

COMPARATIVE STUDY  
ON THE REHABILITATION OF HANDICAPPED PERSONS  
IN THE COUNTRIES OF THE COMMUNITY

Legal, administrative and  
technical aspects

VOLUME I

Introduction

Belgium

France

Italy

Luxembourg

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Interim edition

In 1973 and 1974, at the request of the Council of the European Communities, a considerable amount of information was gathered on the rehabilitation of handicapped persons in the Member States of the Community.

On the basis of this information, a monograph was drawn up for each country. The work was shared by three rapporteurs, Messrs Albers, Boisseau and Sommerville, who followed the lines laid down by the parties concerned thus making country to country comparisons possible in principle.

Their work is being published simultaneously but in separate volumes; three handy booklets were preferred to a single unwieldy volume.

Taking into account the complexity of the subject, the difficulties of translation and even of drawing any conclusions (new information, which would have to be taken into account, is continually appearing), these reports cannot be considered in any way definitive as they stand at present. However, they do constitute a very useful working aid.

The Commission would like to thank all those who have contributed to this work.

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I N T R O D U C T I O N

GENERAL INTRODUCTION : THE PLACE OF REHABILITATION IN PRESENT-DAY SOCIETY (1)

1 - The difficulties involved

The concept of rehabilitation of the disabled is a relatively recent one. There is not always unanimity of opinion on its content and many different definitions could be quoted. Its application is not always based on the same standards. Nevertheless, favourable trends are to be observed everywhere in this field, from the point of view both of numbers of beneficiaries and of objectives set and means of achieving them. Even so, the dispersion of initiatives, the burden of traditions of charitable work, the complexity of legislation and the multiplicity of instances and institutions competent to intervene inhibit its development on proper modern lines.

In spite of the existence of recommendations of international organizations laying down a model for a complete and cohesive programme of rehabilitation, considerable disparities may be noted from country to country in the application of the various measures of medical or vocational rehabilitation.

Finally, all the obstacles to the social integration of the disabled, whether physical, such as living areas not adapted to their needs, or moral, such as prejudices concerning the real capabilities of the disabled, are far from being eliminated, in spite of the campaigns of information which have been conducted in recent years. It seems worthwhile to return in detail to these different remarks as a whole.

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(1) The purpose of this introduction is to set out some general ideas on the historical background of the concept of rehabilitation. It does not set out to draw any comparison between the different countries of the Community. It may nevertheless be noted that most of the ideas presented reflect a trend to be found in each country, despite certain disparities.

11 - A recent and constantly evolving problem

Rehabilitation - a modern form of assistance given to a disabled person to aid his social and vocational integration - has recently been incorporated gradually into the different systems of social protection. It is a concept which has itself evolved over recent decades, both as a result of advances in the techniques of care and vocational rehabilitation and as a result of a slow change in the climate of opinion concerning the disabled and the place in society to which they are entitled.

111 - Economic and social progress and the change in the climate of opinion

"In advanced countries there are less and less individual misfortunes for which the community refuses to take a share of responsibility, less and less damage to the repair of which it will not contribute". It is pointed out that the wealthier nations become, the more manifest are their duties towards those left by the wayside of economic expansion who are the disabled.

From a concept of assistance based on the principle of charity we have advanced to that of insurance based on the principle of collective solidarity and mutual support. Indeed, the demands of groups in society concerned with improving the lot of their members have gradually led to the development of new ideas, such as those of "social risks" against which all must be compulsorily covered by collective responsibility guaranteeing repayment of costs incurred for medical attention and the granting of financial benefits serving as substitute incomes.

The concept of solidarity has also evolved gradually. It now manifests itself more and more in the form of an effort on the part of the community to achieve satisfactory equilibrium between all social categories. It is no longer a case of enabling the disinherited elements of the population, who are the disabled, to stay alive and of providing them with a minimum level of assistance, but

- of giving the entire population without distinction of origin the greatest possible measure of security for the future
- of ensuring fair distribution of incomes
- of achieving equality of opportunity in life which is as real as possible.

Moreover, at the present time, it is admissible to think that aid to the disabled must not only consist of financial allowances, even if these are based on a minimum income which every citizen should be guaranteed, but that it must also facilitate their social integration by means of measures of medical and vocational rehabilitation.

112 - Full employment and social justice or economic motivation

Social integration may be motivated by two different considerations, which should not however be considered to be in conflict with one another, since they are mutually complementary.

- For some, the disabled have a right to work, and a policy of full employment should assist in getting them to work. The interests of the community and the interests of the disabled coincide with one another in an effort of solidarity and social justice.
- For others, the disabled must become productive and cease to be recipients of assistance, since in this way society gains on two counts. Not only does society no longer have to pay out benefits, but these new producers pay taxes in their turn and contribute to the development of the economy.

Slogans such as "the disabled are just as human as anyone else" proclaimed by associations for the disabled, although questionable, express this desire for social integration (2).

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(2) This opinion concerning the questionable nature of the slogan rests upon common experience which forces us to recognize that the disabled are not like the rest of us, but that they are different because of certain physical peculiarities which impose obligations on society; they must nevertheless be treated as "equals" both in law and in fact.

113 - Towards equality of opportunity or final aims of rehabilitation

It may also be observed that, for the same disability, the concern shown by society declines with considerable steps in between, depending on whether it results from a war wound, an industrial accident, a road accident, illness or congenital deformity. At the bottom of the scale society does not acknowledge responsibility and gives no aid. There is neither debt nor credit, only charity.

Even though most countries are moving from the concept of charity to that of solidarity, from the concept of assistance to that of insurance, equality in entitlements and opportunities for the disabled has not yet been attained by any means. Nevertheless, certain voices are making themselves heard in demands for the principle of causality, applied in selecting the method of compensation, which causes intolerable injustice in an advanced society, to be replaced by the principle of finality, which defines the objective to be pursued in any action on behalf of the disabled - i.e. their social integration.

114 - Preparation of rehabilitation programmes

In most countries - at least in the field of legislation - a relatively recent effort is to be noted in the application of a certain number of coordinated measures of rehabilitation. Broadly speaking, this effort has been applied successively to the employment of the disabled, then to their vocational training and finally to the development of specialized care services designed to limit the consequences of the impairment of their health. Thus a plan of rehabilitation has taken shape, approached in reverse but the objective of which is fairly general, viz. the social integration of the disabled by professional medical and social action in a progressive and continuous manner. Also, concern has gradually emerged to coordinate private and public initiative and to ensure that, as far as possible, no category of disabled persons is overlooked in the provision of rehabilitation facilities. It is fairly widely accepted now that the maximum of quality assistance should be offered to every disabled person.

It is thus possible to describe the main points of a modern rehabilitation programme. It is necessary

- gradually to phase out the more or less self-centred partisan features of associations, groups, institutions and administrations
- to eliminate prejudices and all psychological barriers detrimental to the disabled but also all architectural barriers, bureaucratic barriers etc.
- to set up a network of pilot rehabilitation centres which will serve as models for the modernization of older institutions.

Moreover, staff must be specialized and methods modernized. Legislation must be simplified, harmonized.

All disabled persons must be given attention at the earliest possible stage so that each one may benefit from a personalized rehabilitation programme; the success of such programmes depends on continuity of assistance and evaluation of results.

Modern rehabilitation must rest upon scientifically sound bases; the effort of research and education and exchanges between countries will guarantee progress (1).

Thus it may be said that the modern concept of early, continuous and comprehensive rehabilitation for adults or of progressive adjustment of young people by specialized education is now generally accepted, but its application still raises a number of problems.

## 12 - A complex problem due to the multiplicity of sources of intervention

Rehabilitation is characterized by a history of assistance to the disabled through a multitude of measures of private and public intervention and a maze of legal provisions. Consequently, neither the doctrine nor the practice of rehabilitation show unity of opinion or action.

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(1) "New paths of socio-vocational reintegration for the disabled" Stiftung Rehabilitation, Heidelberg 1974



121 - Private initiative

For a long time, most disabled persons constituted a marginal group on the same footing as the poor and needy at whom the charitable organizations directed their attention. Assistance of a financial nature or granted in the form of accommodation relieved the most obvious distress but was not of the technical nature of real rehabilitation. Gradually, associations to represent the interests of the disabled grew up. To their demands for financial aid (allowances, pensions) these associations gradually added that of social integration, in particular through rehabilitation and work. Some of these associations set up their own rehabilitation centres.

Thus private initiative has developed in a diversified and rather disorganized manner, i.e. with no coordination. Frequently, initiatives concerned specific categories of disabled persons, leaving aside those not covered by the association concerned. The objectives and ways of achieving them showed and continue to show great variations. The aspect of charity and the aspect of demand characterizing these different actions does not always aid the organization of a consistent system of modern rehabilitation meeting the needs of the disabled and satisfying their claim to social integration.

122 - State intervention

Initially, states came to the aid of the poor both in order to safeguard public order and to respond to a certain concern of community solidarity. Public assistance is an obligation which the authorities are bound to meet in social concerns.

For certain disabled persons the State had a duty to compensate for damage sustained in the course of service rendered to the nation (victims of acts of war). For the other categories, the assistance granted by the State was more limited in nature and retained the quality of assistance.

Gradually, states came round to legislating and providing more substantial finance for assistance to the disabled, particularly under pressure from associations for the disabled and private organizations which demanded public financing.

In other respects, state intervention in the economic field and in the field of employment of manpower began to focus new interest on this category of potential manpower represented by the disabled.

Although administrations were rarely active in promoting institutions and measures for rehabilitation, they intervened more and more in the field of regulations and control in relation to the often considerable financial aid granted to private organizations. Then their intervention in many countries took on the role of coordination and planning, as the concept of modern rehabilitation took root.

#### 123 - The role of social welfare institutions

With the industrialization and urbanization which characterize modern societies, a need has emerged for the protection of workers against social risks. The first mutual aid societies were created on the initiative of the workers themselves. Gradually, the States intervened - hesitantly at first - in an attempt to extend these spontaneous initiatives designed to give cover for certain risks, particularly industrial accidents, to certain sectors of production.

Between the two world wars, the concept of sickness insurance was developed to the point of becoming an official institution in most countries. After 1945 proper social security schemes were frequently established - generalizing the concept of national solidarity against social risks. "Social cover", gradually extended to all individuals and taking in all social risks, was generally established in all countries. Even so, the continued

existence of the older institutions made for great complexity in this development. Thus a wide variety of systems with very different features exist side by side. Most of them provide for the refund of costs of medical rehabilitation and, in rarer cases, payments for vocational rehabilitation.

124 - The difficulties of harmonization and coordination

The present situation with regard to assistance for the disabled is thus characterized by a high degree of complexity, and wide variations, both quantitative and qualitative, in rehabilitation measures. The consequence is inequality and injustice where individuals are concerned and lack of rational organization, where the community is concerned.

An effort of harmonization of legislation to achieve greater social justice and an effort of coordination in measures of rehabilitation become indispensable in meeting the need for modern rehabilitation, the technical value of which is indisputable in the light of the encouraging results so far achieved by institutions regarded as pilot projects.

13 - National disparities

It is difficult, if not impossible, to draw comparisons between the different national situations. While there is no lack of points of similarity, it is just as clear that there are flagrant disparities in many fields of rehabilitation.

These disparities result from the demographic and economic situation in each country

- from the history of aid to the poor inspired by different philosophical and religious traditions
- from legislation and its evolution
- from the development of systems of cover against diversified and often highly complex social risks

- from the more or less recent adoption of a concept of rehabilitation and an organizational structure to accommodate this concept.

Nevertheless, it seems certain that a modern concept of rehabilitation following the same basic principles and objectives is progressing according to a regular pattern and that action undertaken in each country of the Community has been on similar lines.

2 - The recommendations of international organizations

21 - The coordinated international programme

In 1951, the U.N.O. with the assistance of a group of experts from different international organizations drew up a "coordinated international programme", which was published by the W.H.O. (World Health Organization). This programme sets forth the rights of the disabled and states clearly that the work of rehabilitation can only be carried out effectively by the joint efforts of medical, educational and social services and the services of vocational guidance and training. The programme also describes all the services which can make a contribution to rehabilitation and the measures to be applied - from registration of disabled persons to the setting up of interministerial committees to coordinate these various services, through the setting up of bureaux of research and study.

22 - The I.L.O.

Within the context of full employment and the raising of the standard of living and in order to guarantee all persons equal opportunity in education and employment, the International Labour Organization in 1955 adopted a Recommendation concerning the vocational adjustment and rehabilitation of the disabled.

This Recommendation No. 99 contains :

- a definition of rehabilitation (1) and of the term "disabled person" (2)

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(1) The terms "vocational rehabilitation" means that part of the continuous and co-ordinated process of rehabilitation which involves the provision of those vocational services, e.g. vocational guidance, vocational training and selective placement, designed to enable a disabled person to secure and retain suitable employment.

