives of disability organizations) and three Vice-Presidents (one from each category of members elected by Council members). Elections are public.¹³⁸ The Secretary of the Council is appointed by the Director-General of the MLFSA Directorate for People with Disabilities, War Veterans and Victims of War Violence.¹³⁹

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¹³⁷ The National Council of Disability Organizations of Slovenia (NSIOS) is a non-governmental organization that voluntarily unites representative and other disability organizations operating at the national level and a full member of the European Disability Forum (EDF). Source: https://nsios.si/o-nas//

¹³⁸ MLFSA (2014b), Art. 5.

¹³⁹ *Ibid*, Art. 7.

The Council meets in ordinary or extraordinary meetings, convened by the President at least four times per year. The agenda is drawn up by the President in cooperation with the Vice-Presidents; each member can propose agenda items. The Council has a quorum if a majority of the members of the Council are present at the meeting and adopts decisions, resolutions and opinions based on the proposal by the President or members of the Council. The votes are public and can be "for" or "against".

For the preparation of material for Council meetings on inter-sectorial issues, the Council may appoint expert working groups composed of Council members and experts in individual fields. ¹⁴⁴ The Council should inform all representative disability organizations which operate at the national level, professional institutions, and state bodies, on the material that falls within their competence. ¹⁴⁵

2.3.3 Human Rights Ombudsman of the Republic of Slovenia

The Human Rights Ombudsman supervises the conduct of all branches of Government in Slovenia and their possible interference with the human rights and fundamental freedoms of individuals. The Human Rights Ombudsman addresses direct violations of constitutionally guaranteed human rights and freedoms and may also take action upon finding that the authorities have violated or interfered with the rights of individuals. The Human Rights Ombudsman may address wider issues relevant to the protection of human rights and fundamental freedoms, and to the legal certainty of citizens in the Republic of Slovenia. 146

It evaluates the progress being made by the Slovenian Government in the matters that are related to UNCRPD and warns the Government if rights of people with disabilities are not respected (for example, on issues such as inclusive education, involuntary placements in protected wards, deinstitutionalization of people with disabilities).¹⁴⁷

2.3.4 Disability assessment institutions and instrument

2.3.4.1 The legal and institutional framework for disability assessment

Slovenia has two disability assessment processes: one related to employment and vocational rehabilitation and the other pertaining to accessing disability pension.

i. The assessment for disability status related to employment is carried out based on the Rules on the criteria and procedure for obtaining the status of a person with disability, for the recognition of the right to vocational rehabilitation and for the assessment of employment opportunities for persons with disabilities, and on the work of rehabilitation commissions. The Rehabilitation Commissions are organized under the Regional Employment Offices and include a rehabilitation advisor and other experts appointed by MLFSA. According to the Rules, disability is assessed regarding barriers and

¹⁴¹ *Ibid*, Art. 9.

¹⁴⁰ *Ibid*. Art. 8.

¹⁴² *Ibid*, Art. 13.

¹⁴³ *Ibid*, Art. 14.

¹⁴⁴ *Ibid*, Art. 17.

¹⁴⁵ Ibid, Art. 19.

¹⁴⁶ https://www.gov.si/en/state-authorities/other-institutions/varuh-clovekovih-pravic//

 $^{^{147} \, \}underline{\text{https://www.varuh-rs.si/kaj-delamo/skrb-za-pravice-posebej-ranljivih-skupin/invalidi-in-osebe-s-posebnimi-potrebami//}$

¹⁴⁸ http://pisrs.si/Pis.web/pregledPredpisa?id=PRAV6743/

difficulties in employment resulting from mental or physical impairment or illness. The steps are as follows (see also Figure 11):149

- A person submits to the Regional Employment Service Office an application for the recognition of the status of a person with disabilities under the Act on Vocational Rehabilitation and Employment of Persons with Disabilities, 150 together with medical and other documentation based on which the person proves the permanent consequences of his/her physical or mental disability or illness, that determine difficulties in employment. 151, 152
- The Rehabilitation advisor reviews and ensures the completeness of the documentation (previously made medical diagnostic assessments and data about the education of the person, psychological characteristics, employment, socio-economic data which influence disability); once complete, 0 documentation is sent to the President of the Rehabilitation Commission.
- The Rehabilitation Commission decides whether the person is suitable for vocational rehabilitation and the person is referred to a vocational rehabilitation service provider. The latter prepares a preliminary rehabilitation opinion regarding work abilities, knowledge, work habits and professional interests, which is the basis for obtaining the status of a disabled person under the Act on Vocational Rehabilitation and Employment of Persons with Disabilities.
- After all relevant documentation is compiled, the applicant person is invited to a hearing with the Rehabilitation Commission in writing; if the person wants, he/she can be supported by another person with disabilities or a representative of disability organizations.
- After the hearing, the Rehabilitation Commission issues an opinion.
- Based on the opinion of the Rehabilitation Commission, the Regional Office of the Employment Service issues a decision to recognize the status of a person with disabilities under the Act on Vocational Rehabilitation and Employment of Persons with Disabilities (the classification is in Annex 1 to the Rules).

¹⁴⁹ Articles 6-13 of the Rules on the criteria and procedure for obtaining the status of a person with disability, for the

recognition of the right to vocational rehabilitation and for the assessment of employment opportunities for persons with disabilities, and on the work of rehabilitation commissions. 150 This Act regulates the right to employment rehabilitation and certain issues of employment of people with disabilities,

and determines other forms, measures and incentives for their employment and the manner of their financing. Source: http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO3841/

¹⁵¹ Upon submitting the application, the person should sign the consent by which she/he authorizes the Regional Employment Service Office to obtain necessary medical and other documentation for the preparation of the opinion of the rehabilitation commission of the institution (Article 6 of the Rules).

¹⁵² The application could also be made by an unemployed person who may be without disability status or already have a disability category from the Pension and Disability Insurance Institute of the Republic of Slovenia or the Act on the Orientation of Children with Special Needs. As per Article 16 of the Rules, the Regional Office of the Employment Service may combine the procedure for obtaining the status of a disabled person and the procedure for recognizing the right to employment rehabilitation.

Application (including Regional office of the medical and other **Employment Service** documentation) Person Vocational Rehabilitation Rehabilitation Commission Hearing provider (VR) Expert opinion: assessment The person has the right to of working, learning and **Decision** on obtaining the status of a person functional abilities, work vocational with disabilities (Annex 1*) and Opinion on the endurance and efficiency rehabilitation needs for vocational rehabilitation (Annex 2*) and interests of the person VR provides psychosocial services, VR opinion on the achievement workplace training, assessment of of work results work performance Assessment on the person's employment possibilities by the Rehabilitation Advisor** The PwD is The PwD is employable unemployable Social inclusion programme Work environment under Regular work special conditions with environment: companies employing at least - Regular work 40% PwD: environment - regular - Social enterprises - (work workplace efficiency 70-100%) - Supported employment - Employment centers (work (work efficiency 70-100%) efficiency 30-70%)

Figure 11: Disability assessment for the recognition of disability status related to employment and rehabilitation process in Slovenia

Source: Prepared by the World Bank team.

Notes: * The Decision and Opinion are based on the results of assessments carried out using Annexes 1 and 2 to the Rules on the criteria and procedure for obtaining the status of a person with disability, for the recognition of the right to vocational rehabilitation and for the assessment of employment opportunities for persons with disabilities, and on the work of Rehabilitation Commissions (also enclosed in Annexes 2.3.1 and 2.3.2). ** The Rehabilitation advisor is part of the Rehabilitation Commission.

- A person may appeal the decision, the decision on the appeal is taken by the Employment Service of Slovenia.
- The Rehabilitation Commission prepares an opinion related to the vocational rehabilitation needs of the person, which includes an assessment according to individual criteria according to the scale from Annex 2 of the Rules: Evaluation scale of difficulties according to selected criteria, which are the basis for the recognition of the right of the person with disabilities to the services of work rehabilitation (see Annex 2.3.2 to this case study).
- Vocational rehabilitation services can be needed up to two years (but average 6 months). At
 the end of the vocational rehabilitation process, the Rehabilitation advisor prepares a final
 assessment of employment opportunities in accordance with Articles 33 and 34 of the Act on
 Vocational Rehabilitation and Employment of Persons with Disabilities, based on the opinion
 of the vocational rehabilitation service on the achievement of work results. This is the basis
 for: the amount of the wage subsidy that will be determined for the employer of the person
 with disabilities; the decision on supported employment; the decision on protected
 employment; or a decision on unemployability.

ii. The assessment for access to a disability pension is carried out based on the Rules on the organization and functioning of expert bodies of the Pension and Disability Insurance Institute of the Republic of Slovenia. Disability Commissions are organized under the Pension and Disability Insurance Institute, which are led by one medical professional (medical doctor) appointed by the Health Insurance Institute. The Disability Commission makes the assessment based on medical documentation that must be provided by the person applying and after a face-to-face meeting. The decision is taken by the Disability Commission. The steps are as follows:

- The assessment for disability pension can start upon a request of the person, relatives (legal guardian) or the person's physician,
- The person must prepare a file with forms and documents regarding the ability to work and documents from the employer,
- After a face-to-face meeting with the Disability Commission, the person receives a written
 document with the disability level, the allowances the person is entitled to, or the refusal of
 the Commission
- The *Pension and Disability Insurance Act*¹⁵⁶ defines disability under Article 63 as the situation "when the person, due to changes in the health condition which cannot be improved with medical treatment and medical rehabilitation, and when the person, due to this medical state, is not able to maintain a job or cannot expect professional advancement."

¹⁵⁴ Two level of Disability Commissions exist; the first (I) and the second (II) level, both at the Pension and Disability Insurance Institute; the person who is not satisfied with the decision of the first level commission can within 15 days appeal to the second level commission.

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¹⁵³ http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11786/

¹⁵⁵ According to section II of the Annex to the Rules on the organization and functioning of expert bodies of the Pension and Disability Insurance Institute of the Republic of Slovenia: *List of mandatory medical documentation for the exercise of rights based on disability and remaining working capacity*, the person must bring medical documentation for the Commission's review. The compulsory documentation that should be submitted is specified for each disease. Diseases are listed following the International Classification of Diseases ICD-10. The documentation should confirm the diagnostics of the person, assess the efficiency of their treatment and determine the lasting consequences of the disease.

¹⁵⁶ http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6280/

- The main criteria used to assess the eligibility of a person to the disability pension is the capacity to work (based on the reduced capacity to perform professional tasks related to their previous job as well as other types of jobs). Diseases are classified into three groups: 157
- Main disease: that which, alone, causes the full or partial loss or reduction of the insured person's ability to carry out work or cause disability.
- Diseases affecting the loss or reduction in capacity of work, are those which adversely affect
 the working capacity or further adversely affect the main disease, individually or jointly.
 Where two diseases have an equivalent negative impact on working capacity, the main one is
 the one with a worse prognosis.
- Other diseases which do not affect disability may be relevant for the opinion on the remaining working capacity when it comes to determining other appropriate work.

There are three categories of disability for which a person can be granted a disability pension:

- Category I: capacity to engage in any organized gainful employment is lost.
- Category II: capacity for work is reduced by 50.0 percent or more.
- Category III: capacity to work full-time is impaired, but: (i) a person is capable of work in a certain job on at least half-time basis; (ii) work capacity for the occupation they have trained for is reduced by less than 50.0 percent or (iii) a person can continue working in her/his occupation on a full-time basis but have lost the capacity to perform the job to which she/he has been assigned.¹⁵⁸

2.3.4.2 The disability assessment instrument

Regarding the assessment for disability status related to employment, Article 2 of the governing Rules indicates that the International Classification of Diseases (ICD) is used to assess physical and mental conditions based on the diagnosis of disease, disorder and medical condition(s). According to Article 3, the procedure is based on assessment and coding of physical, mental functions and the degree of impairment as defined by the International Classification of Functioning, Disability and Health. The Rehabilitation Commission uses a 5-level scale to make the assessment (the Rules include an Annex with the classification scale): 159

- If there are no difficulties or very small up to 4.0 percent; the scale of disability is 0
- If the difficulties are small and assessed from 5.0-24.0 percent; the disability scale is 1
- If the difficulties are moderate and are assessed from 25.0-up to 49.0 percent; the disability scale is 2
- If the difficulties are big and assessed from 50.0-95.0 percent; the disability scale is 3
- If the difficulties are severe and assessed from 96.0-100.0 percent; then the disability scale is 4.

According to the Rules, the assessment is based primarily on the assessment of the functioning of the person and on the difficulties, barriers and needs according to employment (see Annex 2.3.1 on the classification scale for more details). When the person is assessed on the scale from 2 to 4, the person acquires the disability status related to work abilities. The assessment prepared by the

¹⁵⁷ According to point I.S. of the Annex to the Rules on the organization and functioning of expert bodies of the Pension and Disability Insurance Institute of the Republic of Slovenia: *List of mandatory medical documentation for the exercise of rights based on disability and remaining working capacity*.

¹⁵⁸ ANED (2018: 21-22).

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¹⁵⁹ Rules on the criteria and procedure for obtaining the status of a person with disability, for the recognition of the right to vocational rehabilitation and for the assessment of employment opportunities for persons with disabilities, and on the work of rehabilitation commissions, Article 4.

¹⁶⁰ *Ibid*, Article 5.

Rehabilitation Commission for work rehabilitation services uses Annex 2 to the Rules: Evaluation scale of difficulties according to selected criteria, which are the basis for the recognition of the right of the person with disabilities to the services of work rehabilitation (see Annex 2.3.2 of this case study).

2.3.5 People with disabilities in strategic documents

Action Program for Persons with Disabilities 2014–2021¹⁶¹: The purpose of the program is to promote, protect and ensure full and equal enjoyment of human rights of persons with disabilities and to promote respect for their inherent dignity. The program includes a wide range of measures in all areas which have a significant impact on the lives of persons with disabilities (awareness and information, accessibility, education, labor and employment, finance and social security, health and healthcare, cultural events, sport and leisure activities, religious and spiritual life, violence and discrimination, aging with a disability). Several institutions are responsible for the implementation of the program.

Specifically, the tasks of the disability protection policy for the period 2014–2021 are:

- To provide systemic measures to remove obstacles to equal opportunities and support full participation of persons with disabilities in the community and society,
- To take preventive measures tackling discrimination against persons with disabilities and ensure measures that enable access to fundamental rights,
- To further harmonize future Slovenian legislation with EU legislation and measures mentioned in the Action Program,
- To facilitate partnerships with persons with disabilities in the planning, selection, implementation, monitoring and evaluation of projects which will be financed from the European Structural Funds,
- To meet the needs of voluntary care providers of persons with disabilities (health and disability insurance, provision of annual holidays (leave), up/re-skilling, covering material costs related to care providers' duties, provision of assistance to care givers to the elderly after their duties are completed etc.).

The key actors in the implementation of the Program are: 162

- Ministries: MLFSA, Ministry of Finance, Ministry of Education, Science and Sport, Ministry of Culture, Ministry of Interior, Ministry of Infrastructure and Spatial Planning, Ministry of Health, Ministry of Foreign Affairs,
- Professional institutions: Social Protection Institute of the Republic of Slovenia, Public Guarantee, Maintenance and Disability Fund of the Republic of Slovenia, Association of Slovenian Training Organizations for Persons with Special Needs, University Rehabilitation Institute of the Republic of Slovenia Soča, Association of Vocational Rehabilitation Providers of the Republic of Slovenia, Pension and Disability Insurance Institute of Slovenia, Employment Service of Slovenia, Health Insurance Institute of Slovenia,
- Disabled People's Organizations and other organizations: National Council of Disability Organizations of Slovenia and others.
- The above stakeholders are responsible with the implementation of the Action Program measures. The Program implementation is monitored through the inputs that these stakeholders provide annually to the Social Protection Institute of the Republic of Slovenia.

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¹⁶¹ MLFSA (2014a: 4-5).

¹⁶² MLFSA (2014a: 27-33).

The Institute prepares a draft report which is finalized by MLFSA and submitted to the Government.

Resolution on the Family Policy 2018–2028: "A Society Friendly to All Families:"163 The resolution has three main goals: (1) to improve the quality of life of families (especially children); (2) to protect rights of families and individual family members (especially children); and (3) to increase the birth rate. The resolution has measures dedicated to people with disabilities:

- Ensure a certain number of hours per month for the care of children with disabilities,
- Increase the income for those who care for children with disabilities (the replacement of lost income shall be the same as the minimum income),
- Grant the replacement of the lost income to non-biological parents (mother or father) who
 care for the child instead of working, irrespective of whether the couples are married or not,
- Provide more services to parents with children with special needs to balance the family and work life,
- Lift barriers for those who care for a person with disabilities and would like to enter the labor market.
- Ensure the early assessment of children with special needs and a coordinated support to the child and the family.

¹⁶³ MLFSA (2018a).

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Euroblind (Slovenia – Article 33): http://www.euroblind.org/convention/article-33/slovenia/

Government of Slovenia (Council of Persons with Disabilities of the Republic of Slovenia): https://www.gov.si/zbirke/delovna-telesa/svet-za-invalide-republike-slovenije//

Government of Slovenia (Human Rights Ombudsman of the Republic of Slovenia): https://www.gov.si/en/state-authorities/other-institutions/varuh-clovekovih-pravic/

Government of Slovenia (People with disabilities, war veterans and victims of war violence): https://www.gov.si/podrocja/socialna-varnost/invalidi-vojni-veterani-in-zrtve-vojnega-nasilja//

Government of Slovenia (Protection of people with special needs): https://www.gov.si/podrocja/socialna-varnost/varstvo-oseb-s-posebnimi-potrebami//

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Ministry of Labor, Family, Social Affairs and Equal Opportunities – MLFSA (Directorate for Social Affairs): https://www.gov.si/en/state-authorities/ministry-of-Labor-family-social-affairs-and-equal-opportunities/social-affairs-directorate//

Ministry of Labor, Family, Social Affairs and Equal Opportunities – MLFSA (Directorate for Labor Market and Employment): https://www.gov.si/en/state-authorities/ministries/ministry-of-Labor-family-social-affairs-and-equal-opportunities/Labor-market-and-employment-directorate//

Ministry of Labor, Family, Social Affairs and Equal Opportunities – MLFSA (Directorate for People with Disabilities, War Veterans and Victims of War Violence): https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-delo-druzino-socialne-zadeve-in-enake-moznosti/o-ministrstvu/direktorat-za-invalide-vojne-veterane-in-zrtve-vojnega-nasilja/

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https://www.legislationline.org/download/id/7083/file/Slovenia Action Programme Persons with Disabilities 2014 2021 en.pdf/

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Ministry of Labor, Family, Social Affairs and Equal Opportunities - MLFSA (2018a) *Resolution on the Family Policy 2018–2028: "A Society Friendly to All Families"*. Available in Slovenian at: http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO118/

National Council of Disability Organizations of Slovenia (NSIOS): https://nsios.si/o-nas//

Pension and Disability Insurance Institute of Slovenia: https://www.zpiz.si//

Pravilnik o merilih in postopku za pridobitev statusa invalida, za priznanje pravice do zaposlitvene rehabilitacije in za ocenjevanje zaposlitvenih možnosti invalidov ter o delu rehabilitacijskih komisij (Rules on the criteria and procedure for obtaining the status of a person with disability, for the recognition of the right to vocational rehabilitation and for the assessment of employment opportunities for persons with disabilities, and on the work of rehabilitation commissions. Available in Slovenian at: http://pisrs.si/Pis.web/pregledPredpisa?id=PRAV6743/

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Annex 2.3.1 Classification scale for disability degrees

Table 10: Disability assessment in Slovenia - classification scale for disability degrees

Degree of problems and obstacles	Description	Quantitative scale 0-4%	
No problems and obstacles	The person does not need any help in performing work tasks, organizing work and adapting to working conditions. Motivation is stable, there are no problems with joining the group and arranging social relations. Work endurance is satisfactory, so it does not require additional breaks and adjustment of the work process and working time to current capabilities.		
Small problems and obstacles	With the appropriate initial introduction and training, the person is able to independently and reliably perform predetermined work tasks, while its work efficiency is also stable over a long period of time. However, it requires shorter induction and on-the-job training, which may include minor adjustments to the work process. Work motivation is stable, there are no significant deviations in the management of behavioral and emotional responses. Work capacity, endurance and workload are only slightly or only occasionally reduced, the psychomotor pace is satisfactory and enables work effects that approach the efficiency of other workers.	5-24%	
Moderate problems and obstacles	The person needs longer training and introduction to work, which includes individualized and according to the profile of preserved abilities and deficits, adapted techniques of learning and teaching tasks and adjustment of the work process (adaptation of the work process, e.g. memory techniques, cards for managing more complex tasks, breaking tasks into smaller units, multi-level learning of work tasks, adaptation of work instructions). The person needs a stable, calm work environment, without disturbing stimuli and unforeseen changes, and re-introduction is necessary when adapting to changes in the work environment. The person has marked difficulties in adapting to changes in the work and social environment. More pronounced disorders are observed in one of the following areas:	25-49%	
	 disorders of cognitive functions, e.g. moderate or severe impairment of memory functions, construction or executive or planning and anticipation skills, mental strategies, adaptability and initiative, slowness, low energy level, rapid fatigue, communication or speech, reading and writing disorders, behavioral disorders, emotional responses or in terms of lack of control (impulsivity, aggressive breakthroughs and uncontrolled behavioral oral responses) or reduced emotional and motivational factors (reduced emotional responsiveness, apathy and lack of initiative), psychiatric disorders or severe forms of personality change that affect functional abilities. 		
	Despite more pronounced problems in one of the mentioned areas or a combination of milder problems in several areas, the person is able to perform his work satisfactorily for a longer period of time and to		

obstacles persistently affect severely reduced work efficiency and/or frequent and severe fluctuations and deterioration of work and personality functioning. Due to problems, the person can only perform a short selection of work tasks, even for a limited period of time. The person needs a protected and adapted working environment (e.g. one of the measures may be a protected workplace or supportive employment). The person requires regular breaks, and work efficiency is below the set criteria most of the time. The possibility of switching to other work tasks or work flexibility is small. The person requires long-term introduction to the work process and work environment, very limited selection of work tasks, constant work on promotion, constant help to manage deficits in cognitive factors, behavior and/or interpersonal functioning, and constant control over the work done. The person does not tolerate major changes in the work process, the changes require long (several-month) adjustment periods. The person needs a customized work rhythm with great options for flexible working time management. One of the measures for people with great difficulty can be supportive or protective employment. Severe problems The person is unable to work except for short-term, mostly routine			
obstacles persistently affect severely reduced work efficiency and/or frequent and severe fluctuations and deterioration of work and personality functioning. Due to problems, the person can only perform a short selection of work tasks, even for a limited period of time. The person needs a protected and adapted working environment (e.g. one of the measures may be a protected workplace or supportive employment). The person requires regular breaks, and work efficiency is below the set criteria most of the time. The possibility of switching to other work tasks or work flexibility is small. The person requires long-term introduction to the work process and work environment, very limited selection of work tasks, constant work on promotion, constant help to manage deficits in cognitive factors, behavior and/or interpersonal functioning, and constant control over the work done. The person does not tolerate major changes in the work process, the changes require long (several-month) adjustment periods. The person needs a customized work rhythm with great options for flexible working time management. One of the measures for people with great difficulty can be supportive or protective employment. Severe problems The person is unable to work except for short-term, mostly routine tasks in accordance with his interests and current abilities. The person		support and guidance. However, the person needs intense help in the event of deterioration or any change in the environment or work process. One of the measures for people with moderate difficulties can	
and obstacles tasks in accordance with his interests and current abilities. The person		persistently affect severely reduced work efficiency and/or frequent and severe fluctuations and deterioration of work and personality functioning. Due to problems, the person can only perform a short selection of work tasks, even for a limited period of time. The person needs a protected and adapted working environment (e.g. one of the measures may be a protected workplace or supportive employment). The person requires regular breaks, and work efficiency is below the set criteria most of the time. The possibility of switching to other work tasks or work flexibility is small. The person requires long-term introduction to the work process and work environment, very limited selection of work tasks, constant work on promotion, constant help to manage deficits in cognitive factors, behavior and/or interpersonal functioning, and constant control over the work done. The person does not tolerate major changes in the work process, the changes require long (several-month) adjustment periods. The person needs a customized work rhythm with great options for flexible working time management. One of the measures for people with great difficulty can	50-95%
does not harm herself or the work process.	•	tasks in accordance with his interests and current abilities. The person needs constant support, supervision and protection so that the person	96-100%

Source: Annex 1 of the Rules on the criteria and procedure for obtaining the status of a person with disability, for the recognition of the right to vocational rehabilitation and for the assessment of employment opportunities for persons with disabilities, and on the work of rehabilitation commissions.

http://pisrs.si/Pis.web/pregledPredpisa?id=PRAV6743/

Annex 2.3.2 Evaluation scale of difficulties according to selected criteria

Evaluation scale of difficulties according to selected criteria, which are the basis for the recognition of the right of the person with disabilities to the services of work rehabilitation

Table 11: Disability assessment in Slovenia - evaluation scale of difficulties according to selected criteria

	0	1	2	3	4
CRITERIA	No problems and obstacles	Small problems and obstacles	Moderate problems and obstacles	Big problems and obstacles	Severe problems and obstacles
LEVEL OF MOTIVATION	Optimal, realistic motivation	Good, realistic motivation with occasional fluctuations	Fluctuating motivation, depending on external influences	"External" motivation or motivation that does not take into account real possibilities	Completely unmotivated, unrealistic motives
LEVEL OF KNOWLEDGE	Effective knowledge in accordance with the acquired education or profession	Satisfactory knowledge consistent with education or occupation	The need to acquire additional knowledge to achieve the expected results	The level of knowledge enables efficiency only in less demanding tasks.	Very limited knowledge transfer capabilities
LEVEL OF WORK EXPERIENCE	Quality work experience that ensures good work efficiency	The person is able to accumulate the missing work experience on the job	Needs mentoring of up to 6 months to gain the necessary experience	Needs appropriate mentoring for a longer period (more than 6 months)	Needs constant guidance
LEVEL OF ACQUIRED SKILLS	Acquired skills fully meet the job requirements	The person is able to effectively acquire the missing skills on the job	Systematic practice of skills is needed, a mentor especially for new tasks	Very limited ability to acquire new skills	Needs constant guidance
WORK CAPACITY LIMITS	Able to perform all tasks within the workplace	Able to perform all tasks in a selected job	Able to perform only some - selected tasks or tasks or needs frequent breaks	Able to perform individual activities or tasks - usually part-time	Capabilities do not allow regular employment
PROBLEMS AND OBSTACLES RELATED TO	Achieves at least average - expected results	As a rule, achieves the expected (average)	Achieves 70% - 90% of expected efficiency	Reaches 30% - 70% of expected efficiency	Expected efficiency in known works below 30%

	0	1	2	3	4
EFFICIENCY (AT WORK)		results - occasional fluctuations			
DIFFICULTIES AND OBSTACLES IN ACCEPTING OWN DISABILITY	No problems and obstacles	Small problems and obstacles	Moderate problems and obstacles	Big problems and obstacles	Complete rejection
CHOOSING PROFESSIONAL GOALS	Optimal, realistic selection	Small problems and obstacles in making the choice	Moderate problems and obstacles in making the choice	Ineffective selection, needs support in choosing professional goals	No real career goals, needs complete help
LEVEL OF SOCIAL SKILLS	Optimal level of efficiency in social situations	Good level of efficiency in social situations, support needed in stressful situations	Satisfactory level of efficiency in social situations, needs counseling and guidance in new circumstances	Effective response in new positions, longer time management and support required	Continuous management and support required in normal life situations
SOCIAL SUPPORT NETWORK LEVEL	Optimal, real support	Satisfactory, real support	Has no satisfactory support in the social network, needs additional support	Threatening environment, inadequate social support	Very endangering environment, completely inadequate support
LEVEL OF ABILITY FOR LOOKING FOR SUITABLE WORK AND EMPLOYMENT	The person has no problems finding work and is completely independent	The person manages easier circumstances, but cannot handle difficult ones and needs support	The person's independence is still satisfactory, has less difficulty in finding a suitable job and employment	The person needs guidance and help in finding a job, does not find new employment	Complete dependence of outside help, unable to find work without support
LEVEL OF DISABILITY (PHYSICAL, COMMUNICATI ONAL ETC.)	No problems and obstacles	Small problems and obstacles	Additional help needed to enable inclusion	Continued assistance needed to enable inclusion	Complete disability

	0	1	2	3	4
THE NEED FOR AN ANALYSIS OF THE WORKPLACE AND THE WORKING ENVIRONMENT	No problems and obstacles	Small problems and obstacles	Pre- employment job analysis required	Pre- employment job analysis required	Severe problems and obstacles
THE NEED TO ADJUST THE WORKPLACE AND THE WORKING ENVIRONMENT	No problems and obstacles	Small problems and obstacles	It is necessary to check and, if necessary, make an adjustment proposal	It is necessary to check and, if necessary, make an adjustment proposal	Severe problems and obstacles
THE NEED TO PLAN EQUIPMENT AND WORK EQUIPMENT	No problems and obstacles	Small problems and obstacles	It is necessary to check and, if necessary, make a proposal	It is necessary to check and, if necessary, make a proposal	Severe problems and obstacles
INDEPENDENCE DURING TRAINING AND EDUCATION	Fully independent and autonomous, does not need support	Good level of efficiency with small problems and obstacles	Moderate problems and obstacles to training and education, occasionally needs support and guidance	Big problems and obstacles in education and training, almost entirely dependent on support	Complete dependence on foreign aid for education and training
INDEPENDENCE IN THE WORKPLACE AFTER EMPLOYMENT	Fully independent and self-sufficient, needs no support	Good level of efficiency with small problems and obstacles	Moderate problems and obstacles in the workplace, needs support and guidance with new or changed circumstances	Needs constant mentoring	Completely dependent at work

Source: Annex 2 of the Rules on the criteria and procedure for obtaining the status of a person with disability, for the recognition of the right to vocational rehabilitation and for the assessment of employment opportunities for persons with disabilities, and on the work of rehabilitation commissions: http://pisrs.si/Pis.web/pregledPredpisa?id=PRAV6743/

2.4 Republic of Bulgaria

2.4.1 Introduction

The key law that establishes and guarantees benefits and rights of people with disabilities and establishes the structure of the main bodies responsible for coordinating and implementing the state disability policies is *The Persons with Disabilities Act*. ¹⁶⁴ According to this Act, the powers to implement disability policies are distributed between the central and local government levels (Figure 12).

At the central level:

The Council of Ministers of the Republic of Bulgaria determines the government policy on the rights of people with disabilities.

The National Council on Persons with Disabilities is an advisory body, established under the Council of Ministers for the purpose of cooperation in developing and pursuing the policy on the rights of persons with disabilities. In this way a cooperation is established between state, municipal, public and economic entities and institutions, organizations, and non-governmental organizations of people with disabilities.

The Minister of Labor and Social Policy, supported by the Directorate for Policy for People with Disabilities, Equal Opportunities and Social Allowances and by the Agency of People with Disabilities, is responsible for coordinating and implementing the government policy on the rights of persons with disabilities.

The Monitoring Committee is an independent body, in charge of promoting, safeguarding and monitoring the implementation of the Convention on the Rights of Persons with Disabilities.

At the regional and local level:

Coordinators are officers from the central and territorial executive bodies, who are assigned additional functions to coordinate policies and programs and measures pertaining to the rights of persons with disabilities.

Regional Councils assist and support regional governors in the implementation, analysis, development of strategies, plans, measures and other activities pertaining to the implementation of the policy on the rights of persons with disabilities at the regional level.

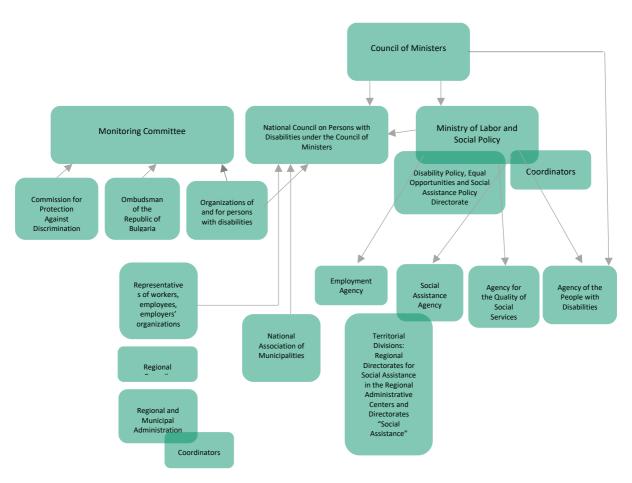
The state¹⁶⁵ and local authorities adopt laws, decrees, orders, strategies, programs, standards and other regulatory documents related to disability policies and the rights of persons with disabilities.

The Act also establishes that central and local authorities, together with national representative organizations of and for people with disabilities, national representative organizations of employers and national representative organizations of workers and employees participate in implementing government disability policies by creating conditions and assisting in enforcement of programs and projects on the rights of persons with disabilities.

¹⁶⁴ Persons with Disabilities Act: https://www.lex.bg/bg/laws/ldoc/2137189213

 $^{^{165}}$ National Assembly (Bulgarian Parliament), the Council of Ministers, ministers, etc.

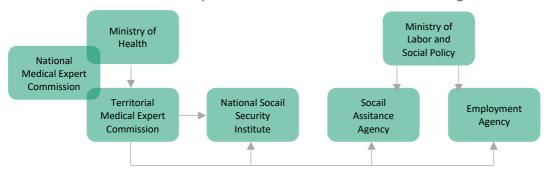
Figure 12: Main bodies responsible for the development, regulation, implementation, coordination and monitoring of disability policies in Bulgaria



Source: Prepared by the World Bank team.

While the Ministry of Labor and Social Policy (MOLSP) is responsible for implementing and coordinating the policy concerning the rights of the persons with disabilities, Territorial Medical Expert Commissions (or National Medical Expert Commissions in case of a complaint) under the Ministry of Health determine disability (by performing medical expertise). The medical expertise is organized and managed by the Minister of Health and the Regional Health Inspectorate. Disability determination is a precondition for access to disability benefits and services (Figure 13).

Figure 13: Government agencies responsible for disability determination and provision of disability related benefits and services in Bulgaria



Source: Prepared by the World Bank team.

2.4.2 Main roles and responsibilities of key institutions

Council of Ministers

The Council of Ministers¹⁶⁶ is the central collegial body of the Government with general competence to determine the policies. It consists of the Prime Minister of Bulgaria, Deputy Prime Ministers and Ministries. In carrying out its activities, the Council of Ministers interacts with the National Assembly, the President, the Ombudsman, the Constitutional Court, the judiciary and other state institutions not included in the system of executive power, as well as with local self-government bodies.

According to the Constitution, the Council of Ministers governs and implements internal and external policies in compliance with the Constitution¹⁶⁷ and the laws. It also secures public order and national security, governs the public administration and the armed forces. The Council of Ministers is the chief executive body overseeing all national policy areas based on the country management program adopt by the Council of Ministers. 168

National Council on Persons with Disabilities

The National Council on Persons with Disabilities under the Council of Ministers (NCPD)¹⁶⁹ was set up for the purpose of cooperation in developing and the pursuing the disability policies. It is chaired by the Deputy Prime Minister. The NCPD interacts with the coordinating and monitoring bodies set by the Persons with Disabilities Act,¹⁷⁰ which are responsible for the development and implementation of policy on integration of people with disabilities.