(2) The term "disabled person" means an individual whose prospects of securing and retaining suitable employment are substantially reduced as a result of physical or mental impairment.

- an enunciation of the principles and methods of vocational guidance, vocational training and placement of disabled persons
- a set of suggestions for the administrative organization of rehabilitation on a centralized and cooperative basis
- a set of measures concerning the training and selective placement of disabled persons and sheltered employment
- special provisions for disabled children and young persons.

The Recommendation also emphasizes the need for cooperation between the bodies responsible for medical treatment and vocational rehabilitation (3).

### 23 - Other recommendations

The Joint Committee for Rehabilitation and Resettlement of the Disabled (Council of Europe) has adopted a certain number of recommendations in which principles are set out identical to those outlined above (4) (5). The methods and means suggested are also similar to those put forward in other programmes. Numerous studies have been conducted on the content of rehabilitation projects with a view to harmonizing the different points of view prevalent in different countries.

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(3) Two documents have been drawn up by the International Labour Office for use by its experts engaged in the field of vocational rehabilitation;

- Basic principles of vocational rehabilitation for the disabled - Geneva - doc. D. 37. 1967
- Guide for the selective placement of disabled persons - Geneva - doc. 34. 1965

These two very detailed documents make up a veritable treatise on vocational rehabilitation which deals in theory and practice with all aspects of the question.

(4) Partial agreement of 16.11.1959

(5) Recommendation of the Joint Committee of November 1960

- " PA (63) 2
- " PA (65) 1
- " PA (69) 4

B E L G I U M

THE REHABILITATION OF THE DISABLED IN BELGIUM

Legal, administrative and technical aspects

This report was compiled from the reply by the Belgian Government to the C.E.C. questionnaire (doc. 1302/2/71).

Certain additional information, particularly in order to bring the legal picture up to date and for certain figures, has been obtained from :

- the General Report of the FNRS (1) for 1972
- the document "Ten years of application of the Belgian Programme for Social Resettlement of the Disabled 1963-1973"
- information obtained directly from the FOND.

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(1) Fonds National de Reclassement Social des Handicapés  
(National Fund for the Social Resettlement of the Disabled)

1 - Summary of the legal and administrative aspects

11 - The concept of disability

111 - Legal definition and procedure

This is given in article 1 of the Law of 16.4.63. Persons considered disabled are those "whose possibilities of employment are effectively reduced as a result of a deficiency or a reduction of at least 30 % in their physical capacity or at least 20 % in their mental capacity".

Under certain conditions (Royal Order of 29.5.68) foreigners resident in Belgium may be recognized as disabled.

The deficiency or reduction of physical capacity are laid down as follows :

- the official scale of disabilities
- the medical guide-scale for the estimation of incapacity for work
- the rate laid down by judicial or administrative decision.

The fixing of the rate must in certain cases take into account the reduction of effective employment possibilities. This is why the National Fund, before taking a decision may seek the advice of

- a doctor specializing in the type of disability from which the patient is suffering
- a vocational guidance consultant or a specialized psychologist
- a specialist in the placement of disabled persons from the National Employment Office.

112 - The disabled person according to Social Security

The Law of 9.8.1963, organizing the system of compulsory insurance against sickness and disability in article 66 gives the following definition of a disabled person : "A worker is recognized as being incapable of work if he has ceased all activity and if his functional disorders are recognized as involving a reduction in earning capacity to a degree equal to or less than a third of what a person of the same condition and training can earn by his work in the group of occupations into which the occupational activity of the person concerned



falls at the time he becomes incapable of work or in the various occupations which he has or would have been able to hold on the strength of his vocational training".

The reference to earning capacity and not to capacity for work should be noted, since this constitutes a better way of evaluating the real disability.

113 - Unemployed persons difficult to place

The Royal Order of 20.12.1963 concerning employment defines the term "unemployed person difficult to place", i.e. :

- an unemployed person who has drawn unemployment benefit for at least 12 months during the eighteen months preceding his engagement in employment and whose age at the time of engagement is 55 years or 40 years, depending on whether he is a manual or clerical worker; on advice from the Management Committee, the Minister may depart from this condition of age for a particular region or occupation in a particular branch of activity;
- an unemployed person having drawn unemployment benefit for at least 6 months during the nine preceding his engagement in employment and whose capacity for work at the time of the engagement is reduced either by at least 30 % as a result of a reduction in his physical capability or by at least 20 % as a result of a reduction in his mental capability.

This definition of an unemployed person difficult to place falls between that of the invalid and the able bodied worker, but the aspect of permanence of the disability brings together the two categories of persons posing problems of placement.

12 - Statistics

121 - Demographic and economic frame of reference (1)

According to the 1969 base data, the population is 9.66 million. The active civilian population is 3.77 million.

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(1) Source : Official Journal of the French Republic of 19.1.1974. "Study of problems raised by Social Security in France and in the countries of the EEC."

Agricultural workers	191,000	Transport	273,000
Miners	60,000	Service employees	1,598,000
Industry	1,249,000	Building	312,000
Unemployed	88,000		

The national income is in the order of 82,000 million French Francs with 52,000 million of this, i.e. 63 %, going to wage-earners. The annual rate of growth is + 7 %.

#### 122 - Lack of exhaustive statistics

It is impossible to make a complete census of the number of disabled in the population because there is no system of compulsory declaration. However, the National Fund for Social Resettlement of the Disabled has undertaken a very detailed estimate by collecting and comparing all documents available on this subject.

#### 123 - Estimates of the number of disabled persons

These are based on the number of beneficiaries under the various legislative provisions granting benefits to disabled persons aged from 14 to 65. Children, state employees and allied staff and certain disabled persons whose resources exceed the ceilings laid down by the legislation are not included.

Following a study by the FNRSH, their number is assessed at 668,200. Some points arising here will be explained in further detail below.

The number of disabled persons seeking help under the legislation on Social Resettlement (registration voluntary) was 133,519, including 5,423 foreigners, at the end of 1972.

The breakdown according to schemes of cover is given in the tables below.

1231 - Numbers receiving social benefits according to percentage of disablement are given in the table below

Schemes under which assistance is given	- 30 %	Percentages of disability			TOTALS 30 % and +	GENERAL TOTALS
		30 to 65 %	+ 65 %	Not determined 30 to 100 %		
Disabled persons under compulsory sickness-disablement insurance			118 805		118 805	118 805
Unemployed difficult to place	25 576	15 596			15 596	41 172
"Incapable" and handicapped children covered by family allowances			21 787		21 787	21 787
Subtotal social Security	25 576	15 596	140 592		156 188	181 764
Disablement due to occupational diseases		1 626	542		2 168	2 168
Industrial accidents	81 490	30 957	7 216		38 173	119 663
Limbless cripples				66 656	66 656	66 656
Subtotal social welfare	107 066	48 179	148 350	66 656	263 185	370 251
Disabled public service workers			15 294		15 294	15 294
War victims	69 879	35 609	9 865		45 474	115 553
Aid funds			39 000		39 000	39 000
Seriously injured (road)	105 883			45 599	45 599	155 482
Overseas social security	861	32	500	63	63	851
GENERAL TOTALS	283 689	83 820	213 009	116 318	413 147	646 836

1232 - Disabled persons classed according to cause of disability

Cause of disability	30 - 65 %	+ 65 %	Not determined 30 % and +	Totals + 30 %
<b>A. Diseases or congenital disorders</b>				
Children - Increased or extended family allowances		21 787		21 787
War orphans - incapable		623		623
Children placed in institutions of the Special Aid Fund		10 838		10 838
Correction (estimate) based on other children having need of special education			121 752	121 752
Subtotal children		33 248	121 752	155 000
<b>Adults -</b>				
Sickness . Social security		118 805		118 805
. State employees		15 294		15 294
. Overseas social security	32	500		532
- occupational diseases	1 626	542		2 168
- correction		106 784		106 784
- unemployed	15 596			15 596
- correction	26 517			26 517
- cripples			66 656	66 656
- special aid fund		28 152		28 152
Subtotal adults	43 771	270 087	66 656	380 514
General total sickness	43 771	303 355	188 408	535 514
<b>B. Accidents</b>				
industrial	30 957	7 216	65	38 236
road	-	-	49 599	49 599
acts of war	-	-	44 851	44 851
General total accidents	30 957	7 216	94 513	132 686
<b>GENERAL TOTAL</b>	<b>74 723</b>	<b>310 551</b>	<b>282 921</b>	<b>668 200</b>

1233 - Numbers seeking employment can be estimated from two sources

- According to the National Employment Office the numbers of unemployed

registered at 31.7.1971 were :	partially disabled	20,004
	severely disabled	<u>23,749</u>
	Total	43,753

- according to the FNRSB, at end 1972

2,669 applications had been submitted to the O.N.E.M. for the private sector

764 applications had been recorded with the Fund for the public sector

7,462 applications for sheltered employment may be added to the above figures.

1234 - The number of disabled persons undergoing rehabilitation

<u>1 - Functional rehabilitation</u>	<u>1970</u>	<u>Number of cases</u>
National Institute for Sickness and Disablement Insurance		1,700
National Fund for the Social Resettlement of the Disabled (FNRSB)		<u>8,272</u>
		9,972
 <u>2 - Vocational rehabilitation</u>		
National Institute for Sickness and Disablement Insurance		385
National Employment Office (O.N.E.M.)		551
O.N.E.M. centres	407	
Individual contracts - firms	117	
In training - school	27	
National Fund for the Social Rehabilitation of the disabled		238
Training centre for the disabled (September 1971)	97	
Special apprenticeship contract	46	
School education serving as vocational training (assimilation)	95	
Ministry of the Middle Classes		15
Apprenticeship contract (with disabled persons of whom the Fund had knowledge)		
		<u>1,189</u>
	Total (1 + 2)	<u><u>11,161</u></u>

13 - Development of rehabilitation

131 - History

The first concept of vocational rehabilitation is to be found embodied in the Law of 11.12.1919 concerning war victims who had to be reintegrated into society by way of reparation for the damage sustained by them. It was not until 1945 that a similar concept was applied to other categories of disabled persons, i.e. the legal decree of 28.12.1944 instituting the social security system.

Since then medical and vocational services for the disabled have begun, but so far no comprehensive and coordinated programme of rehabilitation has been provided for any disabled person who could benefit from such services.

Subsequently, under the influence of international recommendations, the problem of rehabilitation of the disabled was studied in its entirety. In particular, the Recommendation of the Western European Union of November 1958 under article 13 was to guide the Belgian rehabilitation plan : "it is important that there should be the closest possible co-operation between the many agencies concerned with rehabilitation and resettlement, such as government departments, local authorities and voluntary organizations, and above all between the professional and other staff directly concerned with this work - Such co-operation should be encouraged at both national and local level, and it is desirable that each country should have a central coordinating body..." for the purpose."

The Government was prompted to arrange for the creation of a new institution and the first national programme of rehabilitation was launched by the Law of 28.4.1958. This legislation provides for a Fund for Training, Rehabilitation and Resettlement.

This new institution, whose task was to make an inventory of the requirements and resources of rehabilitation, also had to provide effective coordination between these resources. Its studying brief had been completed when the

Government wound up the Fund in order to transfer its functions to the National Employment Office, the aims of which overlapped with those of the Fund. Finally, the specific nature of the problem raised by the social resettlement of the disabled led the Government to redraft the rehabilitation programme by restoring to the Fund the tasks which it had previously carried out, whilst at the same time making provision for the rational use of the services offered by the National Employment Office. A Charter for vocational resettlement was then framed in the Law of 16.4.1963.

### 132 - Organization of rehabilitation

There is no single and centralized organization to cover the entire field of rehabilitation through all its medical and occupational phases for all disabled persons. Nevertheless, since the setting up of the Fund a definite measure of coordination has been achieved in this field. There are some twenty legal provisions for compensation or indemnification which give some form of benefit to the disabled person. Whether contributory or not, few of these schemes in fact provide services of vocational and social resettlement.

Only three legal instruments cover this aspect :

- the legislation concerning reparation for war damage (Law of 11.12.1919) which to all intents and purposes inaugurated the era of rehabilitation
- the legislation government sickness-disablement insurance which has provided for rehabilitation benefits since 1945
- the legislation governing the social resettlement of the disabled dating back to 28.4.1958 re-enacted on 16.4.1963 (see 141) to set up the National Fund.

Since this legislation was implemented, there is no doubt that care for the disabled has improved considerably. The part played by the Fund in coordinating benefits has assisted all the private institutions and establishments in exploring the possibilities offered by a modern type of rehabilitation.