NCPD is an advisory body composed of government representatives nominated by the Council of Ministers, national representative organizations of and for persons with disabilities, national representative organizations of workers and employees, national representative organizations of employers and the National Association of Municipalities in the Republic of Bulgaria. The appointment, description of NCPD procedures and decision making is established by the Rules¹⁷¹ adopted by the Council of Ministers.

All drafts of normative acts¹⁷², strategies, programs, plans and other acts, which affect the rights of the people with disabilities are adopted after a preliminary opinion of NCPD is received.

01aa75ed71a1/language-en

¹⁶⁶ https://www.gov.bg/bg

¹⁶⁷ https://www.wipo.int/edocs/lexdocs/laws/en/bg/bg033en.pdf

¹⁶⁸ Public Administration Characteristics and performance in EU 28: Bulgaria, European Commission, 2018, https://op.europa.eu/en/publication-detail/-/publication/15cd2969-9605-11e8-8bc1-

¹⁶⁹ http://saveti.government.bg/web/cc 11/1

¹⁷⁰ These bodies are: The Ombudsman of the Republic of Bulgaria, Commission for Protection against Discrimination, the Agency for Social Assistance, the Agency for People with Disabilities, the Employment Agency, organizations of people with disabilities, employees, etc., as well as international organizations. Persons with Disabilities Act: https://www.lex.bg/bg/laws/ldoc/2137189213

¹⁷¹ Rules for the activity and organization of work of the National Council for People with Disabilities, the procedure for recognition of national representation of the organizations for people with disabilities and the control for the observance of the criteria for national representation,

 $[\]overline{}^{172}$ Normative acts in Bulgaria, as established by the Law on Normative Acts may be issued by the bodies stipulated in the Constitution, in other laws or in a State Council decree.

NCPD performs the following functions: 173

- provides support and assistance to the Council of Ministers in designing and implementing policies on integration of people with disabilities, based on national and international legal norms,
- discusses and adopts opinions on the drafts of normative acts concerning rights or integration of people with disabilities,
- assists and promotes coordination between the state, municipal, public and economic bodies
 and institutions and the non-governmental organizations of people with disabilities and
 provides support for implementation of their activities on integration of the people with
 disabilities,
- interacts with other bodies for the purpose of cooperation, coordination and monitoring issues affecting the rights of people with disabilities,
- establishes and maintains relations with international governmental and non-governmental organizations for people with disabilities,
- raises awareness about the issues and measures related to the integration of people with disabilities through active cooperation with media,
- submits annual reports to the Council of Ministers on its activity,
- accepts and discusses the summarized annual report for the activities of the nationally representative organizations of and for people with disabilities in the field of integration of people with disabilities, implemented with the support of state subsidy, as well the achieved results.¹⁷⁴

Monitoring Committee

The Monitoring Committee, established in 2019, promotes, safeguards and monitors the implementation of the UNCRPD.

The Monitoring Committee is an independent and transparent body established by the Persons with Disabilities Act. The Committee independently adopts its rules of operation and organization, annual work programs and submits reports to the National Assembly on an annual basis. One of the important principles is its cooperation and interaction with central and local authorities as well as with the civil society.

The Monitoring Committee is composed of 9 members, including two representatives nominated by the Ombudsman of the Republic of Bulgaria, two representatives nominated by the Chairperson of the Commission for Protection against Discrimination, four representatives of organizations of and for persons with disabilities, and one representative of the academia nominated by the Bulgarian Science Academy.

The Monitoring Committee is chaired on a rotating basis for two years by the Ombudsman of the Republic of Bulgaria and the Commission for Protection against Discrimination. The Monitoring Committee should hold its meetings at least quarterly as set by Persons with Disability Act¹⁷⁵.

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¹⁷³ Decree of Council of Ministers, № 151 from 14 June 2019 on the Adoption of rules for the activities and organization of work of the National Council for People with Disabilities, the procedure for recognition of national representation of organizations for people with disabilities and control over compliance with national representation criteria, https://dv.parliament.bg/DVWeb/showMaterialDV.jsp;jsessionid=914DCA1EBBB66CB3AEBFA566B0B1D18D?idMat=13861

http://saveti.government.bg/web/cc 11/1

¹⁷⁵ Persons with Disabilities Act: https://www.lex.bg/bg/laws/ldoc/2137189213

The main obligations of the Monitoring Committee are the following:

- issuing opinions, recommendations and proposals to the institutions in charge of preventing and suspending any violations of the rights of persons with disabilities,
- preparing annual reports on the actions undertaken to implement UNCRPD,
- reviewing regularly the national laws, practices and draft regulations and assessing their compatibility with the provisions of UNCRPD,
- pursuing activities related to promoting, safeguarding and monitoring the implementation of UNCRPD.

Commission for Protection against Discrimination

Commission for Protection against Discrimination¹⁷⁶ is the national equality body of the Republic of Bulgaria. It was established in April 2005 under the Law for Protection against Discrimination¹⁷⁷ with a main objective "to prevent discrimination, to protect against discrimination and to ensure equal opportunities". The Commission functions in compliance with the Paris Principles¹⁷⁸ and issues legally binding decisions. It may impose fines and compulsory administrative measures.

Commission for Protection against Discrimination, as established by the Law for Protection against discrimination, is an independent body¹⁷⁹ which consists of 9 members out of which¹⁸⁰ 5 members (including the chairman and the deputy chairman) are elected by the National Assembly, while 4 members are appointed by the President of the Republic of Bulgaria. In the election or appointment of the Commission members, the principles of balanced participation of women and men and of participation of persons belonging to ethnic minorities is respected.

The Commission for Protection Against Discrimination executes the following powers:

- investigates and identifies violations of equality protection,
- takes decisions to prevent and stop violation,
- imposes sanctions and applies administrative measures,
- provides binding instructions for equal treatment,
- appeals against administrative acts adopted in breach of the principles of equality,
- makes proposals and recommendations to state and municipal bodies to terminate activities, which may violate equality,
- gives opinions on draft regulations to bring them in line with the legislation on prevention of discrimination,
- prevents discrimination and makes recommendations for adopting, revoking, amending or designing new legislation,
- provides independent assistance to victims of discrimination in submitting discrimination complaints,
- conducts independent investigations on discrimination,
- publishes independent reports on discrimination issues,

¹⁷⁶ https://www.kzd-nondiscrimination.com/layout/

 $^{^{\}rm 177}$ The Law for Protection against Discrimination, $\underline{\rm https://kzd-}$

nondiscrimination.com/layout/images/stories/pdf/ZAKON za zasita ot diskriminaciq Zagl izm DV br 68 ot 2006 g.pd f

¹⁷⁸ Principles relating to the Status of National Institutions (The Paris Principles), adopted by General Assembly resolution 48/134 of 20 December 1993, https://nhri.ohchr.org/EN/AboutUs/Pages/ParisPrinciples.aspx

¹⁷⁹ Art. 40 of the Law for Protection against Discrimination. The same article establishes, that the Commission is supported by the state budget.

¹⁸⁰ Article 41 of the Law for Protection Against Discriminating

- informs the public through media about violations and measures for protection against discrimination,
- implements and performs other competencies provided for in the regulation.

The Ombudsman of the Republic of Bulgaria

The Ombudsman¹⁸¹ is the body protecting the rights of all citizens, including the rights of children, persons with disabilities, minorities, foreigners. The Ombudsman has a broad scope of powers concerning all citizens' rights – political, economic, civil, social, and cultural. The Ombudsman intervenes in cases when acts or omissions of the state and municipal bodies and public service providers violate citizens' rights and freedoms. In her/his activity the Ombudsman is guided by the following basic principles:

- impartiality and independence,
- rule of law and justice,
- discretion as to the conformity with good governance requirements.

The Ombudsman of the Republic of Bulgaria¹⁸² is established by the Ombudsmen Act¹⁸³ and its main responsibilities are to:

- receive and investigate complaints concerning violation of rights and freedoms by the state, municipal bodies and their administrations as well as by public service providers,
- perform inquires on the basis of received complaints,
- respond to complaints in writing within a month or within a three-month period, where the case requires a more detailed investigation,
- make proposals and recommendations to the relevant bodies and their administrations regarding restoration of violated rights and freedoms,
- mediate between the administrative bodies and the individuals in order to overcome violation and reconcile their positions,
- extend proposals and recommendations for eliminating violation of the rights and freedoms,
- apply to the Constitutional Court if there is a need to clarify the constitution or its compatibility with international treaties to be ratified (laws must comply with international law and international treaties to which Bulgaria is a party),
- provide opinions to the Council of Ministers and the National Assembly on draft laws concerning the protection of human rights,
- protect the rights of children,
- make proposals and recommendations to the Council of Ministers and the National Assembly concerning signing and ratifying international acts on human rights,
- monitor and encourage implementation of signed and ratified international human rights instruments,
- notify the prosecution bodies if there are indications of a committed crime. 184

¹⁸¹ http://ennhri.org/our-

 $[\]underline{members/bulgaria/\#: ``:text=The \% 200 mbuds man \% 20 is \% 20 the \% 20 body, civil \% 2C\% 20 social \% 2C\% 20 and \% 20 cultural to the first of the$

¹⁸² https://www.ombudsman.bg/

¹⁸³ The Ombudsmen Act, https://www.ombudsman.bg/pictures/Ombudsman%20Act%20EN.pdf

¹⁸⁴ The Ombudsmen deal with individual complaints only, and in many settings have little power other than advisory.

Coordinators of the rights of persons with disabilities

Coordinators of the rights of persons with disabilities are the officers of the executive central and territorial bodies (ministries and municipalities), that in addition to their main obligations under the contract, perform the following tasks:

- develop policies and programs on the rights of persons with disabilities,
- contribute to drafting, implementation and reporting of/on regulations, strategic documents, plans, projects,
- analyze and report on rights of persons with disabilities, in line with the competence of the body concerned,
- coordinate implementation of measures within the competence of the relevant body and contribute to drafting of reports related to the rights of persons with disabilities,
- coordinate the collection and dissemination of information and best practices related to the rights of persons with disabilities within the competence of the relevant body.

Regional Councils

Regional Councils are established by regional governors (who are appointed by the Council of Ministers). Regional Councils assist and support regional governors in the implementation, analysis, development of strategies, plans, measures and other activities concerning the implementation of the policy on the rights of persons with disabilities at the regional level.

The Regional Councils are composed of:

- representatives of the regional and municipal administration,
- the territorial bodies of the executive, the nationally representative organizations of and for persons with disabilities; the nationally representative organizations of workers and employees and of employers,
- public-benefit non-profit legal entities,
- other stakeholders working on the rights of persons with disabilities.

The Ministry of Labor and Social Policy

In addition to other responsibilities, MOLSP¹⁸⁵ *coordinates* implementation of government policy for people with disabilities. In performing these functions MOLSP is supported by the Directorate for Policy for People with Disabilities, Equal Opportunities and Social Allowances and by the Agency for People with Disabilities.

Main responsibilities of MOLSP are to:

- coordinate activities of government authorities on the rights of persons with disabilities,
- draft, participate in discussions and propose adoption and/or amendments to regulations, strategic documents, programs and plans concerning the rights of persons with disabilities,
- organize the operations of the National Council on Persons with Disabilities,
- undertake measures required for recognition of the status of national organizations of persons with disabilities,
- provide methodological support for executive bodies in pursuing the government policy on the rights of persons with disabilities,

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¹⁸⁵ https://www.mlsp.government.bg/

- coordinate collection of data from the relevant institutions and organizations, and prepare analyses and annual reports on execution of the rights of persons with disabilities in sectoral policies,
- coordinate the fulfilment of the national commitments related to the implementation of the Convention on the Rights of Persons with Disabilities (ratified by an Act of Parliament, SG No. 12/2012) (SG No. 37/2012) and of international instruments on the rights of persons with disabilities.
- provide information to government authorities and civil society on the implementation of the UNCRPD and of national policies,
- represent the state in international organizations and programs on persons with disabilities,
- manage and coordinate participation in national and international programs and projects related to persons with disabilities, jointly with other government authorities and organizations,
- maintain contact with its peer specialized government authorities in other countries, as well
 as with international organizations operating in the field of supporting persons with
 disabilities.

Structure of MOLSP is as follows:

Minister

- Inspectorate
- Internal Audit Directorate
- Finance Controller
- Information security unit and preparation for defense

Political office

Secondary budget managers

- State Agency for Child Protection
- Employment Agency
- Agency for Social Assistance
- Executive Agency "General Labor Inspectorate"
- Agency for People with Disabilities
- National Institute for Conciliation and Arbitration
- Working Conditions Fund
- Social Protection Fund
- Center for Human Resources Development and Regional Initiatives

Secretary

Specialized administration:

- Directorate-General for European Funds, International Program Projects
- Strategic Planning and Demographic Policy Directorate
- Labor Law, Social Security and Working Conditions Directorate
- Disability Policy, Equal Opportunities and Social Assistance Policy Directorate
- Social Inclusion Directorate
- Labor Market Policy and Labor Mobility Directorate
- European Affairs and International Cooperation Directorate

General administration:

- Legal and Administrative Services and Human Resources Directorate
- Finance and Property Management Directorate
- Public Relations and Protocol DirectorateDirectorate for Policy for People with Disabilities, **Equal Opportunities and Social Allowances**

This Directorate is one of the specialized administration bodies of MOLSP. Its responsibilities are set by the Rules and Procedures of MOLSP. 186 In addition to the functions performed by all MOLSP 187 directorates, this Directorate should:188

- develop, coordinate and monit and evaluate state policy on integration of people with disabilities, equal opportunities and social benefits,
- organize, coordinate, participate in the development of normative acts, strategies, programs, action plans, projects and reports in the field of integration of people with disabilities, equal opportunities and social benefits and provides observations on good practices in this area,
- coordinate, report and analyze the implementation of strategies, plans, projects and programs in the field of integration of people with disabilities, equal opportunities and social assistance,
- participate in the preparation of opinions, positions, analyses, presentations, information and other documents in the field of integration of people with disabilities, equal opportunities gender equality and anti-discrimination, and social benefits,
- present and defend the position and interests of the Republic of Bulgaria regarding its participation in the work of committees, institutions, working groups and forums of the Council of the European Union, the European Commission and the Council of Europe,
- support and encourage the cooperation with the civil organizations with the purpose of their active participation in the process of formulation, implementation and monitoring of the policy in the field of the integration of the people with disabilities, equal opportunities and social benefits,
- coordinate the implementation of the relevant policies implemented by the Social Assistance Agency, the Agency for People with Disabilities and the Social Protection Fund,
- prepare opinions for granting subsidies to the nationally representative organizations for people with disabilities for activities to be financed from the state budget,
- support the representation of the Minister in the Commission for Protection against Discrimination by providing all relevant information,

¹⁸⁶ Rules of Procedure of the Ministry of Labor and Social Policy, https://www.lex.bg/laws/ldoc/2135651037

¹⁸⁷ Provide administrative services to external and internal clients in accordance with the requirements of the Quality Management System of the Ministry; appoint their representatives at the expert and managerial level for participation on behalf of the Republic of Bulgaria in the decision-making process in structures of the European Union, which are within the competence of the Minister; analyze the policy of the European Union and propose and introduce European practices and participate in the synchronization of the national legislation with the acts of the European Union; develop impact assessments of the normative acts on the policies of the ministry; participate in financial management and control systems (FMCS) in the ministry, initiate and implement measures for improvement of the system for preventive and corrective actions and for risk management; participate in the preparation of the answers of the Minister to the relevant issues and questions for the parliamentary control in the National Assembly; participate in the development the drafts of normative acts and orders, related to the activity of the ministry, coordinate or prepare statements on drafts normative acts, provided by other directorates, ministries and other administrations; participate in the program and budget preparation for three-year budget forecast of the Ministry; conduct monitoring on the implementation of policies and programs of the ministry; ensure maintenance, updating and development of the information systems and the websites of the ministry; participate in presentations of the ministry's policies in the media; perform other functions assigned by the Minister.

¹⁸⁸ https://iisda.government.bg/ras/executive_power/ministry_organigram/87

- act as secretariat of the National Council for Integration of People with Disabilities at the Council of Ministers and provide the administrative and technical assistance to the National Council for Equality of Women and Men at the Council of Ministers,
- since 2016, be a focal point for the Republic of Bulgaria under the Convention on the Rights of Persons with Disabilities.

Social Assistance Agency

The Social Assistance Agency (SAA)¹⁸⁹ is an executive agency under MOLSP responsible for the implementation of the state social assistance policy and administering and delivering programs to specified beneficiaries. It is a legal entity based in Sofia and is represented and managed by an executive director. The Social Assistance Agency is decentralized into territorial divisions: Regional Directorates for Social Assistance in the regional administrative centers and directorates "Social Assistance".

The SAA performs its functions in these areas: social assistance, child protection (adaptation, foster care, etc.), and Food Operational Program. Social assistance includes social benefits for individuals and families; family benefits for children; benefits for war disabled people and support for people with permanent disabilities. Social assistance benefits are provided in cash and/or in-kind to support individuals and families meet basic needs and who are otherwise unable to meet them by working or through property in their ownership.

The main functions of SAA include the following:

- implementing the state policy for social assistance,
- providing social assistance benefits (programs' implementation/delivery),
- developing a unified system for evaluation and supervising and controlling the activities of the "Social Assistance" directorates and exercising specialized control over directorates through the Inspectorate of the Social Assistance Agency,
- collecting, processing, systematizing, storing and using data in an integrated information system,
- preparing MOLSP consolidated annual reports and analysing social assistance benefits,
- participating in drafting normative acts on social assistance benefits, issuing opinions as a matter of obligation on draft regulation on the rights of persons with disabilities,
- maintaining registers of children who can be adopted, of adopters and of the approved foster families through the regional directorates for social assistance,
- improving the criteria and indicators for the performance of individual needs assessments of persons with disabilities in accordance with the Persons with Disabilities Act,
- arranging activities related to conducting individual needs assessments of persons with disabilities in accordance with the procedure stipulated in the Persons with Disabilities Act,
- providing analyses and aggregated data on individual needs assessments of persons with disabilities in accordance with the Persons with Disabilities Act and the outcomes thereof to the MOLPS for a certain period, for a certain region or nationally,
- publishing information on its official website, including guidelines, assessment and evaluation reports regarding the fulfilment of the rights of persons with disabilities,

¹⁸⁹ https://asp.government.bg/

¹⁹⁰ Social services and social benefits provided to individuals and families depend on the range of criteria, that are universal and persons with disabilities are only part of all eligible beneficiaries.

• performing other activities determined by the Social Assistance Act or by an act of the Council of Ministers.

Support to people with disabilities, provided by SAA includes:

- Monthly financial support
- Targeted assistance benefits
- Free annual electronic vignette
- Rights of disabled war veterans and war victims

Individual needs assessment

The Persons with Disabilities Act provides that persons with disabilities are entitled to financial support depending on their needs as defined in the individual assessment. The support is meant to compensate the costs related to overcoming the difficulties caused by the type and degree of disability. The financial support for persons with disabilities is composed of two components: monthly financial support depending on the degree of disability and targeted assistance benefits depending on the type of disability.

Monthly financial support is set as a percentage of the poverty line, which is updated annually and also depends on the degree of disability. It is granted based on an application submitted to the Social Assistance Directorate by the person with disabilities. In addition to the application form, a self-assessment form must be provided¹⁹¹ to the regional Social Assistance Directorate where the applicant has a residence.

People with permanent disabilities over the age of 18 are entitled to monthly financial support as follows:

- 50.0-70.99 percent degree of disability 7.0 percent of the poverty line BGN 25.41 for 2020
- 71.0-90.0 percent degree of disability 15.0 percent of the poverty line BGN 54.45 for 2020
- over 90.0 percent degree of disability 25.0 percent of the poverty line BGN 90.75 for 2020
- over 90.0 percent degree of disability, provided that a care assistance by a third party is awarded as well and the person concerned receives a disability pension for general illness, or for an accident at work or an occupational disease – 30.0 percent of the poverty line - BGN 108.90 for 2020;
- over 90.0 percent degree of disability, provided that a care assistance by a third party is awarded as well and that the person concerned receives a social disability pension – 57.0 percent of the poverty line (BGN 206.91 for 2020).

Targeted assistance benefits: People with disabilities are entitled to targeted assistance benefits for technical aids, equipment and medical devices. Targeted assistance benefits include the following:

- Targeted assistance benefit to purchase personal motor vehicle. People with permanent disabilities whose mobility is limited are entitled to targeted assistance to purchase personal motor vehicle. To receive this benefit, a person should meet the following additional conditions: i) the type and degree of the disability or permanently reduced capacity to work exceeds 90.0 percent; and ii) he/she is in employment or education.
- Targeted assistance benefit for housing adaptation. People with permanent disabilities (with more than 90.0 percent degree of permanently reduced work capacity) or a certain type and

 $^{{\}small ^{191} Forms: } \underline{https://asp.government.bg/bg/deynosti/sotsialno-podpomagane/podkrepa-na-horata-s-uvrezhdaniya/pravo-na-mesechna-finansova-podkrepa}$

- degree of disability and children with certain types and degrees of disability in a wheelchair are entitled to targeted assistance for housing adaptation.
- Targeted assistance benefit for balneotherapy and/ or rehabilitation services. People with permanent disabilities (with more than 90.0 percent reduced work capacity), children with permanent disabilities and war disabled veterans are entitled to targeted assistance for balneotherapy and/ or rehabilitation services Also, in cases, when balneotherapy and/or rehabilitation services are prescribed by a specialist doctor based on the specific needs.
- Targeted assistance benefit for renting a municipal house. People with permanent disabilities are entitled for renting municipal house, if they are single or are single parents with a child with permanent disabilities, as well as if they are fully legally incapacitated and their legal representatives sign a rental agreement.

The assessment of eligibility for targeted assistance benefits is based on an application approved by the Executive Director of the SSA, as well as a self-assessment form and other requested documents, if applicable (for instance, payment request). 192

Free annual electronic vignette: The exemption from paying fee for vignette by persons with permanent disabilities is regulated by the Art. 10 of the Roads Act.¹⁹³ It contributes to reducing the financial burden, and improving mobility and expanding opportunities for integration and social inclusion of people with disabilities in a community life. Eligibility is regulated by the Ordinance H-19 of December 2, 2008.¹⁹⁴ An application¹⁹⁵ form must be submitted to the regional Social Assistance directorate where the disabled person concerned has a residence.

Rights of disabled war veterans and war victims: Disabled war veterans and war victims are entitled to free public transport twice a year to travel to and return on a chosen route by rail and road in the country. Military disabled people with permanent disabilities are also entitled to a monthly targeted benefit for telephone services in the amount of 20.0 percent of the guaranteed minimum income. This benefit is provided by the Regional Social Assistance Directorate at the permanent address of the entitled persons, based on a submitted application.

Individual needs assessment: People with disabilities have the right for an individual needs assessment, which is complex. The assessment examines the functioning difficulties of a person with a disability related to his/ her health condition and the limitations in performing daily and other activities, as well as the type of support needed.

The individual needs assessment is conducted by a specialized department in the "Social Assistance" directorates at the Social Assistance Agency.

Individual needs assessment is carried out at the request of:

- a person with disability or a person authorized by him/her,
- a parent (foster parent), guardian or a trustee of a person with disability,

¹⁹² https://asp.government.bg/bg/deynosti/sotsialno-podpomagane/podkrepa-na-horata-s-uvrezhdaniya/pravo-na-tselevi-pomoshti

¹⁹³ The Roads Act, https://www.lex.bg/laws/ldoc/2134914560/

¹⁹⁴ Persons with 50 and over 50 percent reduced work capacity or a specific type and degree of disability and persons or families raising children with permanent disabilities up to 18 years of age and until the completion of secondary education, etc. Ordinance on the terms and conditions for exemption from the payment of vignette fee, H-19,

https://www.mtitc.government.bg/sites/default/files/naredba_n19_ot_2_dekemvri_2008_g_za_usloviyata_i_8_29122018_.pdf

 $[\]frac{195}{\text{https://asp.government.bg/bg/deynosti/sotsialno-podpomagane/podkrepa-na-horata-s-uvrezhdaniya/pravo-nagodishen-vineten-stiker}$

- a person who has been assigned to care for a disabled child in accordance with the procedure provided by the Child Protection Act,
- a head of a social or integrated health and social service for residential care for disabled children,
- a director of the directorate "Social Assistance" at SAA in the case of self-referral.

The following documents must be submitted for the preparation of the assessment:

- an application approved by the executive director of the Social Assistance Agency,
- a self-assessment questionnaire,
- medical documents or expert decision of the Territorial Expert Medical Commission (TEMC) or the National Expert Medical Commission (NEMC).

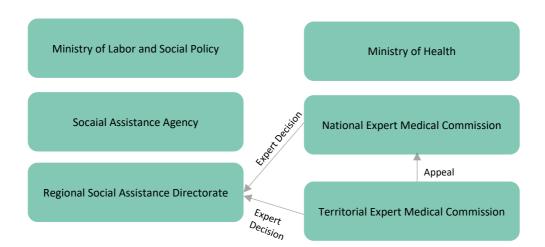


Figure 14: Assessment of Individual Needs in Bulgaria

Source: World Bank Team.

Note: The above Figure 14 presents the processes of individual needs assessment: firstly, TEMC (NEMC) should decide on person's disability, which has to be provided to the regional Social Assistance Directorate.

The individual needs assessment is performed according to the methodology for the Individual assessment of persons with disabilities, proposed by MOLSP and adopted by the Council of Ministers.

The document on individual needs assessment includes three components: 1) information about the applicant 2) findings on functioning limitations based on collected information; 3) conclusions related to the types of financial support and the need of the provision of specific support measures.

The conclusions of individual needs assessment are based on the self-assessment by the person with disability about difficulties she/he experiences at home and outside and barriers in performing daily and other activities. This conclusion determines the types of support the person needs. Based on individual needs assessment conclusions, the Director of the Social Assistance Directorate or an

authorized officer issues an order for granting monthly and/ or targeted benefits and/or referral for a personal assistant service for a certain number of hours, social services or other type of support. ¹⁹⁶

Personal Assistance Act regulates the provision of personal assistance¹⁹⁷. This Act obliges municipalities to organize the provision of personal assistance. Mayors of the municipalities can contract out personal assistance services from legal, commercial bodies or even physical persons, who meet the requirements set by the Personal Assistance Act. The number of personal assistance hours that a person with disabilities should receive is based on the degree of dependence¹⁹⁸ assessed by SAA during the individual needs assessment process. Person with disabilities should submit the application for receiving personal assistance to a personal assistance provider.

Social services are regulated by the Law on Social Services¹⁹⁹. The Council of Ministers determines the state policy on social services. The MOLSP plans, develops, coordinates, conducts and controls the implementation of the state policy on social services with the assistance of SAA and Agency for the Quality of Social Services.

At the national level, the state policy on social services should be planned, developed and implemented in cooperation with state bodies, regional administrations, bodies of local self-government, social partners, providers of social services, non-profit legal entities for public benefit activity, higher schools, professional organizations of specialists providing social services, international organizations and persons using social services. The implementation is organized at the regional and municipality level: district governors support coordination, cooperation and interaction between municipalities on the territory of the district in planning and provision of social services at the regional level. At the local level, the decision of the municipal council is leading, while mayor is responsible for management of social services through:

- Implementation of municipal policy on social services in accordance with the decisions of the municipal council,
- Performing an analysis of needs for social services in the municipality,
- Proposing to the municipal council organization and manner of management of the social services on the territory of the municipality (which are financed from the state and municipal budget),
- Managing provision of social services in the municipality,
- Observing the standards for quality of social services,
- Assigning provision of social services that are financed from the government and local budget, to private providers of social services,
- Exercising control and monitoring of social services,
- Monitoring spending from the state and municipal budgets for financing of social services,

¹⁹⁶ During the assessment of individual needs, the need to provide social services, personal assistant or other type of support is evaluated

¹⁹⁷ Personal Assistance Act, https://www.lex.bg/bg/laws/ldoc/2137189250

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¹⁹⁸ There are four degrees of dependence: 1. first degree or moderate dependence/difficulties – in case of need of assistance to carry out various activities in daily life several times a month or need limited support for personal autonomy; 2. second degree or heavy dependence/difficulties – in case of need of assistance to carry out various activities in daily life up to two times a day or need limited support for personal autonomy; 3. third degree or extremely heavy dependence/difficulties – in case of need of assistance to carry out various activities in daily life not more than four times a day or need limited support for personal autonomy; 4. fourth degree or total dependence/difficulties – in case of need of assistance and constant support by another person to carry out various activities in daily life more than four times a day, due to total loss of physical, mental, intellectual or sensory autonomy.

¹⁹⁹ Law on Social Services, https://www.lex.bg/bg/laws/ldoc/2137191914

- Analysing efficiency of social services provided in the municipality, and propose to the municipal council measures for improving quality and efficiency of services,
- Maintaining up-to-date information on social services provided in the municipality, and on their providers,
- Exercising control over timely collection of fees for the use of social services in the municipality.

The Agency for the Quality of Social Services

The Agency for the Quality of Social Services was established by the Law on Social Services and is a budget-supported legal entity under MOLSP, managed and represented by an Executive Director. The Agency for the Quality of Social Services:

- monitors provision of social services,
- licenses providers of social services,
- makes proposals to MOLSP on the development of normative standards and criteria for quality and efficiency of social services,
- provides methodological support for compliance with established standards and criteria for quality of social services,
- develops criteria for analysis of good practices for high quality and efficiency of social services, selects such practices and proposes their approval at the national level.

Activities, organizational structure, number of staff, etc. of the agency are determined by the Rules of Procedure, adopted by the Council of Ministers.

Agency for Persons with Disabilities

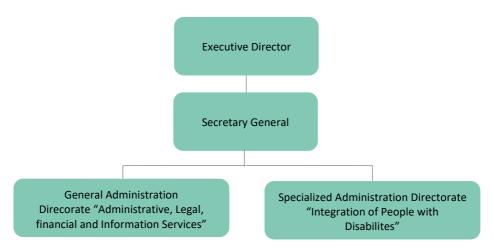
The Agency for People with Disabilities (APD)²⁰⁰ is an executive agency under MOLSP. It is a budget-funded legal entity, represented and managed by an Executive Director. The Agency, like other MOLSP executive agencies, is responsible for the implementation of disability policy. It is also part of the coordination mechanism for disability policies in Bulgaria.

APD organization, structure (Figure 15) and number of staff are defined by the Rules of Organization (proposed by MOLSP and adopted by the Council of Ministers). Its main office is based in Sofia and additional 6 offices are distributed across the country. The executive Director is assigned by the MOLSP jointly with the Prime Minister.

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²⁰⁰ Law on Social Services, https://ahu.mlsp.government.bg/home/

Figure 15: Agency for Persons with Disabilities in Bulgaria



Source: Official site of APD²⁰¹

APD performs the following functions²⁰²:

- participates in coordination of the policy on the rights of people with disabilities,
- creates and maintains an information system on people with disabilities²⁰³;
- prepares and submits to MLSP biannual and annual reports on the implementation of policy for people with disabilities, based on the data provided by ministries and institutions,
- keeps and maintains a register of a) specialized enterprises and cooperatives of people with disabilities; b) providers of technical aids and medical devices to persons with disabilities,
- supervises provision of technical aids and medical devices to persons with disabilities,
- develops programs and finances measures to a) stimulate economic capability of people with disabilities; b) finance projects for rehabilitation, social integration and creation of accessible environment for people with disabilities,
- finances targeted programs for: a) specialized enterprises and cooperatives of people with disabilities; b) employers; c) establishment and development of independent economic activity of people with disabilities; d) establishment of canters for sheltered employment,
- reimburses costs of measures²⁰⁴ for people with disabilities implemented by employers, specialized companies and cooperatives of disabled,
- determines annually the amount of the funds needed for projects under APD,
- participates in drafting normative acts pertaining to the rights of people with disabilities and provides opinions on drafts by other agencies,
- publishes on its website information and guidelines for realization of the rights of people with disabilities,
- reports to responsible authorities the violation of rights of people with disabilities,
- prepares annual reports,

performs other activities determined by laws or by acts of the Council of Ministers.

²⁰¹ https://ahu.mlsp.government.bg/portal/page/41

²⁰² Rules for Procedure of the Agency for People with Disabilities, https://www.lex.bg/bg/laws/ldoc/2135497051

²⁰³ The information system contains data about persons with disabilities health status, qualifications, educational degrees, personal capabilities of social inclusion, career, socioeconomic status, etc. Various institutions at the central and local level working with people with disabilities are obliged to provide up to date data to APD.

²⁰⁴ These measures include ensuring accessibility of permanently disabled person's workplace; adapting a permanently disabled person's workplace; equipping a permanently disabled person's workplace; qualification and requalification, or training for professional and career development, and, as the case may be; other activities.

The Employment Agency (EA)

The Employment Agency²⁰⁵ is an executive agency under MOLSP implementing the state active labor market programs (ALMPs) and providing labor market intermediation services.

The EA implements employment programs for people with permanent disabilities and together with other stakeholders, develops and proposes funding and implementation of ALMPs and measures to ensure equal opportunities through socioeconomic integration of people with permanent disabilities, in accordance with the Employment Promotion Act. 206

EA core functions are the following:

- implementing (individually or jointly with other bodies and organizations) projects and programs in the field of employment, vocational guidance and training for adults, social inclusion and equal treatment programs, funded by the European Union funds or other international sources.²⁰⁷
- implementing state policy on employment promotion and employment intermediation services.208

Regional Employment Service and Labor Office Directorates are territorial divisions of EA. Territorial units of EA should provide specialized recruitment intermediation for job seekers with disabilities, which includes an assessment of their professional skills; an assessment of needs and possibilities for acquiring professional skills based on labor market requirements; the inclusion in a program/project for acquiring professional skills; support for training and onboarding process through work mentors; referral of persons with disabilities to potential employers in line with the requirements for intermediation in negotiations between permanently disabled people and employers.

Companies are subject to the quotas system established by the Persons with Disabilities Act which regulates how many disabled people should be employed based on the total number of employees. The quotas for hiring staff with permanent disabilities are as follows: 1. employers with the number of employees from 50 to 99: one permanently disabled person; and 2. employers with staff numbers of 100 and more: two percent of their average number of staff.

The main goal of the quota system is to enhance employment rate of persons with disabilities and to achieve sustainable work placement. Permanently disabled people shall be hired in jobs that enable them to develop their skills and knowledge.

National Social Security Institute

The National Social Security Institute (NSSI)²⁰⁹ is a public institution that manages the state social security in Bulgaria. NSSI administers compulsory insurance in case of sickness and maternity, unemployment, accidents at work and occupational diseases, disability, old age and death.

NSSI was established in 1995 under the Law on the Social Security Fund²¹⁰ as the legal successor of the General Directorate of Social Security. NSSI reports its work to the National Assembly of the

²⁰⁵ https://www.az.government.bg/

²⁰⁶ The Employment Promotion Act, https://www.lex.bg/laws/ldoc/-12262909

²⁰⁷ Rules of Procedures of the Employment Agency, https://www.lex.bg/laws/ldoc/2135486522

²⁰⁸ The Employment Promotion Act, https://www.lex.bg/laws/ldoc/-12262909

²⁰⁹ https://www.nssi.bg/aboutbg

²¹⁰ The Law on the Social Security Fund, https://www.lex.bg/laws/ldoc/2135605211

Republic of Bulgaria. The Supervisory Board composed of representatives of the state and the nationally represented employers is the governing body of NSSI.