Moreover, the various ministries have been called upon :

- to subsidize leagues and federations of the disabled in their case-finding and counselling work
- to set up specialized facilities for prenatal and post-natal consultation
- to develop the school medical examination system along lines of early detection of debilitating diseases.

The development of industrial medicine, the more or less complete coverage of sickness-disability insurance also constitute effective means of providing for the detection of cases of disablement likely to benefit from individual rehabilitation programmes.

### 133 - State and private initiative

#### 1331 - The State and administration

Both share in the responsibilities for rehabilitation. First of all the State has the task of promoting and supervising the implementation of legal provisions and regulations flowing from the intentions of the legislator.

Thus, by the action of the various ministerial departments and corresponding semi-official bodies, the State

- provides the means for the pursuit of an overall policy
- determines the means necessary for the implementation of that policy
- creates sometimes on its own initiative institutions for care and education.

From the point of view of the community this intervention is concerned with approval of initiatives, financial aid for the creation, installation and operation of institutions, whilst, from that of the individual, its aim is to assist the beneficiaries themselves by means of certain payments and services.

Five ministerial departments are concerned with the rehabilitation of the disabled. They are :

- 1 - The Ministry of Public Health for health policy concerning the population as a whole which is responsible for the health or assistance centres and



institutions providing diagnosis, medical and surgical treatment and ordinary or special care services on an out-patient or residential basis for essentially medical purposes or with a subsidiary educational or social intention.

2 - The Ministry of Education and Culture for education, leisure and cultural activities, which is responsible for establishments of ordinary or special education - pre-school, primary, normal, artistic or university - created by the State, provinces or local authorities or by private initiative and for vocational guidance centres and psycho-medico-social centres.

3 - The Ministry of Family Affairs for policy on old people and the problems raised by their special situation : a Higher Council for the Aged has been set up within this department to examine all solutions likely to improve the lot of old people within the framework of maintaining their social integration. Arrangements for the provision of services under this policy are the responsibility

- of the Ministry of Public Health for services of a collective nature : retirement homes, hospitals, geriatric centres, home medical and social services  
- more often of the Ministry of Social Welfare for individual services, taking into account the social situation of those concerned. The application of these services is entrusted either to residential centres established by private initiative or by subordinate provincial or communal administrations, or to institutions and establishments covered under 1.

4 - The Ministry of Social Welfare, competent for problems of social insurance, indemnities and allowances, has responsibility for

a) - The Social Security System, comprising 5 sectors

Sickness-disablement insurance

Old-age pensions

Family allowances

Annual holidays

Occupational diseases

- b) - Industrial accidents
- c) - Disablement allowances

The provision of services is the responsibility either of the semi-official bodies set up to regulate, supervise and dispense the benefits under the statutory provisions or of institutions operating in the Public Health or Employment field, the National Fund for the Social Resettlement of the Disabled, to dispense care, treatment etc.

With regard to industrial accidents, monetary intervention generally emanates from the insurance companies under insurance contracts underwritten by the employers.

The disabled persons' allowances are dispensed by a service of the Department.

5 - The Ministry of Employment and Labour, which has responsibility for all essential and related problems concerning employment policy, governs the National Fund for the Social Resettlement of the Disabled (FNRS), the terms of which are to guarantee or secure for the disabled continuity in a comprehensive and coordinated programme of social and vocational rehabilitation. The vocational rehabilitation of certain disabled persons and placement in the private sector are entrusted to the National Employment Office (ONEM).

#### 1332 - Private initiative

There are a number of associations and leagues, which in some cases are formed into federations. Many establishments are the product of traditional charitable work.

#### 14 - The basic provisions and their application

#### 141 - The Law of 16.4.1963 (1) concerning the social resettlement of the

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(1) All of these texts have been collected into a work which is periodically updated and published by the National Fund for the Social Resettlement of the Disabled : "Legislation and regulations on the Social Resettlement of the Disabled"

disabled. This Law provided for the setting up of the National Fund (142) and the regional technical commissions and defined their role. It also laid down the conditions of training and rehabilitation and procedures for placement.

The Law was amended by Royal Decree of 5.7.1963, the 147 articles of which deal with all aspects of social resettlement - technical, administrative and financial.

142 - The National Fund for the Social Resettlement of the Disabled (FNRS)

1421 - Its role

"To further the policy of social resettlement for the disabled on an individual and collective basis

To ensure the coordination of public and private initiatives

Its intervention is supplementary to the special provisions of rehabilitation progressively introduced in the legislation on compensation and reparation"

From a practical point of view, the aim of the Fund (art. 3) is

- to provide for the detection of disabilities and the registration of the disabled (2)
- to ensure that the disabled may benefit from improved medical or surgical treatment, with the aim of achieving maximum functional recovery and thereby securing or improving capacity for employment
- to advise disabled persons on instruments and equipment
- to grant the disabled during the course of their rehabilitation supplementary wage allowances (amount equivalent to that given to workers following courses of accelerated training (ONEM)

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(2) Disabled persons eligible for social and vocational resettlement may register. Those excluded are persons too severely disabled or of pensionable age.

- to organize the placement of the disabled and to supervise their engagement
- to grant subsidies for the creation, alteration, extension and maintenance of approved functional rehabilitation centres and services, specialized vocational guidance centres or services and approved centres of vocational training or rehabilitation.

The Fund is administered by a board of management assisted by two technical committees, one social the other medical, the members of which are appointed by the King. It is financed by contributions levied as supplement to the premiums for industrial accident insurance, compulsory motor insurance and by subsidies from the State.

#### 1422 - Operating statistics for 1972

At the end of 1972, 133,519 applications for registration had been submitted, 26,524 of which were for the 1972 financial year.

The Fund received contributions worth 794 million (private and public sector) and spent 984 million during the same year.

39,395 cases were examined.

29,269 received a favourable decision.

In 21,426 cases the decision concerned the establishment of the process of rehabilitation.

In 7,348 cases, there was a supplementary decision.

In 495 cases, only registration was involved.

7,428 cases were turned down.

With regard to the type of service, the decisions laying down the procedure to be followed broke down as follows :

Number of cases	TYPE OF SERVICE DECIDED UPON		Detail
22,749	Functional rehabilitation	Hospitalization, treatment, observation	4,528
		Paramedical care	13,298
		Various appliances	5,363
9,524	Vocational guidance and school education	Ordinary examinations	1,485
		Specialized examinations	2,785
		Travel and subsistence expenses	2,111
331	Vocational training, retraining and rehabilitation	Resumption of education by assimilation	105
		Special apprenticeship contract	126
		Apprenticeship contract	14
		O.N.E.M. centres	22
		Centres for the disabled	79
7,416	Placement	O.N.E.M. registration as persons seeking employment	617
		Registration for a public service	288
		Registration for a sheltered workshop	2,375
		Intervention at place of work	10
		Intervention in wages and charges	671
2,655	Social aid	Travel expenses	333
		Medical and paramedical services	370
		Material aid	1,261

The expenditure incurred in 1972 breaks down as follows, according to the F.N.R.S.H. report.

SERVICES PROVIDED (cost in 1000 Belgian Francs)	
Preliminary examinations and claims	2,060
Process of rehabilitation	260,200
Subtotals	196,000 Functional rehabilitation
	295 Vocational guidance
	32,000 School education
	33,000 Vocational training
Social aid	42,000
Employment	345,000
Awards	26
TOTAL 72	649,000
TOTAL 71	429,000

Sectors of financial intervention	SUBSIDIES (in 1000 Belgian Francs)		
	Totals	Maintenance	Creation Extension Alteration
Functional rehabilitation	174,000	102,150	71,680
Vocational guidance	4,340	3,520	816
Vocational training	1,360	802	557
Sheltered workshops	180,618	92,200	85,428
TOTALS 72	360,145	158,481	360,145
TOTALS 71	364,866	171,937	192,929

143 - The process of resettlement (Royal Order of 5.7.1963)

Disabled persons eligible for benefits under the resettlement provisions (physical disability of at least 30 % or mental disability of at least 20 %) must register with the Fund by returning a questionnaire and submitting a medical certificate. The Fund may seek the advice of one of the regional technical commissions established in each province (1). This commission consists of a doctor, who is president of the commission, a specialist in the placement of disabled workers (ONEM) and a social worker. The secretariat is provided by the Fund (Arts. 19 - 32).

The process of rehabilitation, depending on the need (Art. 13), includes the following stages :

- functional rehabilitation or the provision of appliances
- ordinary or specialized educational or vocational guidance
- general or vocational education
- training, rehabilitation or vocational retraining
- social assistance
- selective placement.

144 - Other provisions

- 29.5.68 Royal Order extending the application of the provisions of the Law of 16.4.1963 concerning the social resettlement of the disabled persons to persons of foreign nationality
- 11.8.72 Royal Order to encourage the employment of the disabled in State administrations

15 - Patterns of responsibility

151 - The different schemes

Within the framework of the national Social Security system, action may proceed from 4 sources

- sickness-disability insurance
- unemployment-placement insurance
- family allowances
- industrial accident insurance

(1) in 1972, the regional technical commissions held 15 sessions to deal with a total of 65 cases, 49 of them through the National Fund.

152 - The contributory schemes with benefits and services provided

SCHEME BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	CASH BENEFITS	BUDGET AND EXPENDITURE
Sickness-disability insurance law of 9.8.1963		Workers and their dependents Widows, invalids, pensioners and orphans (below a certain income level) Students and members of the clergy and nuns receiving a stipend Persons insured voluntarily Workers in supervised unemployment Self-employed workers and public employees (State, provinces and local authorities and public interest bodies) solely for health care	O.N.S.S. (National Office of Social Security) The O.N.S.S. shares out the income from contributions among the various bodies dispensing benefits and care services. Administration for the different branches is entrusted to central bodies under bipartite control, operating independently under the supervision of the Ministry of Social Welfare National Institute for Sickness-Disability Insurance Recognized mutual societies Auxiliary Fund for Sickness-Disability Insurance	Contributions from members  Contributions from the State	75 % or 100 % of the costs of medical and pharmaceutical care including specialist care Among the services of specialized care : kinesitherapy	Compensation for loss of earnings 60 % or 40 % of pay depending on whether the person entitled has dependents Primary for 1 year extended for 2 years Disablement allowance extending beyond 3 years	Health care 1968 23,837,767,082, including 50,549,025 for functional and vocational rehabilitation  Health care 1968 1,836,011,547
unemployment-lacment Royal Decree of 0.12.1963		Beneficiaries including workers difficult to place			Vocational training and rehabilitation - O.N.E.M.	Unemployment allowances During training, compensation for loss of earnings equal to the amount of earnings expected for the occupation studied + additional benefits	1970 : 457,000,000 for all training measures (able-bodied + disabled)



SCHEDULE BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	CASH BENEFITS	BUDGET AND EXPENDITURE
<p>Family allowances Wage earners Law of 4.8.1930 Law of 9.3.1964</p>		<p>Wage-earning and equivalent (public service) workers unemployed persons pensioners Students under 25 for their children Disabled persons not engaged in any activity and drawing an allowance calculated on the basis of at least 65 % disability</p>				<p>Rate for child of disabled worker (1.10.71) 1st child 1779 75 2nd child 1779 75 3rd and subsequent child 1573 75 Age supplement from 6 to 10 145.50 from 10 to 14 256.50 + 14 415 With rate increased up to 25 : fixed supplement of 1292 F per month</p>	
<p>Non-wage-earners Law of 10.6.30 Roy. Order of 22.12.38</p>		<p>Employers Self-employed workers Artisans</p>				<p>Disabled persons over 25 suffering from at least 65 % disability. Ordinary allowances 1st child 666 F per quarter 2nd child 1237 F per quarter 3rd child 4630 F per quarter Age supplement 6-10 : 426 F. 10-14 : 753 F. + 14 : 1,218 F. Allowances for child of non-wage-earning worker unable to work at his trade owing to sickness or accident 1st child 1155 F per month 2nd child 1155 F per month 3rd child 1540 F per month Increased rate 1st child 652 F/month 2nd child 1100 F/month 3rd and subsequent children 1540 F/month with age supplement 6-10 : 142 F 10-14 : 251 F + 14 : 406 F</p>	

153 - Non-contributory schemes and benefits provided

SCHEME BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	CASH BENEFITS	BUDGET AND EXPENDITURE
Military war disabled law of 5.10.1948		Military and equivalent (civilians, public servants exercising a function under military statute) personnel Civilian victims of acts of war	ONIG	State	Free care Vocational retraining Appliances - loans Aid to placement same benefits	Pension  same benefits	Therapy - functional and vocational rehabilitation 1970 - 830,000,000
Civilian war disabled law of 15.3.54			ONIG				
Industrial accidents law of 28.9.1931		Employers and workers subject to Social Security Excluding the public sector and the military	Insurance with a common insurance fund or with an approved fixed premium insurance company	Contribution from employers	Free care either in department of the firm if it exists, or in an approved service with freedom of choice rehabilitation appliances	Per diem allowances 80 % of average daily wage (Temporary incapacity for work) if ITP (Permanent incapacity for work) Permanent disability annual allowance up to time for review then life pension	
Occupational diseases law of 24.12.63 Decree Order 3.6.70		Workers subject to Social Security	Occupational disease fund operated on bipartite basis (ONSS)	Contribution of employers State subsidy	Health care		
Public assistance		Paupers abandoned children poor orphans		State	Upkeep and treatment Home help in kind or in cash Medical assistance in the home Hospital aid for the poor		
Special assistance fund		Paupers suffering from mental disturbance, tuberculosis or cancer in hospital	Fund administered by the Ministry of Health	State and State establishments	Health care Functional and vocational rehabilitation - educational expenses		1970 : 745,000,000 25,000,000 (for the 2 funds)
Disabled persons' allowances law of 27.6.69		Persons aged 14 to 65 suffering from a permanent disability	Ministry of Social Welfare	Local administration - State		1) Ordinary allowance and of 8764 to 56462 per year (71) 2) Supplementary allowance for disabled persons over 60 (F) or 65 (M) 3) Special allowance 100 % disability	1970 : 2,200,000,000

SCHEME BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	CASH BENEFITS	BUDGET AND EXPENDITURE
Fund for medico-educational care		Disabled minors and adults	Do.	State	Health care Functional and vocational rehabilitation Educational expenses		1970 : 545,000,000
Fund for the social rehabilitation of the disabled	see 142						

154 - Supplementary social assistance measures

It frequently happens that the social resettlement of the disabled is impeded by various obstacles of a material nature. It should be pointed out here that, in this field too, coordination is provided by recourse to the legislation on the social resettlement of the disabled, which requires that any bill or draft for a Law or organic or regulatory Royal Order should be submitted to the Board of Management of the National Fund for its opinion.

Thus the catalogue of achievements in the field of social assistance must comprise two main parts :

- Social assistance decided upon outside the terms of the legislation on the social resettlement of the disabled

    exemption from the licence fee on radio and television receivers (blind, + 50 % motor disability)

    reduction and refund of the value-added tax on the purchase of motor cars and spare parts needed for these vehicles (blind, + 50 % motor disability)

    exemption from road tax on motor vehicles (severely war disabled, severe motor disabilities)

    exemption from the tax on motor cycles and mopeds of a cylinder capacity not exceeding 50 cc (motor disabilities of the lower limbs)

    free transport of a guide by rail and district tramway (blind, severely disabled)

    protection of the white stick (blind)

    exemption from the licence fee for dogs whose assistance is acknowledged to be necessary

    exemption from customs duties (blind, for articles intended for their educational, scientific and cultural development)

    exemption of postal charges (blind and institutions for the blind)

    assistance in the purchase of an invalid carriage (persons with walking disabilities covered by the Sickness-Disability Scheme (INAMI))

    reduction of income tax (handicapped child counts as two children)

parking facilities for disabled persons travelling by car following recognition of the need to use this form of transport.

This list is not a complete one but constitutes the main provisions of legislation and regulations.

- Aid granted within the framework of the legislation on the social resettlement of the disabled.

Apart from the information on this subject given in the sections dealing with appliances and apparatus designed to compensate for the disabled persons inability to walk or difficulty experienced by him in walking or communicating and in education - intervention of the rehabilitation programme

- it is worth drawing attention to
- arrangements for sharing the costs of travel incurred by the disabled person - and in certain cases by his relatives or other persons - in attending for any examination or stage in the process of rehabilitation decided upon by the National Fund;
- in addition to assistance in the conversion of a motor vehicle acknowledged to be necessary for the person concerned to move about : adjustment of the disabled person himself to enable him to drive the vehicle;
- assistance in the alteration of premises and furnishings to the extent of the additional expenses resulting from the disability;
- assistance in all devices or special appliances acknowledged to be necessary to ensure the social integration of the disabled.

It should also be noted that the National Fund may also grant awards to disabled persons showing special merit in the professional, sporting or cultural fields.

- 2 - Systematic study
- 21 - The rehabilitation of children and their integration
- 211 - Detection and prevention of disabilities

There is no systematic detection of lesions and anomalies manifesting them-

selves at birth, with the exception of phenylketonuria, however. There are no scientific procedures for evaluating the need for assistance in childhood. Assessment is by extrapolation of expenditure from the previous years.

#### 212 - Educational and vocational guidance

There are two forms of institutions to which the disabled may turn for assistance :

- so-called ordinary institutions : the educational guidance office or psycho-medico-social centre for which the Ministry of Education has responsibility
- specialized institutions set up law, differing from the others in the skill of their staff, the techniques used, the accessibility of premises.

The FNRSH approves and subsidizes these specialized centres.

The number of centres has increased from 24 in 1964 to 69 by 31.10.1973.

It should be noted finally that 90 vocational guidance counsellors were approved as having special qualifications for the examination of disabled young people.

#### 213 - Special schooling

##### 2131 - Its organization

The Law of 6.7.1970 lays down the legal basis for the special education of handicapped children and adults who cannot be absorbed into ordinary educational establishments. It is applicable to children and young people aged from 3 to 21. Registration is effected on production of a report prepared :

- by a psycho-medico-social centre, or
- by a specialized guidance centre, or
- by a specialist doctor

for placement in a boarding establishment, a non-residential establishment, accomodation in a home or foster family. The formula of education is laid down by a consultative committee under the authority of the main primary education inspectorate.

There are :

- "special classes" within ordinary establishments
- medico-educational institutes, usually residential, approved by the Ministry of Public Health (General Directorate of Hospitals) accommodating certain specific categories of patients too severely disabled to remain in a normal family and school environment.

The list of these establishments has been drawn up by the Ministry of Public Health.

The State intervenes within the framework of the above mentioned Law :

- . to draw up regulations for establishments (organization, standards of intake, classes, qualifications of teaching staff and medico-psycho-social staffing)
- . to grant subsidies for construction, installation and operation
- . to supervise and inspect these establishments.

Finally, a Higher Council for special education responsible to the Ministry of Education has been set up with the essential aim of presenting an opinion either on its own initiative or at the request of the Ministry on all questions concerning this subject.

2132 - Statistics of the National Fund

Nature of training	in progress		completed		No follow-up end 1972	Being trained end 1972
	1971	1972	1971	1972		
Special establishments (Public Health)	2079	923	302	137	12	2163
Special education	2228	5467	200	450	223	6301
Ordinary education	1026	1570	125	167	24	1910
Total	5333	7960	627	754	259	10374

214 - Aid to families

2141 - Health benefits

The contributory systems providing benefits are, depending on the case in question (see 152) :

- the sickness-disability insurance system
- the family allowance system

The non-contributory systems providing benefits are, depending on the case in question :

- the special assistance fund
- the medico-educational care fund.

2142 - Benefits for education

The FNRSH provides 3 forms of financial assistance :

- 1° participation in the costs of travel and subsistence for disabled persons attending courses of ordinary education and having to meet exceptional expenses in order to get to the establishment concerned;
- 2° assumption of costs of vocational training, i.e. course free, teaching instruments etc., where those concerned are considered to be undergoing vocational training, i.e. where the studies pursued by them constitute a direct means of achieving vocational integration;
- 3° payment of special allowances when the studies pursued are regarded as a course of vocational training leading directly to employment and where the studies have been interrupted or where these studies involve an excessive financial burden which the person concerned or his family find it hard to support.

22 - Medical rehabilitation

221 - Definition of rehabilitation

Rehabilitation is the totality of means applied to achieve the vocational and social resettlement of the disabled person. These means are of two main kinds :

- functional rehabilitation, i.e. the process which should make it possible to recover as many as possible of the impaired or lost functions or to compensate



for them as fully as possible

- vocational rehabilitation, i.e. the totality of measures to provide the theoretical and practical knowledge required for the pursuit of an occupation.

This second form of rehabilitation will be studied below.

Functional rehabilitation is an extension of medical and surgical action in its proper sense and is not restricted to kinesitherapy alone, for its objective includes social and possibly vocational aspects.

The approved centres of functional rehabilitation pursue such objectives.

222 - Definition - organization and operation of rehabilitation centres

The Functional Rehabilitation Centre is a unit directed by a specialist physician who has the responsibility of coordinating or himself ensuring the overall execution of an individual uninterrupted programme of rehabilitation.

Several regulatory decisions dating from 1964, 1965, 1966 and 1968 lay down the conditions of approval of general centres and those specializing in specific categories of disability (cardiac, IMC, myocardial infarct, hearing and speech, mental). These regulations have followed the progress of medical and rehabilitation techniques in order to adjust to new possibilities of highly specialized treatment.

Two categories of centre may be distinguished :

- general purpose centres or centres with a range of specializations in which precise diagnosis, frequently presenting great difficulty, and medical rehabilitation can be carried out with all possible chances of success
- single or general purpose centres having the task of making check or progress diagnoses, but with the main objective of applying rehabilitation techniques.

The FNRSH makes a 60 % contribution to the construction, arrangement and installation of rehabilitation centres and may subsidize their operation.

In 1964, 18 centres had been approved but by 31.10.1973, the number had increased to 163.

Lists according to categories as laid down in the regulations have been drawn up. The breakdown is as follows :

Centres for the motor disabled	39
Centres for the mentally handicapped	83
Centres for the sensory disabled	24
Centres for persons with cardiac disabilities	11
Centres for myocardial infarct	6

In order to correct and improve the geographical distribution, a localization plan is currently under study.

223 - Intra-hospital rehabilitation

The Ministry of Public Health has defined the standards to which hospitals must conform, particularly where physical rehabilitation techniques are concerned

- either in services for the treatment of long-term illnesses
- or in services for geriatric care and physical rehabilitation.

224 - Competence of staff engaged on rehabilitation

Doctors specializing in rehabilitation.

An essential concern of the Government has been to define the qualifications and status of the rehabilitation specialist.

Officially termed "doctors specializing in rehabilitation", they are approved by a commission set up within the Ministry of Public Health when they satisfy the following three conditions :

- 1° - either they must have been approved by the Ministry of Public Health as specialist physicians in one of the following fields : surgery, neuro-surgery, plastic surgery, abdominal surgery, thoracic surgery, vascular surgery, ophthalmology, otorhinolaryngology, orthopaedics, stomatology, dermato-venerology, internal medicine, pneumology, gastro-enterology, paediatrics, cardiology, neuro-psychiatry, rheumatology, physiotherapy, gynaecology-obstetrics, urology;

or they must have obtained a university degree or equivalent diploma with specialization in one of the following subjects : industrial medicine, hygiene, physical education, psychology, psychological sciences, applied psychology or vocational guidance;

- 2° - they must have successfully completed a course meeting the criteria laid down;
- 3° - they must undertake to practise rehabilitation in accordance with the criteria laid down by the commissions of approval.

#### Paramedical rehabilitation staff

The Belgian rehabilitation programme has provided for the approval of qualified paramedical staff.

Thus :

- nursing staff
- kinesiologists
- orthopaedic specialists
- truss-makers
- hearing specialists
- opticians

are all approved according to rules laid down under the sickness-disability insurance system.

In addition :

- ergotherapists
- speech therapists

are subject to approval by the National Fund for the Social Resettlement of the Disabled.

#### 225 - Occupational rehabilitation

This rehabilitation method is practised mainly in the form of a contract of vocational rehabilitation concluded with an employer (see 251/3).

23 - Prosthetics and orthotics

231 - Procedure for the supply of appliances

Appliances for the disabled are provided either by the functional rehabilitation centre or by a prostheticist approved by the National Institute for Sickness-Disability Insurance (INAMI) after surgical intervention in hospital.

It is the rehabilitation centre (1) and the service of hospitals having an orthopaedics section which, with the assistance of the prostheticist, choose the appropriate appliance.

The National Fund also advises the disabled person on the supply, upkeep and renewal of appliances.

Payments for prosthetic assistance are refunded on the basis of a nomenclature (2). If the nomenclature does not provide for the service required, a committee of physician-directors of insurance institutions attached to the sickness-disability insurance system will take the decision.

The assumption of the cost of the appliance is taken care of wholly or in part by the institution covering the person concerned, operating under one of the following schemes :

- sickness-disability insurance
- national fund for the war disabled
- fund for industrial accidents
- fund for occupational diseases
- national fund for the social resettlement of the disabled.

In addition to prosthetic devices for limbs and the hearing, there are pace-makers for heart sufferers, devices and vehicles such as invalid carriages and motor cars, teaching appliances for those with disabilities of the hands and arms (typewriters), recorders or Braille books for the blind etc... This is not a complete list.