NSSI has a Central Office with headquarters in Sofia and territorial divisions in each of the 28 regional centers of the country. The application for a pension is regulated by the Procedure for Granting Pensions²¹¹ (based on which a person should provide the necessary documents, and an application).

The Ministry of Health

The main responsibility of the Ministry of Health²¹² is developing, organizing and implementing health policy in Bulgaria, including the rehabilitation services for people with disabilities, as well as the medical expertise regarding work capacity (disability assessment service).

The Minister of Health manages the national health care system and exercises control over the activities of medical expertise.

In compliance with the regulations of Persons with Disabilities Act, persons with disabilities are entitled to a comprehensive rehabilitation, which may be medical, professional, social, occupational, and psychological.

The National Health Insurance Fund

The National Health Insurance Fund (NHIF)²¹³ is a legal entity that consists of a Central Office with headquarters in Sofia, and regional structures called the Regional Health Insurance Fund in each of the 28 regional centers of Bulgaria.

The main goal of the NHIF is to ensure and guarantee free and equal access to health care for insured persons - through a set of healthcare activities. The Ministry of Health and NHIF regulate funding of technical aids and medical devices for persons with disabilities.²¹⁴

The National and Territorial Medical Expert Commissions

Territorial Expert Medical Commissions (TEMCs)²¹⁵ certify persons for permanent incapacity for work, and type and degree of disability.

TEMCs consist of at least three medical doctors from the state and municipal hospitals, subordinated to the Regional Healthcare Departments (regional structures) of the Ministry of Health. They assess: i) type and level of disability; ii) the need for assistance by another person; iii) temporary or permanent limitation/loss of work capability; iv) the link between disability and the profession/job of the person, f) working conditions, which are appropriate for the person; g) the ability of the person to continue working in the same job.

²¹¹ https://www.nssi.bg/forusers/procedures/167-procesotppensii/682-ropp, which is based on the Social Security Code, the Ordinance on pensions and length of service, Ordinance on the categorization of labor in retirement, Administrative Procedure Code.

²¹² https://www.mh.government.bg/bg/

²¹³ http://www.en.nhif.bg/

²¹⁴ MLSP in coordination with the Minister of Health endorses the lists of technical and medical aids for persons with disabilities.

²¹⁵ http://www.telk.info/

The National Medical Expert Commission (NEMC)²¹⁶ is an independent legal entity of the Ministry of Health. NEMC is the body under which the expert decisions issued by TEMC are appealed to from the whole country. Medical files are submitted to TEMCs/ NEMC through the Regional Medical Examinations Files. Since October 15, 2020, referrals to TEMC, issued by general practitioners, are received through the Information System for Control of Medical Expertise, or the Information Database (IBD)²¹⁷.

NEMC has 12 specialized teams for various health conditions. Patients are examined in different forms (depending on their diseases), and the decisions of NEMC are made after considering the opinion of each relevant team. Decisions of NEMC may be appealed by the interested persons and bodies (a persons, insurers, NSSI, Social Assistance Agency, Agency for People with Disabilities and medical bodies) to the administrative court in accordance with the Administrative Procedure Code.²¹⁸

NEMC has a control-reviewing function²¹⁹ related to other medical expert bodies. NEMC participates in the preparation of medical examination normative acts and provides training to physicians working in medical expert institutions across the country.

There are 71 TEMC covering Bulgaria and one NECM institution based in Sofia.

Expertise (assessment) of work capacity/disability

The expertise (assessment of) for the permanently reduced work capacity and the type and degree of disability is carried out by TEMC and NEMC. The principles and criteria for medical expertise, the procedure for establishing the type and degree of disability, the degree of permanently reduced work capacity as well as the conditions and procedure for performing medical expertise are defined in an ordinance of the Council of Ministers.

The expertise of work capacity is performed by TEMC (by NEMC in case of an appeal).²²⁰ Prior to the work capacity expertise a person's personal physician prepares necessary medical documents, conducts examinations, consultations and tests that the person needs and prepares a referral to TEMC. All medical documentation from examinations/consultations and an application²²¹ for the expertise should be submitted to the Regional Disability Claims Management Systems (RDCMS)²²² by the applicant. RDCMSs are set up at the Regional Healthcare Departments and they register, process, communicate and keep health information for medical expertise. Since October 15, 2020, citizens are be able not only to receive referrals in electronic form through IBD, but also to apply for certification/re-certification using qualified electronic signature (QES). TEMCs receive and review documents submitted by the applicant, and notify the person if he/she needs to provide additional medical documentation and schedule a date for applicant's examination by TEMC.²²³ TEMC/NEMC expert

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²¹⁶ https://nelk.bg/

²¹⁷ The system was created by the Ministry of Health while implementing the project "Development, implementation and maintenance of an Information System for control of medical expertise". It is supposed to ensure traceability and a high level of control over the processes of submission and processing documents for certification and re-certification of citizens, it also maintains electronic profiles of all persons who have been or are subject to medical examination.

²¹⁸ The Administrative Procedure Code, https://www.lex.bg/laws/ldoc/2135521015

²¹⁹ NEMC prepares a plan and carries out an audit of TEMCs decisions, according to the criteria established in the Ordinance on the Medical Expertise. https://www.lex.bg/bg/laws/ldoc/2135677394

²²⁰ The procedure is regulated by the Ordinance on Medical Expertise, https://www.nssi.bg/images/bg/legislation/ordinances/NME.pdf

²²¹ http://www.rzi-starazagora.org/images/administrativni/Administrativni new 11.2014/Zaiav new/13.zaiav-deklartelk.doc

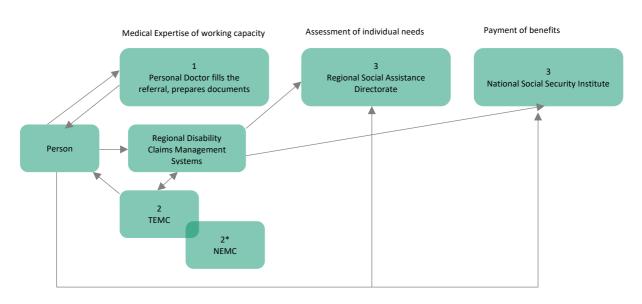
²²² Documents for TEMC are submitted to RDCMS personally by the person or by his or her legal representatives.

²²³ People who, due to medical indications, are not able to appear at the TEMC or the NEMC, are certified on the spot in their home or in the hospital where they are accommodated. For this purpose, they must have a medical certificate from their

decisions are made within three months from the date of the application submission. The whole processes could be tracked through IBD.

The type and level of disability/limited work capability is determined based on detailed clinical history, in-depth examinations and laboratory tests of organs and tissues. Disability is determined using a Barreme table where impairments and health conditions are matched with a percentage of limited work capability. The TEMC assessors follow Ordinance of Medical expertise²²⁴ as an official guidance. The document issued by TEMC is a decision, which determines work capacity limitation in percentage. This decision is a precondition for a person with disability to access resources of all public systems – social security, social assistance, social services, education, transport and taxation, etc., depending on the percentage of lost capacity for work. It is also a precondition for any further assessments.

Figure 16: Disability determination, individual needs assessment and benefits payment in Bulgaria



Source: World Bank Team.

TEMC/NEMC decisions are sent to the person, the Social Assistance Directorates of the Social Assistance Agency at the person's permanent address, NSSI, to the employer, if the person works, and other organizations based on individual cases (Figure 16).

The "gate" to social benefits and services for people with disabilities, is largely provided by the TEMC decision.

People with Disabilities in Strategic Documents

National Strategy for People with Disabilities 2021-2030 was adopted by the Council of Ministers in order to ensure continuum of the previous policy documents. Implementation of the strategy will

doctor or a referral from their personal doctor. In order to fulfill the task of the examination of bedridden patients, the TEMC carries out home visits on a regional basis, within the respective district, and the NEMC carries out home visits on the territory of the whole country.

http://www.noi.bg/images/bg/legislation/ordinances/NME.pdf. In the Annexes the mathematical formula for each health condition and the level of dysfunction are presented in percentage limited function/capability (i.e., a Bareeme scale). There are also explanatory notes in cases of multiple disabilities, and group of conditions which influence one another. No questionnaires or other scales had been identified.

enhance opportunities of persons with disabilities for equal participation in public life. The aim of the strategy is to make conditions for social inclusion and independent living of people with disabilities by means of securing an accessible environment; to improve their access to quality inclusive education, health care, social protection and employment as well as their standard of living. The strategy will be implemented trough action plan and monitoring and evaluation of it's implementation will be performed by MLSP based on the data obtained from the relevant ministries and institutions. The results from monitoring will be sent to Council of Ministers for concurrence.²²⁵

Action Plan of the Republic of Bulgaria for the Implementation of UNCPRD (2015-2020) for operationalizing UNCPRD was adopted by the Council of Ministers in 2015. There are 8 strategic goals identified by the Action plan i) Identification of the authorities in charge of coordination and monitoring of the UNCRPD; ii) Establishing an expert group to coordinate the Action Plan execution; iii) Development of notions for changes; iv) Legislative changes (Legislative changes related to execution of Art. 24 – Education; sign language introduction; Development and approval of changes in obedience with Art. 19 of the Convention; Development of legislative changes to enable execution of the adopted concepts, as follows by articles); v) Ratification of the Optional Protocol to the UNCRPD; vi) Implementation of Art. 8 of the Convention – Awareness raising; vii) Defending the first report to the UNCRPD Committee; viii) Development of a long-term national disability strategy in the context of the UNCRPD. Plan for implementing the final recommendations by the UN Committee on the Rights of Persons with Disabilities (2021-2026) to the Republic of Bulgaria.

Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities (2021-2026).²²⁷ The plan was adopted by the Council of Ministers in February 2021 and includes all recommendations of the UN Committee on the Rights of Persons with Disabilities, both those implemented, for which results are indicated, and those identified as not implemented or in progress. It outlines measures and activities through which the implementation of some of the recommendations has been achieved so far, as well as those aimed at improving the country's legislation regarding guaranteeng the rights of people with disabilities; activities to overcome stereotypes and discriminatory practices; expanding the opportunities for participation of people with disabilities in the labor market; active participation in political and public life; legislative changes to strengthen the protection and support to victims of trafficking and violence against people with disabilities; training to increase the capacity of magistrates, investigative police officers, educators and social workers; activities to promote participation of women and girls with disabilities in various spheres of public life; explanatory and information activities, promotion of the Convention, etc. The implementation of the Action Plan aims to support the implementation of the commitments of the Republic of Bulgaria under the UN Convention on the Rights of Persons with Disabilities, contributing to better protection of persons with disabilities and ensuring opportunities for their active inclusion in public life.

National Strategy "Vision for Deinstitutionalization of Children in the Republic of Bulgaria" was adopted in 2010 and is valid until 2025. The main goal of the Strategy is to assurance the right of children to family setting and access to quality care and services based on their individual needs. Strategy's specific goals are: i) Normative regulation, providing financial and human resources for a

https://www.mlsp.government.bg/uploads/38/khu/20rh957pr.pdf

https://www.mlsp.government.bg/uploads/1/plan-crpd-2015-2020.pdf

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²²⁵ National Strategy for People with Disabilities 2021-2030

²²⁶ Action Plan Action Plan of the Republic of Bulgaria for the Implementation of UNCPRD (2015-2020),

²²⁷ Action Plan for the implementation of the final recommendations to the Republic of Bulgaria addressed by the UN Committee on the Rights of Persons with Disabilities (2021-2026)

https://mlsp.government.bg/konventsiya-za-pravata-na-khorata-s-uvrezhdaniya-na-oon

wide array of community based child and family services considering the good practices using innovative methods; ii) Improving the capacity of the child protection system by clarification and effective dispersing the rights and tasks of the child protection bodies, service providers and guaranteeing a satisfactory professional capacity for the effective operation of the system; iii) Shutting down 137 institutions within 15 years period from the adoption of the Strategy; iv) Not permitting the placement and raising 0- to 3 years old children in residential care of any type after reform completion. This political document is elaborated based on the *Guidelines for alternative care for children*, adopted by the UN Committee on the Rights of the Child and accepted by the General Assembly.²²⁸

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²²⁸ National Strategy "Vision for Deinstitutionalization of Children in the Republic of Bulgaria", https://www.mlsp.government.bg/deinstitutsionalizatsiya-na-grizhata-za-detsa

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The Territorial Expert Medical Commissions, http://www.telk.info/

Annex 2.4.1

Main functions of the institutions – A summarry

Body	Policy formation, regulating	Coordination	Implementation	Advisory functions	Monitoring functions
The Council of Ministers of the Republic of Bulgaria	Determines the policy on the rights of persons with disabilities	Interacts with the National Assembly, the President, the Ombudsman, the Constitutional Court, the judiciary and other state institutions not included in the system of executive power, as well as with local self-government bodies			
National Council on Persons with Disabilities under the Council of Ministers		Assists and promotes coordination between the state, municipal, public and economic bodies and institutions and the nongovernmental organizations of people with disabilities Establishes and maintains relations with international governmental and nongovernmental organizations for people with disabilities	Provides support for implementation of non-governmental organizations of people with disabilities activities on integration of people with disabilities	Discusses and adopts opinions on the drafts of normative acts concerning rights or integration of people with disabilities Provides support and assistance to the Council of Ministers in designing and implementing policy on integration of people with disabilities, based on national and international legal norms	Interacts with other bodies for cooperation, coordination and monitoring on issues affecting the rights of people with disabilities Raises awareness about the issues and measures related to the integration of people with disabilities through active cooperation with media
The Monitoring Committee					Promotes, safeguards and monitors the implementation of the UNCRPD
Commission for Protection against Discrimination				Makes proposals and recommendations to state and municipal bodies to terminate activities, which may violate equality Gives opinions on draft regulations to bring them into line with the legislation Prevent discrimination and make recommendations for	Investigates and identify violations of equality protection Takes decisions to prevent and stop violation Imposes sanctions and apply administrative measures Provides binding instructions for equal treatment

Body	Policy formation, regulating	Coordination	Implementation	Advisory functions	Monitoring functions
				the adopting, revoking, amending or designing new legislation	Appeals against administrative acts adopted in breach of the principles of equality Provides independent assistance to victims of discrimination in submitting discrimination complaints Conducts independent investigations on discrimination Publishes independent reports on discrimination issues Informs the public through media about violations and measures for protection against discrimination
The Ombudsman				Makes proposals and recommendations to the Council of Ministers and the National Assembly concerning signing and ratifying international acts on human rights Provides opinions to the Council of Ministers and the National Assembly on draft laws concerning the protection of human rights	Monitors and encourages implementation of signed and ratified international human
Ministry of Labor and Social Policy	Drafts, participates in discussing, and proposes adoption and/or amendments to regulations, strategic documents, programs and plans concerning the rights of persons with disabilities	Coordinates activities of government authorities on the rights of persons with disabilities	Through its executive departments and agencies implements policies and programs aimed at persons with disabilities.	Participates in the preparation of opinions, positions, analyzes, presentations, information and other documents in the field of integration of people with disabilities, equal opportunities - gender equality and anti-	Directorate for Policy for People with Disabilities, Equal Opportunities and Social Allowances (it is one of the specialized administration bodies of the ministry) develops, coordinates and carries out monitoring and evaluation of the state policy

Body	Policy formation, regulating	Coordination	Implementation	Advisory functions	Monitoring functions
				discrimination, and social benefits	in the field of the integration of the people with disabilities, equal opportunities and social benefits
Social Assistance Agency	Improves the criteria and indicators for the performance of individual needs assessments of persons with disabilities in accordance with the Persons with Disabilities Act		Implements the state policy for social assistance, including to persons with disabilities	Participates in drafting normative acts in the sphere of social assistance benefits also issue opinions as a matter of obligation in the drafting of regulations relating to the rights of persons with disabilities	Exercises specialized control over directorates through the Inspectorate of the Social Assistance Agency
Agency for people with disabilities	Participates in drafting normative acts pertaining to the rights of people with disabilities and provides opinions on drafts by other agencies	Participates in coordination of the policy on the rights of people with disabilities	Implements certain policies and programs aimed at persons with disabilities		Supervises the providers of assistance services, as well as monitors the protection of the rights of people with disabilities
Employment Agency			Implements employment programs for people with permanent disabilities		
The National Social Security Institute		Coordinates social security schemes and international agreements in the field of social security with regards to cash benefits for sickness, maternity and death benefits; unemployment benefits; oldage, disability and survivors' pensions	Administers compulsory insurance in case of sickness and maternity leave, unemployment, accidents at work and occupational diseases, disability, old age and death		
Ministry of Health	Develops the health policy in Bulgaria, including the rehabilitation services for people with disabilities, as well as the medical expertise of work capacity.	Coordinates the implementation of health policy in Bulgaria, including the rehabilitation services for people with disabilities, as well as medical expertise of work capacity	Organizes and implementing the health policy in Bulgaria, including the rehabilitation services for people with disabilities, as well as the medical expertise of work capacity		
National Health Insurance Fund	Together with the Ministry of Health regulates funding of	Ensures and guarantees free and equal access to health			

Body	Policy formation, regulating	Coordination	Implementation	Advisory functions	Monitoring functions
	aids, appliances, equipment and medical devices for persons with disabilities	care for the insured persons – through a set of healthcare activities			
Territorial Expert Medical Commissions		Certify persons for permanent incapacity for work, type and degree of disability			
National Medical Expert Commission	Participates in the preparation of medical examination normative acts	Investigates the appeals, carries out decisions on permanent incapacity for work, type and degree of disability			Has a control-reviewing function ²²⁹ related to other medical expert bodies
Agency for the Quality of Social Services	Makes proposals to the MOLSP on development of normative standards and criteria for quality and efficiency of social services	Licenses the providers of social services			Monitors the quality of social services provided to the population