- 
- (1) The approval of rehabilitation centres imposes on them an obligation to design and produce prosthetic devices, either by their own endeavours or through a contract with an approved prostheticist.
  - (2) Ministerial Decree of 8.3.65 laying down the nomenclature and value relating to functional rehabilitation services and appliances for the social and vocational resettlement of the disabled.

232 - Statistics

Only partial statistics are available

- National Institute for Sickness-Disability Insurance (1968)

(7,349,785 beneficiaries out of a total population of 9,631,910)

Nature of services	Number of services	Number of beneficiaries
Trussmakers	146,500	19,900
Orthopaedic specialists	137,400	18,700
Opticians	1,793,000	244,000
Hearing specialists	8,700	1,200

- National Fund

In 1972, 4,980 cases breaking down as follows :

prosthetics	872
orthopaedic appliances	1,987
various appliances	2,121

To these should be added 3,474 Social Aid services, which for many could be regarded as equivalent to services comprising appliances in the widest sense of the term (v. 231).

233 - Administrative and financial questions

With regard to the range of prosthetic devices available, extensive freedom of choice is left to the experts prescribing them, for they are not required to adhere rigidly to a specified range of appliances. No reference is made to international standards.

In certain cases, the disabled may undertake to have themselves fitted abroad, provided they obtain the necessary authorization and the market in Belgium does not offer them the equipment they need.

There is no import duty for the importation of prosthetic devices or parts for prosthetics or prefabricated prosthetic parts originating in a Member Country of the Community, but VAT, which came into force on 1 January 1971, is added to the selling price at the rates laid down by Orders in relation to the category of article.

In other cases of importation, a duty is levied in accordance with the tariff published in the Official Journal.

With regard to competent staffs, approval is required for orthopaedic specialists, truss makers, hearing specialists and opticians.

In certain fields of competence, admission to a profession is determined by councils of approval appointed by the Ministry of Social Welfare on proposals from the representative professional organizations.

The rehabilitation centres and the National Fund inspect prosthetic devices for technical quality, but apart from this there is no systematic control, unless when renewal is applied for a different choice is made in the light of results from experience.

24 - Vocational guidance

241 - The right to vocational guidance

This is given to disabled persons obliged to change occupations. The decision is taken by the following persons acting either on an individual basis or in conjunction with other persons on the basis of opinions given or sought as a preventive measure or as a result of an accident or detection of a disorder:

- the patient's own doctor
- the works doctor (industrial medicine service)
- the team at the functional rehabilitation centre
- the team at the vocational guidance centre
- the hospital or clinic
- the administrative authorities, such as
  - the National Institute for Sickness-Disability Insurance
  - the National Employment Office
  - the Fund for Occupational Diseases following disorders or contra-indications appearing on resumption of activity at the place of work
  - the National Fund for the Social Resettlement of the Disabled.

Finally, within the framework of the tasks entrusted to the National Fund for the Social Resettlement of the Disabled, it is worth mentioning that any beneficiary under the terms of the Law of 16 April 1963 may request its assistance in connection with problems he encounters before, during or after his placement.

242 - The provision of vocational guidance

Vocational guidance may be provided in ordinary or specialized institutions.

In addition to the centres already mentioned above for the guidance of young people, there are the centres or services under the responsibility of the Ministry of Labour within the framework of FNRSH action and those of ONEM set up for job applicants eligible for vocational training. In 1972, the FNRSH applied for 425 specialized examinations (under the terms of article 55 of the Royal Order of 5.7.1963) i.e. double the number in 1971.

For the examinations carried out, a sum of 294,945 F was paid in fees in 1972 and 9,410 F for travel and subsistence expenses.

25 - Vocational training

251 - Methods

Among the means placed at the disposal of the disabled to secure vocational training, the Royal Order of 5 July 1963 lists the following types :

- school education required for placement, serving in particular cases the same purpose as training, rehabilitation or vocational retraining.

This assimilation is subject to the decision of the Board of Management of the National Fund within the limits and conditions laid down by the Ministry of Employment and Labour.

- an apprenticeship contract in industry, in crafts and commercial occupations, in the merchant navy and in deep-sea fishing;

- a special apprenticeship contract for the vocational rehabilitation of the disabled concluded between the employer and the disabled person or his legal representative. The difference between this and the ordinary contract is the

absence of compulsory general and theoretical courses. The employer may be a sheltered workshop.

- a contract for vocational training or rehabilitation concluded with a centre for vocational training or rehabilitation for the disabled. This contract lays down :

- the obligations of the disabled to secure the success of the training undertaken
- the obligations of the Centre towards the disabled person.

During this vocational training or rehabilitation, the disabled person is subject to Social Security when he is bound by a contract either for vocational training or rehabilitation or for special apprenticeship for the rehabilitation of the disabled.

He also benefits from the allowances and wage supplements which, together with the indemnities or allowances which he receives by virtue of his social status, should guarantee him an income equal to the amount of indemnities granted to able-bodied workers accepted for vocational retraining by the National Employment Office (ONEM).

Moreover, the National Fund for the Social Resettlement of the Disabled (FNRS) refunds those eligible the costs of travel and subsistence incurred by them in travelling to or staying at the place of vocational training or rehabilitation.

252 - Vocational training centres for the disabled

2521 - Their role

Clearly, if we wish to encourage vocational training in a practical and effective manner, we must set up new vocational training centres specially designed with regard to programme, methods and their organization for the disabled. The Royal Order of implementation specifies the place which these training centres should occupy, lays down their obligations and thus creates the conditions for their encouragement.



Only 6 centres have been approved by the National Fund to provide for vocational training in the following occupations : gardener, coil winder, electrician, chiropodist, bookbinder, fitter-toolmaker, moulder, cobbler, gilder, painter, masseur, electric wiring technician...

Up to now it has not been the trend to set up a network of specialized training centres for the disabled.

2522 - Intervention from FNRS

The Fund intervenes :

- to approve centres by statutory decision (standards of technical training for staff and of medical, psychological and social care for the disabled)
- through the granting of subsidies for the establishment, arrangement and installation of these centres (see 1422)
- through the granting of subsidies for maintenance, the amount of which is calculated according to the number of disabled being trained and the weekly timetable of courses
- by sharing in the average individual cost of training incurred by the Centre by virtue of the training given.

253 - Occupations and choices of occupation

Occupations are chosen by the Centres. If full initiative is allowed them, those responsible must take account of the aptitudes of the candidates and the outlets which the services of the National Employment Office is able to offer them.

Relations with industrial circles are developed through the setting up of examination juries.

The following table lists the approved centres :

Name of the centre	Categories of disability	Training	Duration	No. of disabled trained
"Les Heures Claires" Vocational Rehabilitation Centre for the Disabled 29, rue Xhrouet SPA	1. Motor disabilities 2. Medical disabilities -cardio-vascular group -cardio-respiratory group	Medical 1. Chiropody 2. Cobbler a) shoe repair b) orthopaedic footwear	12 mths.  12-15 mths.	11
"Les Compagnons du Travail" Vocational Rehabilitation Centre for Disabled Workers 7, rue Grande PATURAGES	- Medical disabilities - Motor disabilities - Slight mental disabilities	Electric motor coil winding, carpentry, cabinet making	12-24 mths.	34
"La Maison de l'Adolescence" Vocational Training Centre, Château de Géronsart JAMBES	- Mentally handicapped male subjects	- horticulture - floristry - arboriculture - market gardening	2 years + 1 yr. specialization	48
Universitaire dienst voor begeleiding en opleiding van mindervaliden Pasteurlaan, 2 GENT	All categories of disabled subjects	1. Bookbinding 2. Painting a) house painting, spraying b) painting, retouching c) painting and decorating	12-18 mths.  12 mths. 17 mths. 22 mths.	9
Centre d'études et de reclassement professionnel des Handicapés visuels 37, rue de l'Argonne 1060 BRUSSELS	The sight disabled	1. Telephonist 2. Typist-telephonist	16 mths. 24 mths.	25
Studie- en beroeps-herscholingscentrum voor visueel gehandicapten Argonnestraat, 37 1060 BRUSSELS	The sight disabled	1. Telephonist 2. Typist-telephonist	16 mths. 24 mths.	23
		TOTAL		150

254 - Statistics of training, rehabilitation and vocational retraining

Situation in 1972 at F.N.R.S.H. level

	Nature of the training	Disabled in training in 1972 (1)	Courses completed in 1972	Courses undertaken in 1972	% of placement	Costs of training in Belgian Francs
NORMAL FORMULA	Equivalent general or technical education provided by FNRS	67	44	116	50 %	13,786,374
	Ordinary apprenticeship contract (vocational adjustment)	22	9	34 out of 407 (2)	100 %	7,442,536
	ONEM centres	1	4	7 out of 570 (3)		over 51,000,000
SPECIAL FORMULA	Special apprenticeship contract (small and medium-sized business)	91	33	135	82.5 % (4)	7,302,729
	Specialized centres for the disabled	97	45	156	60 %	19,605,433
	TOTAL (5)	278	135	448		

(1) Figure of the National Fund only

(2) Total of contracts

(3) The figure of 570 represents cases of vocational training or rehabilitation of ONEM, the National Institute for Sickness-Disability Insurance and the National Fund 7)

(4) 66 % in the occupation taught and 16.5 % in other occupations

(5) Mention should also be made of the sheltered workshop population (8000 disabled persons including 5582 mentally disabled in 123 sheltered workshops), since those concerned are able to benefit from training in repetitive movements exercised in an environment in which they are set to work gradually under permanent medical, psycho-social and vocational supervision.

The total cost, including subsidies, is in the order of 500,000,000 Francs.

The above statistics are drawn from the 1972 report of the National Fund and the report presented by the representative of the Ministry of Labour to the 2nd European Seminar held by the CEC in Mulhouse.

Data supplied by the National Institute for Sickness-Disability Insurance should be added to the above table.

In 1971 a total of 550 vocational retraining projects (436 men and 114 women) were provided, aimed at 53 different occupations.

SUMMARY TABLES FOR THE PERIOD TO 31.12.1971 COVERING THE 550 INSURED SUBJECTS RECEIVING VOCATIONAL RETRAINING IN 1971								
	<u>Retraining completed</u>		<u>Retraining abandoned</u>		<u>In progress</u>		<u>Totals</u>	
	M	F	M	F	M	F	M	F
Cases submitted before 1.1.1971	90	20	23	4	215	68	328	92
	110		27		283		420	
	7	4	8	-	93	18	108	22
Cases submitted during 1971	11		8		111		130	
	97	24	31	4	308	86	436	114
Total	121		35		394		550	
	22.00		6.36		71.64		100.00	

26 - Placement in a normal environment

261 - Disability and work

If disability does not officially constitute a reason for rejecting a job applicant, it should be admitted that employers show great reserve where employment of disabled people is concerned for the following two main reasons :

- one of an economic order concerns the employment market
- the other relates to the lack of objective information on the occupational possibilities of the disabled.

In 1970 and 1971, the Ministry of Labour and Employment organized a national campaign for the resettlement of the disabled which was primarily

directed at firms with the intention of encouraging employment. A joint declaration signed by the representatives of the employers and the workers on 27.5.1970 was included in an "Employer's Guide" intended to secure wide dissemination of information on this question.

There is no obstacle from insurance bodies covering industrial accident risks which might impede the employment of the disabled in private firms.

Part-time work is not very common for the reasons presented at the start of this section.

Industrial medicine can play a favourable role in improving the employment of the disabled.

#### 262 - Legal measures

The Law of 16.4.1963 embodied the principle of an obligation on public and private undertakings to employ disabled persons. However, these measures have not always been made applicable owing, on the one hand, to the economic context in which they had to be applied and, on the other hand, to the psychological difficulties which they would be bound to raise in the employers or workmates of the disabled workers themselves.

##### a) Private firms

In principle, private firms employing at least 20 persons are required to employ a certain number of disabled persons. The proportion is laid down for each branch of activity by the King on the advice of the competent Bipartite Commission or on the advice to the National Labour Council, where there is no Bipartite Commission.

##### b) Public administrations and public interest bodies

The number of disabled persons whom the public administrations have an obligation to employ is fixed by Order debated in the Council of Ministers. These administrations must comply with certain measures provided by the Royal

Order of 1.12.1964 concerning physical aptitude for employment in state and semi-state bodies, particularly through liaison between the medical services and the administrations and the Fund (so-called simplified examinations).

The Royal Order of 11.8.1972 allocates 600 jobs to disabled persons registered with the National Fund. It should be noted that the disabled are subject to the same professional recruitment examinations.

c) Craft trades and independent professions

The resettlement of the disabled in craft occupations and the independent professions is encouraged by Royal Order of 1.12.1964, which provides for assistance from the National Fund in the form of loans in cash or kind with or without interest.

d) Placement may also be in a sheltered workshop if the disability prevents placement in the normal sector (see 27)

263 - Initiatives to facilitate placement

2631 - Practical organization of placement

The National Employment Office is responsible for the placement of disabled manpower. Specialized placement officers at the regional employment offices have the task of seeking posts which respond best to the training, abilities and preferences of those concerned.

The National Fund registers as job seekers those disabled persons considered fit for work, and the National Employment Office informs the Fund of the results of placement or the reasons for any difficulties encountered in accomplishing its task.

Periodic statistics are issued with regional breakdowns to show the situation in placements effected and remaining to be effected.

The table on the following page reflects the situation in applications for jobs.

TREND IN NUMBERS SEEKING EMPLOYMENT IN 1972

	Public services		Private sector		Sheltered workshops		Public services and private sector		Private sector and public services		Private sector and sheltered workshops		Sheltered workshops and private sector		TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Balance at 31.12.71	132	453	832	113	102	136	28	1,796							1,796
Registrations in 1972	226	592	1,066	48	120	44	10	2,106							2,106
Placements in 1972 including	56	344	552	53	31	69	9	1,114							1,114
1) Public services	49	11	4	50	6	1	-	121							121
2) Private sector	7	322	9	3	17	55	-	413							413
3) Sheltered workshops	-	11	539	-	8	13	9	580							580
No follow-up (decease + retirement)	28	21	123	-	4	13	-	189							189
Balance of numbers seeking employment at 31.12.72	274	680	1,223	108	187	98	29	2,599							2,599
Analysis of these 2,599 cases according to sex and age	SEX	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	AGE	219	55	823	72	125	66	23	62	32	66	32	23	6	1,829
	- 35 yrs	129	40	360	31	79	22	6	51	16	22	6	6	4	1,351
	35-50 yrs	72	13	261	34	31	33	9	10	11	33	11	9	-	800
+ 50 yrs	18	2	202	7	15	11	8	1	5	11	5	8	2	448	

2632 - Measures of assistance in the field of placement

Five provisions are made :

- sharing in the cost of wages and social charges borne by the employer during the period of adjustment to work (declining rate) for a maximum of 1 year
- sponsorship for the adjustment and rearrangement where necessary, of the place of work
- sharing in the costs of work clothing or individual tools, particularly where special instruments are required
- sharing in travel expenses
- various types of loans for workshop installation

27 - Sheltered employment

271 - Legal definition

Article 23 of the Law of 16.4.1963 provides for the placement of disabled persons unfit for work in the normal circuit of production in sheltered workshops established or subsidized by the National Fund. These workshops are incorporated under civil law and are controlled by the Fund. In fact, most of them are incorporated in the form of non-profit-making associations.

The FNRSH assists in 3 ways :

- by subsidies for establishment, extension and rearrangement (up to 60 % of the cost of the work)
- by operating subsidies
- by sharing in the cost of wages and social charges for the disabled and accompaniment staff and in the cost of industrial medical services.

The National Fund bears 65-70 % of the cost of wages and its assistance is adjusted in accordance with the category in which each disabled person is classified in terms of the nature of his disability.

Category A. 1. Medical disabilities (excluding neurological) and motor disabilities (excluding those falling under B or C)



Category B. 1.25 sensory and motor disabilities resulting from damage to the central nervous system

Category C. 1.54 mental, epileptic, myopathic disabilities and I.M.C. cases (1)

272 - Schemes and their operation

The increase in the number of workshops has been considerable : 18 in 1958, 131 at 31.10.1973. In 1964, 751 disabled persons were employed in workshops and 8437 at 31.6.1973.

While the workshops are assisted financially, they must nevertheless produce financial results which are as satisfactory as possible by a judicious organization of their production and a continuous search for profitable and competitive activities. The practice of subcontracting industrial work is generally sought after. Activities pursued mostly fall within the field of metal and mechanical manufacturing but within different sectors of economic activity.

On average, a workshop pursues 3 activities of different kinds. A small number of workshops have hostels set up under the terms of Royal Order no. 81 of 10.11.1967.

For a population of 1,600 workers in 116 workshops at 1.4.1971, the following distribution of disabilities and proportions was noted :

Physical disabilities	30	50
Mental disabilities	59	51
Epileptic disabilities	3	03
Blindness	5	78
Deafness	1	38

28 - Social integration

281 - Housing

There is no priority for the allocation of housing to the disabled, but certain measures are provided with regard to construction. In 1960, the National Institute for Housing undertook a study of the various problems raised by the

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(1) 1, 1.25 and 1.54 are the balance coefficients of the financial share

housing conditions of the disabled from the twin point of view of the family and social resettlement of the disabled. These studies, carried out with the intention of promoting a national campaign, concerned the construction and adaptation on an experimental basis of dwellings meeting the specific needs of the disabled, in conjunction with property companies.

On the basis of the experience gained, the National Institute for Housing supplied architects producing plans for the housing projects of property companies with the technical data necessary for the design and construction of dwellings for persons whose physical disability restricts their mobility.

The specific measures and technical standards must be followed by each housing concern for the purpose of the granting of subsidies and are used by the National Fund when examining individual demands of the disabled requesting its assistance in the additional cost of adapting structures and furnishings as required by the disability.

#### 282 - Architectural barriers

In the field of the adaptation of public buildings, the conclusion must be that there are no basic provisions designed to eliminate architectural barriers impeding the social integration of the disabled. The only initiative taken in this connection is the work of the Welfare section of the Belgian Red Cross which, in conjunction with the institutions and organizations for the disabled, has undertaken to distribute the emblem  adopted by the International Society for the Rehabilitation of the Disabled. While the granting of the emblem already requires indispensable alterations, its importance lies primarily in the information given to the bodies responsible concerning the existence of a problem calling for special attention, on the part of architects in particular, and encouraging worthwhile initiatives to tackle it.

283 - Means of transport

2831 - Public transport

Belgian legislation has no provisions governing access to means of transport for the disabled. Nevertheless, concerned to promote and secure the social resettlement of the disabled, the legislators have, among the means placed at the disposal of the National Fund for the Resettlement of the Disabled, conferred powers on its Board of Management to present to the Government any proposals it considers useful.

The introduction of modern rapid-transit systems in certain major conurbations has drawn special attention to the problem of use by the disabled of tramway and underground systems.

2832 - Private transport

Under the terms of the legislation governing the social resettlement of the disabled, the National Fund assumes all or part of the cost, after deduction of other legal or regulatory assistance granted to the disabled person by virtue of his particular status, of :

A. Wheelchairs

- all types of wheelchairs, collapsible or non-collapsible, provided the wheelchair is adapted to the disability of the person concerned, which is subject to examination by a physician;
- assistance for the acquisition of a wheelchair is laid down on the basis of a nomenclature listing the prices charged by the most important of the firms concerned.

The share of the disabled person is limited to 10 % of the value of the carriage for a disabled person over 21 with a ceiling of 1000 F;

- renewal of this assistance is provided after 5 years, and annual assistance of 10 % of the nomenclature value may be granted for repairs.

B. Motor vehicles

- Purchase of a motor car, if the nature and severity of the disability necessitates such a means of transport. This form of assistance (loan) is however limited to exceptional cases where the person concerned is unable, as a result of his disability, to obtain a loan from credit institutions or from the body responsible for his particular case.
- Adaptation of motor car. These technical measures should, in order to qualify for assistance, be rendered indispensable by the disability for the person concerned to be able to drive the car. The amount of assistance is fixed on the basis of a nomenclature containing prices of the most important private firms, the nature of the adjustments required and the cylinder capacity of the car.
- Learning to drive a car. This lump sum allowance of 1000 F is only granted once.
- Learning to drive a modified vehicle. An allowance equal to the cost of transport for the first 500 kilometres.
- Motorized carriage. Assistance is granted by the Fund in accordance with the same principle as for wheelchairs.
- Driving licence. Special rules have been adopted for the issue of driving licenses to disabled persons.
- Parking. The Royal Order of 14 March 1968 as amended by Royal Order of 13.10.1971 grants a special parking authorization to motor vehicle users suffering from at least 50 % permanent disability due exclusively to deficiencies of the lower extremities. The concession consists of the waiving of restrictions on the time for which the vehicle can be parked. Disabled persons are granted this concession, on application, by means of a card which is issued by the National Fund for the Social Resettlement of the Disabled, signifying recognition of the disability suffered. Various tax concessions are also provided (see 154).

284 - Sport and leisure

All schemes and projects are the result of private initiative, but certain legal and regulatory provisions act as a stimulus or support for these.

- A. Outside the phase of rehabilitation, mention should be made of
- the initiative for young children of setting up the "Keep Smiling" toy bank, which consists of a selection of toys in the charge of a medical commission the object of which is to facilitate the adjustment or rehabilitation of the very young disabled.

This scientific project directed by specialists enables distinctions to be made between toys suitable for different types of disability and those particularly suited to a specific form of disability.

- the organization by philanthropic associations of holiday camps for special categories of disabled children with the support of the Physical Education Administration, and of sports and open air activities under the guidance of the Ministries of Culture.
- Cultural meetings organized by clubs for the disabled at which activities are pursued such as lectures, film shows, record evenings, amateur theatre, sketches, choirs, library services, photography. The need to develop the body as well as the mental faculties has prompted private initiative to set up for the sight disabled outside working hours the HAVI and VIGE circles in which physical culture and sports sessions are organized.

Concerning those suffering from motor disabilities, mention should be made of the clubs set up by the centres themselves, within the framework of the follow-up care given to their ex-patients, whilst at the same time encouraging their residents to take part in such sports as archery, table tennis, basket ball, shot putting, throwing the javelin etc. The Belgian Disabled Sports Federation groups clubs set up by each centre. Competitions are organized in all of the sports mentioned above, and international

games organized for the disabled are being extended in scope each year and are enjoying increasingly greater prestige, thanks to the sporting skills displayed.

It should be pointed out that the National Fund for the Social Re-settlement of the Disabled

- grants permanent subsidies to approved functional rehabilitation centres organizing the pursuit of sports
- may grant, on request from the organizers of activities, prizes in kind or in cash for disabled persons to encourage their efforts in the vocational, sporting or cultural fields.

In addition to these provisions, there are those of the Royal Order of 22.10.1971, enacted within the framework of the Ministry of Education and Culture, which came into force on 1.7.1971, providing, within the context of policy on cultural and leisure activities, for the approval and subsidization of the installation and operation of youth clubs and rural youth centres.

B. In specialized institutions or within the framework of rehabilitation centres, due regard should be paid in the organization of leisure facilities of the type of disability treated, the ages of patients etc.

It follows that the centres reserved for categories of the disabled such as paraplegics have to devote their spare time to specially adapted leisure activities.

- 1 - Purely recreational leisure activities : socials, variety performances, entertainment films, party games, recordings, radio and TV.
- 2 - Educational leisure : lectures, documentary films, music, library, "do-it-yourself".
- 3 - Re-educational leisure experimentation with techniques : handling invalid carriages, motor cars - contact with the public : outings to shows, excursions  
sports activities - sports play an important part in complementary re-education.

3 - General aspects

31 - Evaluation of the need for rehabilitation - programme and cost

311 - Evaluation of the need

The way the activity of the National Fund has developed and the statistical studies it has carried out make it possible to evaluate the need for rehabilitation if not with accuracy at least with a degree of significant approximation. An extrapolation of trends emerging from the annual reports of the Fund should provide an appreciation of the problem as a whole.

312 - Programme of economic development and rehabilitation programme

Outline legislation promulgated on 15 July 1970 concerning the organization of planning and economic decentralization and the Royal Order of 24 December 1970 have created a new economic structure in Belgium with, in particular, economic councils for three main regions of the country, defining the relations between these councils and the various economic initiatives, such as the regional development corporations (sociétés de développement régional - SRO).

Measures have been taken to draw the attention of these various bodies to the importance to be attached to the problem of placement of the disabled, whether in a free economy or in a protected economy, with particular emphasis on the application of the "Joint declaration on the social resettlement of the disabled" signed on 27 May 1970 by the two sides of industry (employers' and workers' representatives). The Law of 16.4.1963 and the Royal Order of 5.7.1963 may be considered as the basis of the permanent action programme for the disabled. It may be reviewed and amended by the Government (see 141), depending on circumstances and taking into account experience, studies and research.

The dialogue between the Government, through the Minister of Labour, and the National Fund is the guarantee of progress in the field of rehabilitation. Indeed, the Board of Management of the Fund has instructions to

present to the Government any proposals (1) it considers worthwhile in achieving the objectives assigned to it. Conversely, the Minister of Labour submits for the opinion of the Fund any bill of legislation providing for the social resettlement of the disabled. The Fund is thus called upon to play a major role in the programme of rehabilitation. To accomplish its task, it attracts the cooperation of official and independent institutions treating them on an equal footing (article 4 of the Law of 16.4.1963). It also calls upon officially recognized organizations representing the disabled.