Annex 2.4.2

French disability assessment instrument GEVA

	nent guide		Assessment date:
Identification	Mr. Mrs. Miss	Birth surname: Name: Current surname / acquired after marriage:	File no:
Request that generated the assessment	Recognition of the status of disabled worker (RQTH) Care centers through employment (ESAT) CI Disabled adults' allowance (AAH) Compensatory benefit Old-age pension insurance Disabled-child education allowance (AEEH) Adapted educational materials Referral for setting-up the terms for examination	Career guidance Bducation/Training Priority card Supplementary income to disabled adults' allowance Compensatory allowance Referral towards a social-medical facility (induding Creton amendment) Accompanying person for disabled-child (AVS)	Labor market Parking card School transport Referral for reorganization of schooling conditions
☐ The person asked for as (professional plan, traini ☐ The person expressed a ☐ The person rejected exp ☐ The life plan is not curre	life plan ressing a life plan	(mandatory in the case of minors and case of adults with full legal capacity if be informed about this procedure.) St.	I friends and/or of the legal esentative protected adults, depending on the context in the case of denial or anasognosia. The person must secify the identity and the capacity of the people so answered.

	nent gu		SECTION		ormed.	
FAMILY,	SOCIAL AND	BUDGETARY	COMPON	ENT Assessmen	r. date:	
he items listed in this part must i	be revisited in section 6 fro	om the perspective facilitators/obs	tacles, in the light of	their interaction w	ith the activities.	
	□ Unmarried	III out the list with people living in the h		Remarks:		
	☐ Married ☐ Widow(er)	Relationship	Ago			
Marital status	☐ Separated	2000 tenh on 2000 feet	100000			
	☐ Divorced					
	☐ Partner of a pact of civil solidarity					
	☐ Boyfriend/girlfriend					
	☐ Unspecified					
	C) Out-of-school child (in this	care enacth the bones of care in the	table below)			
	☐ Out-of-school child (in this ☐ Education, basic training a	s case, specify the types of care in the l and/or other unpaid trainings (in this c	table below) ase fill out in section 34)		
	Out-of-school child (in this Education, basic training a	s case, specify the types of care in the and/or other unpaid trainings (in this o Time spent in the childcare facility, bours/week) and no of ni	ase fill out in section 3/		in of the childcare facility	ī
	☐ Education, basic training a	and/or other unpaid trainings (in this o	ase fill out in section 3/		n of the childcare facility	Ī
	☐ Education, basic training a	and/or other unpaid trainings (in this o	ase fill out in section 3/		n of the childcare facility	
pect to the activity or the	Type of care Nursery	and/or other unpaid trainings (in this o	ase fill out in section 3/		n of the childcare facility	
	Type of care Nursery Childminder	and/or other unpaid trainings (in this o	ase fill out in section 3/		in of the childcare facility	
pect to the activity or the	Type of care Nursery Childminder Home child-care Daycare center Pre-school facility	and/or other unpaid trainings (in this o	ase fill out in section 3/		in of the childcare facility	
pect to the activity or the	Nursery Childminder Home child-care Daycare center Pre-school facility Leisure center	and/or other unpaid trainings (in this o	ase fill out in section 3/		n of the childcare facility	
pect to the activity or the	Type of size Nursery Childminder Home child-care Daycare center Pre-school facility Leisure center Holiday center	and/or other unpaid trainings (in this o	ase fill out in section 3/		n of the childcare facility	
pect to the activity or the	Nursery Childminder Home child-care Daycare center Pre-school facility Leisure center	and/or other unpaid trainings (in this o	ase fill out in section 3/		n of the childcare facility	
pect to the activity or the	Nursery Childminder Home child-care Daycare center Holiday center Holiday center Others Professional activity, even	and/or other unpaid trainings (in this o	ase fill out in section 3/ /system (in jhts per week	Name and location		
Current situation with spect to the activity or the job	Nursery Childminder Home child-care Daycare center Pre-school facility Leisure center Holiday center Others Professional activity, even interruption related to illin Adult with no employment	and/or other unpaid trainings (in this of Time spent in the children facility hours/week) and no of ni hours/week) and no	ase fill out in section 3/	Name and location	training, temporary	
pect to the activity or the	Type of care Nursery Childminder Home child-care Deycare center Pre-school facility Leisure center Holiday center Others Professional activity, even interruption related to illin Adult with no employment Invalidity	unpaid, or in care centers through en ess (in this case file out section 38) t, in this case does below:	/system (In par week	Name and location	training, temporary □ Other	
pect to the activity or the	Nursery Childminder Home child-care Daycare center Pre-school facility Leisure center Holiday center Others Professional activity, even interruption related to illin Adult with no employment	unpaid, or in care centers through en ess (in this case file out section 38) t, in this case does below:	ase fill out in section 3/	Name and location	training, temporary	

Name of the person concerned:	Assessment date:	SECTION 1 continuation
The individual's personal income	□ Not applicable (only for the people for whom there is: □ Salary or other type of labor income. □ Unemployment benefit □ Daily sickness allowances: □ Disability pension: □ 1* cat. □ Supplementary invalidity allowance (ASI) □ Other pensions (specific type of disability - insurance specify: □ With extra pay for assistance from another person (if □ Disabiled adults' allowance (AAH), specify the amount □ Income support □ Raise for independent living □ Minimum income for sodal inclusion (RMI) □ Other allowance (specify): □ Pension □ Other types of income (specify): □ Lack of personal income □ Unspecified Have other requests of income been submitted? (e.g.: (if yes, specify: Family benefits (specify):	the case may be, the percentage:) t:
		e office oled people and their families are entitled to attend
(to be filled out only in case of rec	uest for allowance intended to cover additional costs)	☐ Not applicable
☐ Deputy, senator ☐ MEP	tions: al (local counselor, general counselor, regional counselor) ant for the electoral code (specify)	Representative of a disabled people association in one of the bodies; Commission for the Rights of Disabled Persons to Independence (CDA) County Advisory Committee for Disabled Persons (CDCPH) Notional Advisory Committee for Disabled Persons (CNCPH) Council of the National Social Action Committee (CNSA) Municipal Accessibility Commission Other body representatives of disabled persons attend (specify)

assessment	auide	SECTION 2	Name of the person concerned:	
		LIVING COMPO		essment date:

□ yes (specify) _

□ yes (specify)_

All the items listed in this part must be revisited in section 6 from the perspective facilitators/obstacles, in the light of their interaction with the activities.

□no

□ no

End of term: ____/_/ Human support needs (within this position): Other needs (within this position):

	Type of accommodat										
		☐ Personal residence ☐ Social-medical facility ☐ Foster family				□ Fa □ Su □ Ho		dence or supervised accommodation	☐ Hosted ☐ Homeless ☐ Other (specify)		
	Situation (of the house holder)	☐ Owner ☐ Occupant not p						ivate landlord) sation provided by employer	☐ Tenant (social landlord) ☐ Other (specify)		
	Type of housing	□ A □ R	ingle-fa partme loom recariou	nt/stud	ilo	nobile h	ome	In:	□ Urban areas □ Rural areas □ semi-urban		
	Housing amenities		lt yes	exists no	app yes	ropriate no	area	(specify the	Remarks items of home automation)		
Housing	Using nom Sidness Toole Beatmon Will Beatmon Toole Good State Community of the Community of	asi entified, if any cal circulation leantal circulation	may be	an ob	staci	e for th	e techni	ical adaptations?:	(specify the items of home automation)		
	☐ no. ☐ Already existing ada	yes (specify) ptations: □ no	□ yes			the date		hey were carried out			
	Planned adaptations	□ no	□ yes	The a	dapti	ations pi	lanned in	terms of human support are	detailed in sections 6 and 7		
CNSA - Mai 2008	Planned relocation	□ no	□ ves			lf u	es: Adan	otation not possible	□ ves		

Name of the person concerned:

Assessment date:

		Access for person				
	Services involved:	Non applicable*	yes	no	partial	Type of difficulties
	Store			_		
	Bank					
	Post office					
	School, nursery, daycare center					
	Other local public service					
	Cultural or recreational facilities					
	Public transit					
Environments	Other (specify)					
causing	*does not exist or the person does not n	oed it (e.g.: bank for infant	s, nurse	y far c	hildless peop	(le)
accessibility problems to	Specifications with respect to pour Uses public transit Does not use any means of pour		nswers	are po		Uses public transit if accompanied by another person other (specify)
individuals	Specifications with respect to set uses medical transport. Uses medical transported in the family vehicle (specular medical transported in the family vehicle (specular medical uses regular individual uses the second transported by Uses the regular means	ation accompanied by to stion accompanied by a a specially adapted vehi- Wy adaptations) transportation with drive the family vehicle	vo other nother p cle, who	peop	la .	Remarks / needs not covered:
	Uses personal vehicle	□ no. □ yes	If you		□ passeng	er
	Needs for the vehicle to be adap	oted 0 no			adaptation	Mark 195 OF 15
	Owner of the adapted vehicle or of					
	Owner or the adapted vertice or or					the relationship with the disabled person)
		11 99	ers (apres	y une.	dentity and s	the resolutioning main and disselved pre-solvy
Personal or family	Insurance: particularities, restri	ctions, additional pro	emium:	.0	no	U yes (specify)
vehicle			of valid	□ ye angain dity		□ no □ yes specify term of validity: □ no □ yes (specify the adaptations fished)
		Fangoing: opinion of th	e road	ařety	instructor (□ no □ yes (specify)

			Name of the					
a55E5511	nent aula:	SECTION 3 A	person concerned:					
	EDUCATIONAL O		Assessment date:					
	EDOUATIONAL	JOHN CIVENT						
	☐ Never went to school ☐ Currently not in school ☐ Currently in school:	☐ In one educational facility☐ In multiple facilities						
	Educational institution		Other type of institution					
	☐ In a regular school unit ☐ In a school different than the regular ☐ In a university	one	☐ In a social-medical facility ☐ In a healthcare facility ☐ Other (specify)					
	□ Distance learning (spedify the institution) : □ Home schooling: Home pedagogical assistance : ○ Other type of home schooling: □ Other (specify)							
	Schooling assessment:							
Schooling	☐ Regular schooling: knowledge acquisition comparable in pace and contents to the average of the age group ☐ Schooling with adjustments allowing for knowledge acquisition ☐ Schooling with adjustments, which do not allow however for the knowledge acquisition determined at the average of the age group							
	Education or higher education plan							
	The student: has an educational plan or higher education plan that he can carry out independently can participate in the drafting of his plan can understand his plan, but cannot take part in it actively is not capable to reality understand or to take part in the drafting of his plan							
	Summary report of the professionals (of the team members monitoring the learning evolution):							
	(risk factors, strong points, weak points, educational prospects, suggestions for educational path) Specify if the educational path is to be defined within the regular framework before the end of the educational/ higher education plans							

Name of the person concerned:			Assessment date:			SECTION 3 A continuation				
	School years	a 🗆 Not applicable	1							
	Year or group of years	Schooling in a higher— institutio	n educational or education on	Percentage*	Class level	Schooling in a social-n facility or in a healt facility		Percentage*	Level	
School or										
academic										
background										
	Oppoint sch	ooling: 🗆 Not app	dicable							
						Schooling in a social-n	nedical			
	Year or period of the year	Schooling in a higher ed institutio		Percentage*	Class level	facility or in a healt facility	hcare	Percentage*	Level	
		Matricut	,,,,							
	*: in half days per	waak								
	Assessment of se		ic level: 🗆 Not ap	plicable						
	Types o	f tests	Field of study	Tests fully passed (yes/no)	Te	sts partially passed (specify which)	Typology exams passed *	,	tesuits	
Assessment of										
academic										
skills										
scolaires	* Typology of exa	ms passed: 1= sta	ndardized	2 = 1	independently	, but with extra-time	3 = 1	with the help of	an adult	
against national programs and academic knowledge	Exams passed: 0									
	Name of t	he exam	D	ate		Result	A	daptations of the (If yes, specif		

asses	ssment guide SECTI	ON 3 B Name of the person concerned:
	PROFESSIONAL COMPONENT	Assessment date:
	Schooling overview and / or in NB: Ongoing schooling and initial training, specific exam conditions included	
Schooling	Most recent school attended (several answers are possible) Never in school Nursery school Regular class Indusive education class Primary school: Regular class Indusive education class Schooled in a socio-medical facility (Medical-Educational Institute, Medical - Prof Institute, Therapeutical, Educational and Pedagogical Institute, Medical - Prof Institute, Therapeutical, Educational and Pedagogical Institute Middle school: Regular class Pedagogical Integration unit Highschool: Regular class Pedagogical Integration unit Short cycle of technical or professional education (certificate of professional comp technical school certificate or similar) Short cycle of technical or professional education (technician diploma, bac pro) University or higher education (including technical higher education)	
	Earned degrees	Remarks: has he already benefitted from special exam conditions? Not applicable Unspecified No Yes (Specify) IV U V U Vis V VI
Training	History of professional training and/or internships not applicable Details with respect to the most recent training or internship planned ongoing completed internupted Name and/or contents: Start date: Organization: Duration Flace: France Abroad Cost of this training: no yes Training providing a qualification: No Yes	Remarks:
Other information on the schooling	Table of training modules attended Date Organization Name or subject of the training qualification yes no	Other elements of professional history and background:
history		

	Professional plan formulated	by the person										
	☐ No professional plan formu ☐ Professional plan formulat		☐ Wishes to work ☐ Wishes to change his p ☐ Wishes to preserve his ☐ Other specify:									
	Work history											
	☐ Has never worked (in this ☐ Worked in the past, but h professional activity, as w ☐ Is currently working	e is not currently working	anymore (in this case fill		ost recent							
	Professional activity (current o	r most recent)										
	☐ Employee private sector ☐	Employee in an adapted	company Employee pu	blic sector Self-employ	red. Care centers through employment (ESAT)							
	Type of contract (for the curre	nt work contract or for the	e most recent work contrac	t)								
		Starting da	te	End date	Remarks							
	☐ Apprenticeship											
Professional	☐ Internship											
background	☐ Subsidized work contract ☐ Fixed term employment		-		-							
	☐ Indefinite term employment											
	☐ Temporary employment contract											
	☐ Other (specify)											
	☐ Unspedfied											
	Percentage: □ Full time □ Par	rt time (specify)										
	Occupational category											
		☐ Craftsman, business r ☐ Retired		nager Intermediation Unsp								
	Employer (current or most recen	nt employer) ;										
	Workplace (specificities, length	of time in position)										
	Adaptations already carrie	d out 🗆 Non	applicable Yes	□ No □ U	nspecified							
	Fit for the job		mpaired abilities	□ Unfit								
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Nom de la personne concernée :

Assessment date:

SECTION 3 B continuation 2

	Prospects (if unfit or	with impaired abilities,)					
	Specify: Professional retr	ervention from the sta	Adaptation of wor shillty of employment			No □ to be pla	enned □ n	ot applicable
	Temporary interrupt	ion of work activity	(without contract terr	nination or w	vithout closing o	down of the business, ir	n case of se	lf-employment)
Professional		☐ Maternity leave	☐ Parental leave		ve or Work / Occupational	☐ Long term sick i long term leave		☐ Other leave: Specify:
background	Date of interruption:							
	Date planned for restart of the activity:							
	Date for the pre- restart visit							
	Current inactivity							
	Total active period	:			If unemploy	ment: Registered with	the Nationa	il Employment Agency
	Total inactive perio	id:			Registration	date with the National		,
	Termination date: Reason for termina	stigo:			Registration (Nb: the im;	no: plemented actions will b	e delineate	d in sections 6 and 7)
	None of the committee o	EJUIT.						
		Profess	sional asse	ssmen	t			
Skills assessment	☐ Not applicable	psychologist	al Agency for Adult	Training's (AFPA) Oti	her opinions		□ Not applicable
Assessment date:		☐ Not applicable Interview date:			(ne	e-guidance center, Asso	essment R	straining & Guidance
Results:		Opinion on the train	ning plan:			it, etc specify)	and the same	
Mixe en forme CkSA - Mai 2008		☐ Not app training plar Professional Path re	7	i not formulate	d a			

assessment guide MEDICAL COMPONENT

SECTION 4 Name of the person concerned:

Assessment date:

	Main pathology causing the disability.	International Cla	ssification of Diseases Code:		
	Rare disease depending on a reference center (yes 🗆 no (cf Or;	phanet)		
Pathology	Origin of the main pathology causing the di	sability			
(ies) causing the disability	☐ Accident private life ☐ Permanent partial ☐ Incapacitation ☐ ☐ Occupational accident ☐ Permanent partial Incapacitation	related Chromosome abnormality Congenital malformation Complication of pregnancy Complication of childbirth	Permanent	onal disease partial incapacitation:	☐ Unknown origin
	Date of onset of the disability:				
	Associated pathologies (in relation with the o	(isability) : In	ternational Classification of Dise	ases Code :	
Medical and surgical history	Description: (for children: perinatal history, mo head circumference at birth,) Disease history (circumstances of the onset, in				rity, weight, height,
	Height: Weight: Body M	ass Index:	Dominant hand (before o	deshillbut. □ Disht. □ I	Left Ambidextrous
	Vision Corrected visual acuity:		al aculty without correction:	Restriction of the vis	
Clinical	Long distance:	Long distance:	left eye		Yes (specify)
description	Near: right eye left eye	Near: right	eyeleft eye		,
description	Walking range:	☐ less than 200m			
	Hearing Loss of hearing aculty without correction right ear		ear left ear	Intelligibility with co	
	.,,			audiogram)	t correction (speech
Clinical description (detailing the	deficiencies and their functional effects, as well as, if the ca	se is, results of relevant paracli	nical tests)		
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Name of the person concerned:	Account	nent date:	SE	CTION 4 co	ontinuation
Name or the person concerned:	POSITION	nem date:			
	Symptoms increasing the deficiencies and inc	apacity			
	Specify: psychological effects, asthenia, fatigue,		t loss, edemas, disorders of the tran	nsit, nausea, pruritus, co	ough, expectoration
Symptoms	specify if the symptoms are generated by the tre	stment.			
	Foreseeable period for functional limitations	Tendency (overall assess	ment) If renewal requ	est, evolution since the	e previous request:
	□ >1year □ <1 year specify:	☐ Improvement ☐ Stability	☐ Impro	ovement	
Evolution	specify.	☐ Aggravation	☐ Aggra		
		☐ Fluctuating inco	apacity		
		L marian			
	(the most important or having effects with	respect to limiting the act.	ivity - cf nomenclature)		
	,	Defidences 1	Deficiencies	2	Deficiencies 3
	☐ Cognitive and intellectual deficiencies				
Overview of	☐ Psychic deficiencies				
	☐ Hearing impairments				
deficiencies	☐ Speech impairments				
	☐ Visual impairments				
	☐ Visceral anomalies				
	☐ Mobility impairments ☐ Other deficiencies				
	a serie sellentere				

	Regular treatment: no yes	Specify the type of treatment, the frequency, method of administration, compliance, tolerance
	Regular medical care:	☐ Regular medical examinations, specialized or not (specify)
0	□ no □ Yes	☐ Repeated or planned hospitalizations (specify)
Care	Specify the type, the frequency	☐ Physiotherapist
	specify the type, the frequency	□ Nurse
		☐ Speech therapist
		□ Psychologist
		□ Occupational therapist
		□ Other (specify)

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Main deficiency:

Nedical Care Other regular care: | no | specify which: Need to insure prevention: | no | yes | If yes specify the care service | self prevention care | Prevention care provided by | Frequency | | Dermal | | Urinary and intestinal | | Pulmonary | | | | Circulatory | | | | | | | | Orthopedic | | | | | | | | Thermic | | | | | | | | Other | Details:

	Night care or treatment:	□ yes	if yes, specify the type and frequency
	Other constraints related to treatment and care: no	□ yes	Specify
	☐ Need to be in the proximity of a care unit		
	☐ Time required by the care service		
Constraints	☐ Schedule		
	☐ Routes of administration		
	☐ Learning of the technology		
	☐ Support provided by another person		
	☐ The type of care in itself		
	□ Others		

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Name of the person concerned:

Assessment date

SECTION 4 continuation 3

Presence of equipment: Specifications related to the equipment, its adaptation, equipment		the disabled person for the use of the
☐ Small equipment (specify)	☐ Urinary catheter	
☐ Large equipment (specify)	☐ Digestive ostomy	
□ 1 cane	☐ Gastrostomy or jejunostomy feeding tube	
☐ 2 canes, walker	☐ Tracheotomy	
□ Wheelchair	☐ Ventilation device (specify)	
☐ Hearing device	□ Dependance on another machine(specify)	
☐ Urinary ostomy	☐ Other equipment (specify)	
Dietary requirements: □ no Specify: diet, adapted diet	□ yes	
Constraints related to exposure to external fact	ors: □ no □ yes	Specify
□ Cold	☐ Infectious agents	
☐ Heat	□ Stress	
☐ Bad weather	□ Noise	
☐ Humidity	□ Light	
□ Dust	□ Crowd	
☐ Chemical agents	□ Others (specify)	
Other constraints: 🗆 no 🔻 🗅 yes	Specify	
□ Not applicable □ Done □ Ongoing □ P	fanned	
Addictive behavior: Drinking, smoking, and other cons. monitoring is required, or motivation to quit)	imption of toxic substances (specify the type of product an	d of consumption, the quantity, if
	Specifications related to the equipment, its adaptation, equipment Small equipment (specify) Large equipment (specify) 1 cane 2 canes, walker Wheelchair Hearing device Urinery ostomy Dietary requirements: no Specify: diet, adapted diet. Constraints related to exposure to external facts Cold Heat Bad weather Humidity Dust Chemical agents Other constraints: no yes Not applicable Done Ongoing P	Specifications related to the equipment, its adaptation, its tolerance, circumstances of its use, and autonomy of equipment (specify)

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SECTION 5 Name of the person concerned:

Assessment date:

If a psychological or neuropsychological assessment was carried out, or a memory assessment was carried out, specify:

	□ no □ yes (specify the tests and their	results)	
	Test and its version	Date given	Results in figures and their interpretation
Tests			
rests			
Psycho- clinical			
assessment of			
the situation			

SSESSMENT QUIDE SECTION 6

Name of the person

ACTIVITIES, FUNCTIONAL ABILITIES COMPONENT

Assessment date:

For the activities listed below, allowing for assessing eligibility for disability benefit, in general, or for support from another person, in particular (see annex 2-5 of Social Action and Family Code, CASF), the functional ability (assessment of functional abilities of the person without any human or material assistance, and according to the abilities expected from a person of the same age who does not have health problems) is also rated as follows, within the ICF framework:

"0": No difficulty

"1": Mild difficulty "2": Moderate difficulty "3": Severe difficulty "4": Complete difficulty "9": Not applicable

- Each field is subject to an overall scoring of potential difficulties faced by the person, as follows:

 \[
 \textsize \textsize \text{ord applicable}^* (anty if the person is not concerned by this field of activity for reasons unrelated to the disability)
 \[
 \textsize \text{"nor (i.e. no limitation and no type of all of or beneft)}
 \]
 \[
 \textsize \text{"yes" (i.e. the various items of the field are to be 1}
 \]

For the fields rated with "yes", each main activity and, if need be, secondary activities, are subject to scoring.

- Actual performance (assessment of the difficulties the person is confronted with, while she actually performs an activity, in real life, assessment made against the performance expected from a person of the same age who does not have health problems, taking into account the tiredness, the slowness, the pain...) as follows
 "A": Activity performed alone, without assistance and without difficulty
 "B": Activity performed with assistance from another person and/or upon request and/or with some difficulty

 - *C": Activity performed with repeated assistance from another person and/or with constant difficulty *D": Activity not performed
- The environment influencing the actual performance of this activity, whether it is a "facilitator" or "barrier" element (ticking the support (human and technological assistance, etc.) which was noted during the assessment (facilitators), as well as the factors that currently contribute to the difficulties of the person in performing the various activities (barriers)) as
 - "H": Human environment
 - "T": Technological environment "L": Housing (FR "Logement")

 - "S": Services
 "A": Pets (animals)

For all the fields and activities, it should be specified:

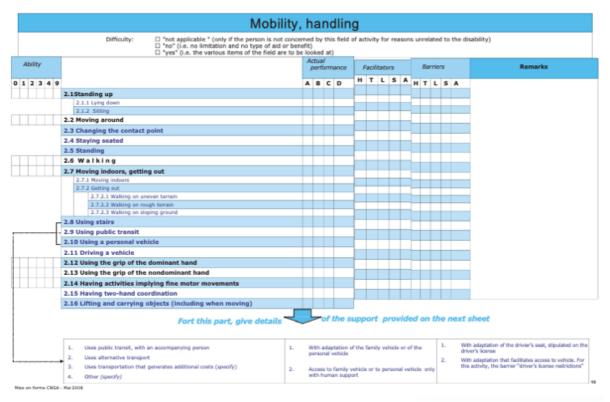
When the human environment is a facilitator and, if provided: the daily amount of time of constant support When technology is a facilitator: the ISO 9999 code or the code from the list of products and services (LPP), if it is a referenced technological support

Name of the person	n concerned:	Assessr	nent o	date:											SECTION O COMMINGATION
		Tasks and general	re	qu	ire	em	er	nts	8,	rela	ati	io	ns	hip	ps
	Difficulty:	☐ "Not applicable " (only if the person is ☐ "no" (i.e. no limitation and no type of ☐ "yes" (i.e. the various items of the fiel	aid o	r ben	efit)		his fie	eld o	f act	tivity f	for re	baso	ns u	inrela	ated to the disability)
No difficulty Mild difficulty Moderate difficulty 2	"3" Severe difficulty "4" Complete difficulty ng: Not applicable	"A". Activity performed alone, without additional and without difficulty "P". Activity performed with seasonable of management person and/or with constant difficulty "C". Activity performed with repeated assistance from another person and/or with constant difficulty "C". Activity not performed with repeated assistance from another person and/or with constant difficulty "C". Activity not performed "C". Activity not performed Activated Activate Activated Activated Activated													
Ability				tual erforn	nano	e	F	ac///	tato	rs		В	arrie	rs	Remarks
0 1 2 3 4 9			Α	В	С	D	н	т	L	S A	P	4 T	L	s	A
	1.1 Time orientation												L		
	1.2 Space orientation												L		
	1.3 Attention	1.3 Attention											L	Ш	
	1.4 Memory					Ш	Ш				L		L	Ш	
	1.5 Decision making											ļ	L	Ш	
	1.6 Taking initiatives					Ш	Ш				L		\perp	Ш	
		y request for support (knowing how to the resources of one's environment, if											L		
	1.6.2 Spontaneousl	y interacting with the others													
	1.6.3 Spontaneously	y undertaking a simple task											Ш		
	1.6.4 Spontaneousl	y undertaking a complex task				Ш							_	ш	
	1.7 Managing one's sa	afety										┸	L	Ш	
	1.7.1 Not putting or	ne's life and/or the lives of others in danger									L	\perp	┸	ш	
	 1.7.2 React appropriations indicating de respond) 														
	1.8 Respecting the ge	eneral rules of life													
	1.9 Having relationsh the social rules	onships with the others according to													
	1.10 Controlling one's others	s behavior while interacting with the													
	1.11 Peer relations														
	1.12 Having emotions	al and sexual relations													
		For this part, give deta	IIs			01	the	su	ıpp	ort p	oro	vid	ed	on t	the next sheet
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For "Tasks and general requirements, relationships"

the support (facilitators) already provided will be listed, generally, as follows:

	Ту	pe of support		Manner	Details	The person's satisfaction leve
	Support prov	rided by family and friends	☐ Spouse/partner ☐ Child ☐ Parent ☐ Other (specify)	☐ Brother/sister ☐ Other relative ☐ Friend, neighbor	Time (dally):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Healthcare	Total hospitalization Hospital at home (HAI Partial hospitalization Outpatient monitoring Care provided by spec		Percentage (1/2 day/ week) or frequency (haw many times a week):	Uvery satisfied Satisfied Little satisfied Not at all satisfied
		In a social-medical facility	☐ For children ☐ For adults ☐ For elderly people	☐ Day care ☐ Temporary care ☐ Care family	Percentage (1/2 day/ week):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For the human environment	The state of the s		(SAMSAH) Support Service for a significant of the service for a significant of the service for social-Medi Psycho-Pedagogical M	vices and Home Care (SESSAD) col Early Action (CAMSP) edical Center (CMPP) al Assistance for Students (BAPU)	Frequency (how many times a week):	Uvery satisfied Satisfied Uittle satisfied Not at all satisfied
		Other paid support	(authorized care serviced Care support provided support)	by an authorized service (b) by an acting service (care (cluding family and friends)	Time (daily):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
	Other types	of support	☐ Member of a mutual s ☐ Other activity (specify)			☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For housing	Adapted hou	sing conditions	□ Overnight accommodat	residence of a family member ion in a social-medical facility ion in a healthcare facility e section 2)		☐ Very satisfied ☐ Satisfied ☐ Uttle satisfied ☐ Not at all satisfied
For the animal			Track W			□ Very satisfied



SECTION 6 continuation 2 For "Mobility, handling" the support (facilitators) already provided will be listed, generally, as follows: The person's satisfaction le Type of support Details ☐ Spouse/partner ☐ Child ☐ Parent ☐ Brother/sister ☐ Other relative ☐ Friend, neighbor Time (daily): ☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied Support provided by family and friends ☐ Other (specify) ☐ Total hospitalization
☐ Hospital at home (HAD)
☐ Partial hospitalization
☐ Outpatient monitoring
☐ Other (specify) Percentage (1/2 day/ week) or frequency (how many times a week): ☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied ☐ Day care
☐ Temporary care
☐ Care family
☐ Other social-medical facility
(specify) Percentage (1/2 day/ week): ☐ For children ☐ For adults ☐ For elderly people Support provided by professional For the human ☐ Not at all satisfied □ Social Medical Support Services for Disabled Adults (SAMSAH)
□ Support Service for a Social Life (SAVS)
□ Special Education Services and Home Care (SESSAD) (apacity which type)
□ Center for Social-Medical Early Action (CAMSP)
□ Other social-medical care (specify) Frequency (how many times a week): Satisfied
 Little satisfied
 Not at all satisfied ☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied □ Care support provided by an authorized service (authorized care service)
 □ Care support provided by an acting service (care support)
 □ Direct employment (including family and friends) Time (daily): ☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied Other support Spedfy: Accommodation at the residence of a family member Overnight accommodation in a social-medical facility
 Overnight accommodation in a healthcare facility
 Housing adaptation (give details for each activity)
 Supportive housing ☐ Very satisfied For Adapted housing conditions ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied ☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied For the animal ☐ Therapy dog Animal assistance

Ability					Actual performance		Facilitators .						Ban	riers		Remarks
1 2 3 4 5			Α	В	С	D	н	т	L	s	A	н	т	L	SA	
	3.	.1 Washing														
	3.	.2 Taking care of one's body														
	3.	.3 Insuring elimination and using the toilets												T	Т	
	3.	.4 Getting dressed/undressed														
	3.	.5 Having meals (eating, drinking)														
	3.	.6 Taking care of one's health														
		3.6.1 Using one's respiratory functions														
		3.6.2 Be treating oneself														
		3.6.3 Asking for treatment														
		3.6.4 Monitoring one's diet														
		3.6.5 Managing one's daily rest														
		3.6.6 Using various health systems														

For this part, give details of the support provided on the next sheet

SECTION 6 continuation 3

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For "Personal interview"
the support (facilitators) already provided will be listed, generally, as follows:

	Type of support			Manner	Details	The person's satisfaction leve
	Support provide friends	ed by family and	☐ Spouse/partner ☐ Child ☐ Parent ☐ Other (specify)	☐ Brother/sister ☐ Other relative ☐ Friend, neighbor	Time (daily):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Healthcare	☐ Total hospitalization ☐ Hospital at home (H ☐ Partial hospitalization ☐ Outpatient monitorin ☐ Care provided by sp	AD) n	Percentage (1/2 day/ week) or frequency (how many times a week):	Uvery satisfied Satisfied Little satisfied Not at all satisfied
	Day care Temporary care Care family Other social-medical facility Support provided by professionals Support provided by a social-medical service Support services for a Social Hedical Support Service for a Social Life (SAVS) Special Education Services for Disabled Adults (SAMSAH) Support Service for a Social Life (SAVS) Special Education Services and Home Care (SESSAD) Special Education Services (SSIAD) Home care nursing services (SSIAD) Home help and support services (SSIAD) Home help and support services (SPASAD Other social-medical care (specify)		☐ For adults	☐ Temporary care ☐ Care family ☐ Other social-medical facility	Percentage (1/2 day/ week):	☐ Very satisfied ☐ Satisfied ☐ Uttle satisfied ☐ Not at all satisfied
For the human environment			(SAMSAH) Support Service for a Special Education Se (specify which type) Center for Social-Me Home care nursing st Home help and suppi Multi-purpose home i	Social Life (SAVS) ervices and Home Care (SESSAD) edical Early Action (CAMSP) ervices (SSIAD) ort services (SAAD) help and support services (SPASAD)	Frequency (how many times a week):	Uvery satisfied Satisfied Uitle satisfied Not at all satisfied
			vice) ed by an acting service (care	Time (daily):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied	
	Other support		☐ Disability-related care ☐ Other (specify)	e not provided elsewhere		☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For housing	Adapted housing	g conditions	☐ Overnight accommod ☐ Overnight accommod	ne residence of a family member lation in a social-medical facility lation in a healthcare facility give details for each activity)		□ Very satisfied □ Satisfied □ Little satisfied □ Not at all satisfied

	Communication	
Difficulty:	"not applicable" (only if the person is not concerned by this field of activity for reasons unrel "no" (i.e. no limitation and no type of aid or benefit) "yes" (i.e. the various items of the field are to be looked at)	lated to the disability)
*gr No difficulty *gr Severe difficulty *gr Hidd difficulty *gr Complete *gr Hockente difficulty difficulty *gr Not applicable	"A": Activity performed sions, without assistance and without difficulty "B": Activity persists performed with assistance from another person angles upon request and/or with some difficulty "B": Activity personned with repeated assistance from another person and/or with constant difficulty "B": Activity not performed	"H" Human environment "\$" Services "T" Technological environment "A" Peta (animals) "L" Housing

Ab				Actua perfi		ance		F	ncillt	ator	5		Ва	rrie	rs	Remarks
0 1 2	2 3	4 9		Α	В	С	D	н	T	L S	Α	н	т	L	s	A
			4.1 - Talking													
	Т	П	4.2 - Listening (hearing the sounds and understanding)			П		П		Т	П	Г				
			4.2.1 - Hearing the sounds													
			4.2.2 - Understanding the words in a face-to-face conversation													
			4.2.3 - Understanding the words in a group conversation													
			4.2.4 - Understanding the words in a noisy environment													
			4.2.5 - Locating the origin of sounds						Т	Т						
	Τ	П	4.3 - Seeing (distinguishing and identifying)													
	Τ		4.4 - Using devices and communication techniques													
			4.4.1 - Using the phone													
			4.4.2 - Using other devices and communication techniques													
			4.5 – Understanding a simple sentence													
			4.6 - Handling a conversation													
			4.7 - Issuing and receiving non-verbal messages													

For this part, give details of the support provided on the next sheet

SECTION 6 continuation 4

f the person concurred:

Assessment date:

For "Communication"