Working parties consisting of experts working together with the administration, the medical and social technical committees and the Board of Management of the Fund have been entrusted with the task of seeking structures for rehabilitation institutions and methods of vocational training, rehabilitation and employment making possible the promotion of the collective and individual resources of the rehabilitation programme.

### 313 - Cost of rehabilitation

The National Fund has to make partial evaluations of the overall cost of rehabilitation with the aim of ensuring continuity in financing it. The results obtained here, however, are not likely to provide significant information because of the residual or complementary nature of its intervention (see 1422 and 254).

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(1) Art. 9 - Law of 16 April 1963. The Board of Management of the National Fund submits to the Government any proposal it considers worthwhile, and the Minister of Employment submits for its opinion any bill of law or draft order concerning legislation on the social resettlement of the disabled. The Board of Management of the National Fund, entrusted with the preparation of collective or individual programmes of rehabilitation, has to include a representative from the Ministries of Employment, Public Health and Social Welfare.



But, referring to the tables on the benefits provided under the various compensation schemes, a certain number of data will be found concerning the costs of rehabilitation. Here again, it is a case of figures which it is difficult to interpret for certain rehabilitation benefits are included in more extensive programmes of compensation. Finally, it is impossible to quantify in figures the cost of the absence of rehabilitation.

### 32 - Information - documentation

According to article 3/15° of the Law of 16.4.1963, the National Fund for the Social Resettlement of the Disabled is entrusted with the task of "collecting and disseminating all information relating to the improvement of the lot of the disabled".

#### 321 - Information to the public

A national campaign devoted to the resettlement of the disabled adopted in 1970 by the Minister of Labour has the object of conditioning public opinion as a whole.

20,000 posters and 50,000 stickers were printed along with a pamphlet, 15,000 copies of which were produced. The programme for this campaign which came to an end on 3.6.1971, included the making of a film, the organization of exhibitions of articles manufactured by disabled people, the international games in Brussels, talks in schools.

The National Fund has a role of information to play which is all the more important as its coordinating function brings it into contact with a great many associations, private institutions and public establishments. The great variety of benefits it provides for the disabled are increasingly well known and in themselves constitute an important source of information for public opinion.

#### 322 - Specialized documentation

The legal provision mentioned in 32 obliges the National Fund to set up a specialized library containing a collection of Belgian or foreign works on the social resettlement of the disabled.

Thus persons interested have access to :

- a catalogue of works kept in the library
- an updated edition of the legal and regulatory texts adopted on the basis of or for the implementation of the Law of 16.4.1963 (see 141)
- the annual report of activities of the National Fund
- the annual report issued by the National Fund concerning the operation of the centres, services or workshops for which it has to give approval or provide subsidies.

The Fund participates in exhibitions, study days and seminars in order to publicize its action and the various aspects of rehabilitation.

Also, the associates and institutions concerned with rehabilitation or with certain types of disability publish magazines and hold symposia constituting an important source of specialized documentation.

### 33 - Training for rehabilitation specialists

#### 331 - Training and approval

The qualifications of staff concerned with rehabilitation are guaranteed by a system of approval conferred by the National Insurance Institute of the National Fund (see 224).

The table below summarizes the situation of this staff.

Rehabilitation staff	Basic training	Approval
<u>Functional rehabilitation field</u>		
Specialist physicians	University degree	Public health by specialization
Kinestheticists	Higher technical diploma	INAMI
Orthopaedic specialist		"
Truss makers		"
Hearing specialists		"
Opticians	Higher secondary technical diploma	"
Occupational therapists	Higher technical diploma	RNRSH
Speech therapists	"	"
Psychomotor retraining instructor	"	"
<u>Psychological and paedagogical field</u>		
Guidance counsellor	University degree	
Psychologist	"	
Social worker	Higher technical diploma	
Educator	Diploma + supplementary training	
<u>Vocational rehabilitation field</u>		
Instructor	Higher technical education diploma + 5 years practice in the profession. Intermediate technical education diploma + 10 years practice	

332 - Advanced and continued training

Different bodies, professional associations and groups and the National Centre for Educational Training are concerned with the advanced and continued training of rehabilitation staff.

Also, professional practice in institutions operating with multidisciplinary teams makes it possible to increase knowledge.

The Belgian Rehabilitation Seminars - an association of specialist physicians established in 1952 - organize working sessions on various subjects of rehabilitation.

Exchanges of staff, travel abroad, attendance at conferences and study days are also means of increasing and bringing up to date scientific knowledge on modern methods of rehabilitation.

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THE REHABILITATION OF THE DISABLED IN FRANCE

Legal, administrative and technical aspects

Editorial note

This report was drawn up from the main points of the reply of the French Government to the E.C. questionnaire (Doc. 1302/2/71).

Certain statistics have been brought up to date from official documents.

A certain number of surveys have been consulted, along with the Bloch Laine report on "Maladjustment" (1968) and the studies of the "Disabled - Maladjusted Intergroup" for the preparation of the 6th Plan (1971-75).

Finally, a large amount of literature has been consulted including, in particular, the Medico-Surgical Encyclopaedia : chapter on "Disability and Work" (L. PIERQUIN - G. CAHEN and J. BOISSEAU).

THE REHABILITATION OF THE DISABLED IN FRANCE

1 - Summary of the legal and administrative aspects and statistical data

11 - The concept of disability

111 - The disabled worker :

This term (i.e. the French term "handicapé") means different things, depending on the way it is used. In official language - legal and administrative texts - it is seldom used.

The concepts of infirmity, invalidity, permanent incapacity and unfitness are more frequently used.

Nevertheless, the Law of 23.11.1957 gives the following definition of the disabled worker : "Any person whose possibilities of obtaining or retaining employment are effectively reduced as a result of a deficiency or reduction in his physical and mental capacities".

This definition is comparable with that contained in Recommendation no. 99 of the International Labour Conference : "The term "disabled person" means an individual whose prospects of securing and retaining suitable employment are substantially reduced as a result of physical or mental impairment".

The reference to work localizes the individual's performance limitation and not reference to social life in general. The quality of the Disabled Worker is recognized by the Departmental Committee for the Guidance of Disabled Persons (see 142). This recognition imposes a right to benefit from vocational rehabilitation services.

112 - Invalidity and infirmity

These terms refer to the possibilities of compensation and assistance and involve the concept of assessing the degree of invalidity or infirmity.

According to the systems of coverage for the care of the disabled, there are several variations. The four main instances are as follows :

- War disablement : The degree of invalidity is laid down in accordance with the scale in the Code of Military Invalidity Pensions.
- Industrial accident : The degree of permanent partial disability (PPD) is laid down in relation to an indicative scale published by the National Fund for Sickness Insurance.
- Invalidity insurance : An invalidity pension is awarded to persons, provided they are entitled to benefit, whose earning capacity is reduced by 2/3.
- Assistance for the infirm : is granted to persons of inadequate means not covered by an insurance or compensation scheme suffering from at least 80 % disability (with reference to the scale in the Military Pensions Code).

12 - Statistics

121 - Frame of demographic and economic reference (1) :

The demographic situation in 1973 gave the following indications :

- the total population was 52,133,000
- the active population accounted for 41.7 % of the total (21 million)
- the rate of growth was 8 %.

122 - Lack of comprehensive statistics :

The number of disabled is not exactly known. The general census of the population in 1962 included some questions on this subject, but the results obtained were not satisfactory and the experiment was not repeated.

Reference has to be made :

- either to figures by compensation funds, but one disabled person may benefit under several compensation schemes,

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(1) Source : I.N.S.E.E. (National Institute of Statistics and Economic Studies)



- or to estimates or assessments following international criteria or to extrapolations from the results of sample surveys.

123 - Approximation of the number of disabled (2)

According to a report drawn up when the Law of 13.7.71 on measures to assist the disabled was being drafted, the number of the disabled is in the region of 1,500,000, including 600,000 over 65.

The number of disabled under 60 is considered to include 730,000 suffering from a degree of disability greater than or equal to 80 %.

According to another source (Actualité Service no. 150, March 72, published by the Interministerial Secretariat for Information), 870,000 adults aged from 20 to 59 were 2/3 disabled, including :

- War victims .....	135,000
- Industrial accidents .....	40,000
- Invalidity pensions .....	380,000
- Infirm and severely infirm .....	315,000
(including 165,000 mentally deficient).	

This breakdown follows the various schemes of compensation. It will be noted that the criteria for the evaluation of disability are not the same for all these schemes.

With regard to the disabled, the degree of whose disability is less than 2/3, the "Disabled-Maladjusted Intergroup", meeting for the preparation of the 6th Plan (1971-75), determined the following figures per category :

- Mental disabilities .....	120,000
- Sensory disabilities .....	105,000
- Motor disabilities .....	95,000
- Other disabilities .....	690,000
- Chronic illnesses falling under provisions for sheltered employment .....	10,000
	<hr/>
	1,020,000

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(2) Source : Vocational Rehabilitation in France. Report of the Ministry of Labour to the 2nd European Seminar in Mulhouse on the Training of Training Staff for the Disabled (Documentation CEC V/1215/73)

124 - Number of persons receiving pensions, annuities, indemnities and allowances (1)

- War pensions .....	780,000
- Industrial accident pensions .....	1,500,000
(Social Security - see table on following page) including 70,000 with at least 2/3 disability	
- Invalidity pensions (Social Security) ....	380,000
- Social assistance .....	315,000
(including 165,000 mentally deficient)	

125 - Number of disabled persons undergoing rehabilitation

It is difficult to obtain even approximate figures for medical and functional rehabilitation, which form part of general care.

It is possible on the other hand to give figures for vocational training for disabled cases sent to approved specialized centres (2).

Rehabilitees at the centres of O.N.A.C. (3) (National Office for Ex-Servicemen and Victims of War) : 1,470.

Rehabilitees at centres approved by and under contract to the Ministry of Labour : approximately 5,000.

126 - Number of disabled persons seeking employment

- the National Employment Agency, which is responsible for the placement of persons seeking employment, does not have exact figures concerning the particular category of disabled. However, disabled persons recognized as Disabled Workers by the Departmental Committees for the Guidance of Disabled Persons and for whom these Committees made direct placement recommendations, numbered about 15,000 in 1972.

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(1) Actualité Service : Bulletin no. 150, March 1972 published by the Inter-ministerial Secretariat for Information.

(2) Disabled persons undergoing training in a Ministry of Labour Adult Vocational Training Centre are thus excluded.

(3) These centres are equipped to receive all the disabled (plus non-disabled persons leaving agriculture in order to retrain for another occupation).

- It is not possible to give an exact figure for the number of disabled persons seeking employment on a given date.

127 - Critical study of these figures :

Not all those receiving compensation are disabled in the social and economic sense of the term (apart from personal embarrassment, esthetic detriment), i.e. they lead a normal professional and social life and have no need of complex and costly measures of rehabilitation apart from care within the context of a relatively short period of medical rehabilitation.