	Type of support			Manner	Details	The person's satisfaction level
	Support provide	d by family and friends	☐ Spouse/partner ☐ Child ☐ Parent ☐ Other (specify)	☐ Brother/sister ☐ Other relative ☐ Friend, neighbor	Time (daily):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Healthcare	☐ Total hospitalization ☐ Partial hospitalizatio ☐ Outpatient monitorii ☐ Care provided by sp	n ng	Percentage (1/2 day/ week) or frequency (how many times a week):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		In a social- medical facility	☐ For children ☐ For adults ☐ For elderly people	Day core Temporary care Care family Other social-medical facility (specify)	Percentage (1/2 day/ week):	Uvery satisfied Satisfied Utitle satisfied Not at all satisfied
For the human environment	Support provided by professionals	Support provided by a social- medical service	(SAMSAH) ☐ Support Service for a ☐ Special Education Service (specify which type)	ervices and Home Care (SESSAD)	Frequency (how many times a week):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Other paid support	(authorized care ser Care support provid support) Specialized interpret	ed by an acting service (care ting services (including family and friends) ge Coder	Time (daily or monthly: specify): Temps (quotidien ou mensuel : prédser):	Uvery satisfied Satisfied Little satisfied Not at all satisfied
	Other support		Speafy:			☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For housing	Adapted housing	conditions	☐ Overnight accommod	ne residence of a family member dation in a social-medical facility give details for each activity)		Uvery satisfied Satisfied Uttle satisfied Not at all satisfied
For the animal environment	Animal assistanc	æ	☐ Therapy dog			☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied

		Act	ual erfor	717/20	nce		Fac	ilita	tors			Bai	rrier	3	
		Α	В	С	D	н	Т	L	s	Α	н	т	L	s	Α
5.1 Doing one's sho	pping														
5.2 Cooking an eas	r meal						Т	Г							
5.3 Cleaning one's I	nouse						Т	Г							
5.4 Taking care of o	ne's laundry and clothing					Т	Т	Г	Г						П
5.5 Looking after or	ne's family						Т	Г							
5.6 Managing one's	budget, undertaking administrative tasks					Т	Т	Т	Г						Г
5.6.1 Managing of	ne's money on a daily basis						Т	Т							
5.6.2 Managing of	ne's bank account														
5.6.3 Undertaking	administrative tasks														
5.7 Living alone in	an independent dwelling														
5.8 Having informal	relations with the neighbors						П								
5.9 Taking part in t	he community, social, and civic life					Т	Т	Г	Г						П
	ne's free time, having recreational activities and litural, sportive or leisure activities														
5.9.2 Expressing	a request related to one's rights					Т									
5.9.3 Taking part	in the local life						Г	Г							
5.10 Going on holid	ays														

For this part, give details of the support already provided on the next sheet

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f the person concerned: Assessme

SECTION 6 continuation 5

For "Domestic life and everyday life" the support (facilitators) aleady provided will be listed, generally, as follows:

	Type of support			Manner	Details	The person's satisfaction level
	Support provide	ed by family and friends	☐ Spouse/partner☐ Child☐ Parent☐ Other (specify)	☐ Brother/sister ☐ Other relative ☐ Friend, neighbor	Time (daily):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Healthcare	☐ Total hospitalization ☐ Partial hospitalization ☐ Outpatient monitorin ☐ Care provided by spe	g	Percentage (1/2 day/ week) or frequency (how many times a week):	Urry satisfied Satisfied String Satisfied String Satisfied Not at all satisfied
		In a social- medical facility	☐ For children ☐ For adults ☐ For elderly people	☐ Day care ☐ Temporary care ☐ Care family ☐ Other social-medical facility (specify	Percentage (1/2 day/ week):	Usery satisfied Satisfied Uttle satisfied Not at all satisfied
For the human environment	Support provided by professionals	Support provided by a social- medical service	(SAMSAH) ☐ Support Service for a ☐ Home help and suppo	rt services (SAAD) help and support services (SPASAD)	Frequency (how many times a week):	Uvery satisfied Satisfied Little satisfied Not at all satisfied
		Other paid support	(authorized care serv Care support provide support)	ed by an authorized service rice) of by an acting service (care including family and friends)	Time (daily):	Uvery satisfied Satisfied Utile satisfied Not at all satisfied
	Other support		☐ Legal protection (spe ☐ Meal deliveries ☐ Specialized leisure ac (specify)	cify) ctivities with additional costs		☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For housing	Adapted housing	g conditions	☐ Overnight accommoda ☐ Overnight accommoda	e residence of a family member ation in a social-medical facility ation in a healthcare facility give details for each activity)		☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied

	Application of knowledge, learning	\$	
Difficulty:	"not applicable" (only if the person is not concerned by this field of activity for reasons u "no" (i.e. no limitation and no type of aid or benefit) "ves" (i.e. the various items of the field are to be looked at)	innelated to the disability)	
	'Ar': Adulty performed alony, without assistance and without difficulty "It': Adulty participating performed with assistance have another persons adulty upon request and/or with some difficulty "C": Adulty performed with repeated assistance from exother person and/or with canistant difficulty "O": Adulty or performed."	"H": Planus analysement "T": Technological environment "L": Housing	"S": Services "A": Peta (unimula)

	Act	ual viforn	nan	ce		Fac						men		
	A	8	C	D	1	t T	L	s	A	н	T	L	s	A
6.1 - Reading														
6.2 - Writing														
6.3 - Calculer														
6.4 - Calculating										Г				
6.5 - Using know-how							П							

For this part, give details of the support provided on the next sheet

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Assessment date

SECTION 6 continuation 6

For the component "Application of knowledge, learning" the support (facilitators) provided will be listed, generally, as follows:

	Type of support			Hanner	Details	The person's satisfaction level
	Support provide	d by family and friends	☐ Spouse/partner ☐ Child ☐ Parent ☐ Other (specify)	☐ Brother/sister ☐ Other relative ☐ Friend, neighbor	Time (daily):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Healthcare sanitaire	☐ Total hospitalization ☐ Hospital at home (Hi ☐ Partial hospitalization ☐ Outpatient monitorin	n	Percentage (1/2 day/ week) or frequency (how many times a week):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For the human	Support provided by professionals	In a social- medical facility	□ For children □ For adults □ For elderly people	Day care Temporary care Care family Professional Reorientation and Preserientation Centers (CKP - CPO) Assessment, Retraining and Social Guidance Unit (UEROS) Other social-medical facility (specify	Percentage (1/2 day/ week):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
environment		Support provided by a social-medical service	(SAMSAH) ☐ Support Service for a ☐ Special Education St ☐ (specify which type) ☐ Center for Social-Me ☐ Psycho-Pedagogical	ervices and Home Care (SESSAD) dical Early Action (CAMSP) Medical Center (CMPP) cal Assistance for Students (BAPU)	Frequency (how many times a week):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Other paid support	(authorized care sen Care support provide support)	ed by an authorized service vice) ed by an acting service (care including family and friends)	Time (daily):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
	Other support		☐ Attendance of a specialized training institution ☐ Adaptation of professional training conditions (specify) ☐ Other (specify)			☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied

Tasks and requirements related to schooling and basic training

"not applicable" (only if the person is not concerned by this field of activity for reasons unrelated to the disability)
 "no" (i.e. no limitation and no type of aid or benefit)
 "yes" (i.e. the various items of the field are to be looked at)

** Types (Jun. vine various items or the field afte to De locked at)
**A. Activity performed sizes, without assistance from exother person action upon request antifor with some difficulty.
**Dr. Activity performed with repeated assistance from another person antifor upon request antifor with some difficulty.
**Dr. Activity performed with repeated assistance from another person antifor with constant difficulty.
**Dr. Activity aperformed.

"S": Services "A": Pets (animals)

			tual erfoi	ma	nce		Fac	ilita	tors	,		Ва	mier	2	
		Α	В	С	D	ı	н т	L	s	А	н	Т	L	s	Á
7	.1 Learning to read						I								
7	.2 Learning to write					Т	Т	Т	Т			Т			
7	.3 Learning to calculate						Т	Т							
7	.4 Learning communication techniques			Г		Т	т	Т	Т			Т			
7	.5 Learning the social basic rules					1	T	Т	T					П	
7	.6 Respecting basic rules			Т		T	т	т	Т					П	ī
	7.6.1 Being on time					1		Т	Т						
	7.6.2 Being diligent						Т	Т							
	7.6.3 Organizing his workload						Т	Т							
	7.6.4 Checking one's work														
	7.6.5 Accepting instructions						Т								
	7.6.6 Following instructions						Т								
	7.6.7 Getting used to school life														
	7.6.8 Working in a team														
	7.6.9 Respecting school rules						Т	┖							
7	.7 Taking one's place in the classroom														
7	.8 Using the pedagogical material						Т	Т						П	
7	.9 Using material fit for one's disability			Т		т	т	т	т					П	Ī
7	.10 Taking notes					T	t	T	T						ı
7	.11 Getting used to exam and test conditions			Г		Т	Т	Т	Т			т		П	
7	.12 Participating in 'out-of-school' activities					1	Ť	T	T						
7	.13 Other (specify)								П						

For this component give details _____ of the support provided in the next sheet

SECTION 6 continuation 7

	Type of support			Manner	Details	The person's satisfaction leve
	Support provide	ed by family and friends	☐ Spouse/partner☐ Child☐ Parent☐ Other (specify)	☐ Brother/sister ☐ Other relative ☐ Friend, neighbor	Time (daily):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Education in a schooling unit within a healthcare facility	☐ Total hospitalization ☐ Hospital at home (HA ☐ Partial hospitalization ☐ Outpatient monitorin ☐ Care provided by spe	g	Percentage (1/2 day/ week) or frequency (how many times a week):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For the human		In a social- medical facility	☐ For children ☐ For adults	□ Day care □ Temporary care	Percentage (1/2 day/ week):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
provide	Support provided by professionals	Support provided by a social- medical service	(SAMSAH) Support Service for a line Special Education Service for a control specify which type) Center for Social-Med Psycho-Pedagogical M	vices and Home Care (SESSAD) ical Early Action (CAMSP) iedical Center (CMPP) al Assistance for Students (BAPU)	Frequency (how many times a week):	Uvery satisfied Satisfied Uttle satisfied Not at all satisfied
		Other specialized support	School aid for 1 child School aid for several French Sign Language French Sign Language Transcript writer Networks of Specialize Difficulties (RASED) Distance leaning Home schooling	Coder	Time (weekly or daily-specify):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
		Other paid support		ovided by an authorized service ovided by an acting service school aid	Time (dally):	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For the technological Adequate teaching materials environment		ing materials	☐ Technical equipment ☐ Technical equipment ☐ Standard IT and audit ☐ Furniture and small et	- visual impairment o-video equipment		☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied

8.8.11 Other (specify)

Work-related tasks and requirements "not applicable" (only if the person is not concerned by this field of activity for reasons unrelated to the disability) "no" (i.e. no limitation and no type of aid or benefit) "yes" (i.e. the various items of the field are to be looked at) Difficulty: Actual performance A B C D Facilitators Remarks H T L S A H T L S A 8.1 Respecting basic rules 8.1.8 Being on time 8.1.2 Being diligent 8.1.3 Respecting the superiors 8.1.4 Attending meetings 8.2 Managing one's tasks (in relation to his position) 8.3 Checking one's own work 8.4 Being in contact with the public 8.5 Developing and guiding staff 8.6 Working in a team 8.7 Performing physical tasks 8.7.1 Lifting, moving leads 8.7.2 Working while bending one's body 8.7.3 Working in various body positions 8.7.4 Working in a kneeling/crouching po 8.7.5 Working at heights (stepladder, ladder, scaffold..) 8.7.6 Working at a certain height from the ground (on a bridge, a roof, a balcony...) 8.7.7 Working with the dominant arm above shoulder level 8.7.8 Working with the non-dominant arm above shoulder level 8.7.9 Using a foot-controlled command 8.8 Performing tasks in special conditions 8.8.1 Seeing colors 8.8.2 Perceiving the landscape 8.8.3 Working at night 8.8.4 Working with changing hours 8.8.5 Using dangerous tools and/or machinery 8.8.6 Working in an environment exposed to vibrations 8.8.7 Working in a noisy environment 8.8.8 Working in special respiratory conditions 8.8.9 Working in an environment presenting skin-hazards 8.8.10 Being exposed to weathering

SECTION 6 continuation 8

For "Work-related tasks and requirements" the support (facilitators) already provided will be listed, generally, as follows:

For this part, give details of the support provided on the next sheet

	Type of support			Manner	Details	The person's satisfaction level
		In a social- medical facility	For children	Day care Temporary care Care family Professional Reorientation and Preorientation Centers (CRP – CPO) Assessment, Retraining and Social Guidance Unit (URROS) Care centers through employment (ESAT) Other social-medical facility (specify)	Percentage (1/2 day/ week)	☐ Very satisfied ☐ Satisfied ☐ Little satisfied ☐ Not at all satisfied
For the human environment	Support provided by professionals	Support provided by a social- medical service	□ Social Medical Suppo (SAMSAH) □ Support Service for a □ Other social-medical		Frequency (how many times a week):	Uvery satisfied Satisfied Uttle satisfied Not at all satisfied
		Support provided by other structures		ent agencies (CAP employ) r employment and social services		Uery satisfied Satisfied Uttle satisfied Not at all satisfied
		Other support	☐ French Sign Language ☐ French Sign Language ☐ Transcript writer ☐ Tutoring ☐ Other (specify)		Time (daily):	Uvery satisfied Satisfied Uttle satisfied Not at all satisfied
						□ Very satisfied

assessment guide SECTION 7 SUPPORT PROVIDED - COMPONENT

☐ Not applicable Names of the caregivers Contact details (If different than the ones of the disabled person) □ yes □ yes □ no □ yes Main caregiver □ yes □ yes □ yes Isolated parent/family member □ yes □ yes □ yes Remunerated by the disabled person Retired □ yes □ no □ yes □ yes If the caregiver is being compensated, or if the caregiver is the parent of a person under 20 and had, in order to assist the disabled person, to: □ yes □ yes □ yes Give up working Stop working □ yes □ yes □ yes Give up working full time □ yes □ no □ yes □ no □ yes □ no If yes: specify the percentage for part time job Needs expressed by the caregivers

Support

provided by

family and

friends

Name of the person concerned: Assessment date:

SECTION 7 continuation 1

	□ Not applicable			
			Names of t	the structures
Support	Contact details (If different than the ones of the disabled person)			
provided by	Professionnel référent	4		
professionals	Admission date			
	Planned release or termination of the care program	□ yes □ no	□ yes □ no	
	Date			
	☐ Occupational therapist	☐ Educator		☐ French Sign Language Translator
	Overview of professional careg	☐ Psychologist	rogular do	
3 Homecare assistant	me help service Physiotherapist Procure assistant Di Occupational therapist			☐ French Sign Language Coder ☐ French Sign Language Translator
3 Medical-psychological aid	☐ Psycho-motor therapist	☐ Assistant de service social		☐ Transcript writer
3 Nurse	☐ Speech therapist	☐ Counselor on social and	d family education	☐ Other (specify)
De	Particular et may pro-	givers interact w assistance to the helpers) at applicable	vith family o	caregivers:
Details	on the ongoing legal disputes	concerning the	support se	rvices provided
				10
to these ones				
Is there any o	ngoing legal dispute concerning the support services provided yes		the health insurance,	the employer, an insurance?

Miss en forme CNSA - Wai 2008

Table 1: Daily timetable

Schedule	Activity of the disabled person	Caregiver and type of assistance

SECTION 7 continuation 3

Table 2: Professionals who contribute to the ongoing schooling process or higher education project plan

	Name	Task	Total no of hours per week	Remarks	
Director of the educational unit					
Study coordinator					
Main teacher					
Assisting teacher					
School doctor/ doctor within the mother and infant protection unit (PMI)/ university doctor					
School psychologist or occupational psychologist or other type of psychologist					
Network of Specialized Help for Students Experiencing Difficulties (RASED)					
Social worker					
Individual support/coaching (school aid, French Sign Language Coder, French Sign Language interpreter, tutor, transcript writer, etc.)					
Occupational therapist					
Nurse					
Other (specify)					
NB: the medical and social services and structures are listed in section 6 and in the beginning of section 7					

Table 3: Typical weekly schedule

☐ Not applicable

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before 8 am							
Morning							
Lunch							
Afternoon							
Dinner							
Evening							
Night							

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Miss en forme CNSA - Mai 2008

ASSESSMENT SUMMARY ASSESSMENT SUMMARY ASSESSMENT SUMMARY ASSESSMENT SUMMARY
Key points submitted to the Commission for Rights and Autonomy of People with Disabilities (CDAPH)
On the person's life plan (aspirations, needs, wishes) and on her/his possible evolution during the assessment process
On the person's family situation
On the person's social situation
On the person's autonomy
As the case may be, on the person's school situation or basic education/training
As the case may be, on the person's work situation or professional training

Items related to the eligibility criteria and allowing for the Commission's (CDAPH) decision
Disabilities and their consequences: Blindness
☐ Blindness ☐ Hearing loss (> 70db bilateral)
Consequences on the person's ability to work or to have access to employment:
Consequences of the functional alterations on activities:
□ Complete difficulty(les) in the following activities: □ Severe difficulty(les) in the following activities:
•
Consequences of the functional alterations on the person's pedestrian mobility and on her/his ability to get out:
consequences or the nematures enterestants on the person a procession mountry and on ner/mb assists to get out:

Name of the person concerned Assessment date: SECTION 8 continuation 2

Mise en forme CNSA - Mai 2008

Highlight on compensation needs				
Needs identified	Details	Answers		
1 Needs related to care				
2 Needs related to the person's autonomy				
In order to undertake basic/fundamental tasks (including to be able to move)				
In order to undertake household activities				
In order to live in a dwelling				
In order to have a pupil life				
In order to have a student life				
In order to have day activities				
In order to have an occupational integration				
In order to access one's rights				
In order to have a social life				
2.2 Further/more complex needs related to autonomy				
In order to communicate				
In order to insure one's safety				
In order to grant some breaks to relatives and caregivers				
In order to call for/insure the relatives' or caregivers' presence				
3 Needs related to resources				
4 Other needs				