DISTRIBUTION OF INSURANCE PAYMENTS

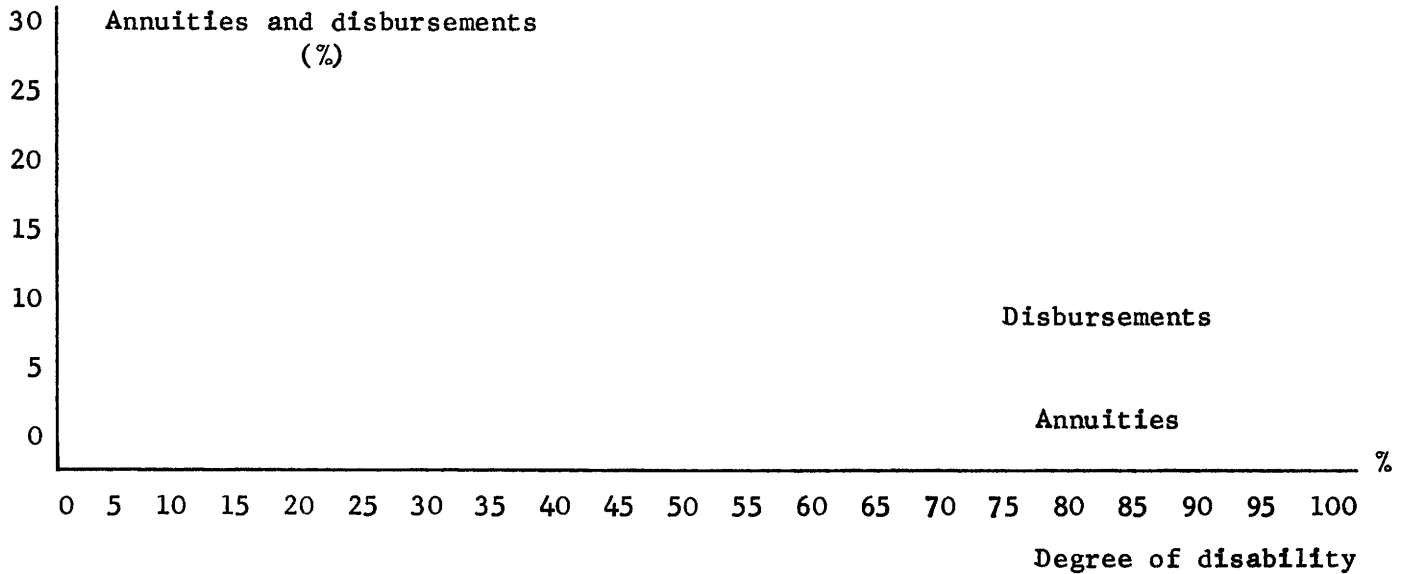
MADE UP TO 31 DECEMBER 1971 ACCORDING TO DEGREE OF DISABILITY

NUMBER OF ANNUITIES AND CORRESPONDING ANNUAL DISBURSEMENTS (1)

Degree of permanent disability	Number of annuities	Distribution of 100 annuities	Amount of annual disbursements (in francs)	Distribution of 100 F of disbursements
0. 4 % .....	157,360	10.91	43,823,760	1.87
5. 9 % .....	393,095	27.27	180,676,958	7.71
10. 14 % .....	336,223	23.32	342,280,316	14.60
15. 19 % .....	185,208	12.85	275,467,459	11.75
20. 24 % .....	109,265	7.58	212,456,111	9.07
25. 49 % .....	192,246	13.34	579,936,153	24.75
50. 74 % .....	46,887	3.25	341,579,408	14.58
75. 99 % .....	14,302	0.99	201,650,816	8.60
100 % .....	7,131	0.49	165,802,719	7.07
Total .....	1,441,717	100.00	2,343,673,700	100.00

(1) Excluding annuities not rated and annuities not broken down according to degree of disability

DISTRIBUTION OF 100 DISABLEMENT ANNUITIES AND 100 F OF DISBURSEMENTS  
ACCORDING TO DEGREE OF DISABILITY IN 1971



13 - Development of rehabilitation and of its organization

131 - History

There is no single text or systematic organization, in spite of recent attempts at coordination and generalization of rehabilitation measures.

In order to understand the present situation, and before describing it, it is necessary to outline the historical background.

Assistance to the disabled is provided by private initiative and State intervention. It covers various categories of disabled persons, classified according to the cause of their disability. It comprises measures which have undergone a gradual process of development leading finally if possible to the complete and continued care, started at an early stage, of any person suffering

physically or mentally, congenitally or otherwise, from the effects of any illness or accident. This ideal has, however, not yet been achieved for a number of reasons.

Historically, the first beneficiaries of rehabilitation and resettlement measures were the victims of the 1914-18 War.

In addition to the right to a pension of reparation, free care and, especially, orthopaedic and prosthetic aids, there is also the benefit of vocational retraining and the reservation of employment in administration and priority of employment in the private sector.

Then the French Social Security Plan in 45-46, extending and improving previous provisions, defined the right to functional rehabilitation, appliances and vocational retraining.

In 1953, the reform of provisions for assistance modernized Social Aid with the emphasis on vocational resettlement, conceding the right :

- to specialized education for the young
- to functional and vocational rehabilitation
- to appliances and to sheltered employment.

Moreover, a compensatory allowance provided encouragement to those suffering from 80 % disability who managed to get a job by supplementing their income.

In 1957, the first comprehensive legislation on the vocational resettlement of Disabled Workers was enacted within the framework of employment policy.

The system of resettlement is based essentially on the Departmental Committee (see 142). There is no compulsory registration of the disabled. Medical rehabilitation belonging within the field of care and applied in a liberal health system, is separated off from vocational rehabilitation which is defined in a more precise manner and regulated in greater detail.

132 - The State and private initiative in the field of rehabilitation

1321 - Private initiative

Private initiative has played an important part in the development of rehabilitation and continues to contribute to the operation of the system of rehabilitation now applying.

Many associations, generally interested in certain special categories of disabled persons, have set up functional rehabilitation establishments or establishments for vocational rehabilitation or specialized education and sheltered workshops.

Thus, quoting only the most important ones, mention may be made of the following :

- A.D.A.P.T. (Ligue pour l'Adaptation du Diminué physique au Travail - League for the adjustment of the physically disabled to work), set up in 1929 by Miss Suzanne FOUCHE, operates some thirty establishments for functional and vocational rehabilitation, sheltered workshops and homes.
- the A.P.F. (Association des Paralysés de France - Paralyzed Association of France), founded in 1932 groups those with motor disabilities. It has set up a large number of functional and vocational rehabilitation establishments, sheltered workshops and homes for the severely disabled and provides disabled persons with the services of an extensive network of social workers.
- A certain number of associations (1) operating establishments have formed a federation, the primary activity of which is to carry out studies to further the progress of rehabilitation policy and resources.

The overall results of private initiative have been positive, in spite of certain negative aspects (2).

Indeed, it derives advantages from the devotion of promoters who are fairly frequently directly or personally concerned with the problem (disabled

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(1) 26 associations operate 73 rehabilitation establishments, i.e. :  
- 1813 places for functional rehabilitation  
- 4283 places for vocational retraining  
- 1766 places in sheltered workshops.

(2) BLOCH LAINE Report

people, parents of disabled persons, doctors, social workers etc.) It is conducive to invention, innovation, experimentation, which the requirements of the public service make more difficult.

It allows scope for instructive failures and fruitful indiscipline. On the other hand, efforts are not always concentrated on areas where they are most needed because they are determined by special circumstances which dictate the place for them and their purpose, without any regard for priorities which could be viewed better from a higher level than that on which the efforts are applied. The management and technical level of projects are not always immune from deficiencies and mistakes detrimental to the objectives set.

#### 1322 - State intervention

The right to assistance is a long-standing one, dating back to the laws of 1793 promulgated by the Convention, but the concept of rehabilitation only really found its way into legislation in 1953 (Reform of the assistance legislation), then in 1957 with the Law of 23.11.57 on vocational resettlement (see 141).

#### The State :

- applies the legislation.
- subsidizes establishments, particularly for setting them up and equipping them.
- supervises and endeavours to coordinate projects (development plans).
- gives individual financial assistance to the disabled by means of benefits in cash and in kind :
  - through the social assistance system
  - by paying the fees for vocational training courses
- assists in the training of specialized staff and exercises supervision over the professions concerned.

The Ministries concerned are the following (1) :

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(1) The titles may vary from one government to another. For several periods, there has been a "Superministry" of Social Affairs, covering Public Health, Labour and Social Security.

- The Ministry of Public Health and Social Security, assisted by the Secretariat of State for Social Action and rehabilitation, regulates and controls medical rehabilitation and the paramedical professions; defines measures required to prevent disablement.
- The Ministry of Labour and Population intervenes in the field of vocational training, notably by way of the A.F.P.A. (Association pour la Formation Professionnelle des Adultes - Association for Adults' Vocational Training), to supervise training and training staff. It provides remuneration for disabled people undergoing training.
- The Ministry of Education organizes special education for handicapped and maladjusted children.
- The Ministry for Ex-Servicemen plays an important part in the provision of appliances and, through the agency of the O.N.A.C. (Office National des Anciens Combattants et Victimes de Guerre - National Office for Ex-Servicemen and Victims of War), in the field of vocational training.
- The Secretariat of State for Young People and Sport seeks to encourage leisure and sporting activities for the disabled.
- Attached to the 1st Ministry, there is an Interministerial Committee to coordinate the action of the various ministries (see 141).

133 - Rehabilitation measures and resources

In essence, the various measures of rehabilitation are as follows :

Benefits in kind	Benefits in cash
Prenatal examinations	Daily allowances according to the insurance scheme applying
Functional rehabilitation in the home or at a specialized centre	Pensions (do.)
Appliances	Annuities (do.)
Occupational rehabilitation	Payment of fees for vocational courses
Reeducation or vocational training	Various allowances according to means (non-contributory schemes)
Sheltered employment	Resettlement gratuities and indefinite interest-free loans
Reservation of employment or priority for employment in the private and public sectors	Tax exemptions
Rearrangement of workplace	



These measures are applied using the following means :

- First of all, a Departmental Committee for the Guidance of Disabled Persons (see 142), constituting the cornerstone of the system of resettlement, examines the entitlements of disabled persons applying for :
  - vocational resettlement
  - certain allowances (contributory schemes) available only to those not covered by another scheme.
- A certain number of specialized establishments and services :
  - for functional rehabilitation
  - for reeducation and vocational training
  - for sheltered employment.
- Specialized staff :
  - doctors and paramedical staff (masseurs, kinesitherapists, ergotherapists, speech therapists, hearing aid technicians, orthopaedic assistants, prosthetic and orthotic technicians)
  - specialized teachers for disabled groups.
- A Secretariat of State for Social Action and Rehabilitation and an inter-ministerial committee facilitate the application of rehabilitation measures within the framework of a policy, the main objectives of which are embodied in the Plan.

134 - Recent development : present objectives

The "BLOCH LAINE" Report (1), examining the general problem of maladjustment of the disabled, has assessed the present situation of rehabilitation :

- criticizing the inadequacy, lack of cohesion and anachronism of certain aspects of assistance to the disabled;
- suggesting a certain number of measures some of which have already been applied.

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(1) Report requested by the Prime Minister on 13.12.66 and presented at the beginning of 1968. In fact, it consists of several reports with annexes forming a whole covering about 800 pages.

This report, presented in 1968, is a very important document which touches upon all aspects of rehabilitation (legislation, structures, regulations, assistance etc.).

It is worthwhile drawing attention to 5 points in this connection :

- First of all, the report recommends gradual progress away from the principle of causality in assisting the disabled, which results in the fact that the measures of aid vary considerably according to the origin of the disability, thus giving rise to disparities and intolerable injustices, towards the finality principle which is the objective of all rehabilitation : the social and vocational integration or re-integration of the disabled.
- The rehabilitation system should be improved
  - by better case finding and already by the extension of prenatal medical examinations intended to prevent disabilities
  - by extending general information, in medical circles also, on discoveries and achievements in the field of rehabilitation
  - by organizing relations between the various bodies providing care and guidance for the disabled with a view to economizing resources and ensuring continuity of services and benefits provided successively at home, in school or at the place of work up to the time of resettlement in normal life.
  - by increasing follow-up services to supervise social and vocational readjustment or to monitor the progress of the disability with advancing age.
- A minimum of resources should be guaranteed to every disabled person, and every family should receive assistance sufficient for the education of handicapped children.
- The creation of structures should be tied more closely to requirements and the administrative processes involved should be speeded up and simplified.
- Interministerial coordination should be structured within a committee chaired by the Prime Minister, paired with a standing committee of senior civil servants.

Finally, a bill for a law on guidance designed to improve the system of rehabilitation is currently awaiting deliberation by the National Assembly. Its intention is to coordinate and simplify the various measures of rehabilitation, reaffirming the rights of the disabled to education, care, employment and financial independence.

14 - The basic provisions and their application

141 - The Law of 23.11.1957

This is the basic provision which may be regarded as the "charter" of vocational rehabilitation. It is designed for application within the framework of a policy of full employment; this is why it gives pride of place to the concept of disabled "Worker".

The purposes of the Law are :

- the employment of disabled workers
- their resettlement by way of a process comprising not only the functional rehabilitation provided by existing legislation, but also vocational rehabilitation, reeducation or training (art. 1), depending on the case in question.

Article 1 gives a definition of the Disabled Worker :

"Any person whose possibilities of obtaining or keeping a job of work are effectively reduced as a result of a deficiency or reduction in his physical and mental capacities".

Article 2 confirms the existence of the Departmental Committee for the Guidance of Disabled Persons (Commission Départementale d'Orientation des Infirmes - CDOI) established under article 167 of the Family Code and makes it the cornerstone of the resettlement system.

The following articles deal with :

- vocational training
- employment priorities
- sheltered employment.

Finally, the Law sets up a Higher Council for the social and vocational resettlement of the disabled under the responsibility of the Ministry of Labour in order to "promote public and private initiative in the field of resettlement, to collect information, encourage research and create an awareness of these problems among the public at large."

A Decree of 26.07.62 covered further points of detail in the Law in order to make it more effective and more general in its application.

The following additional provisions are also of relevance :

- The Decree of 3.8.59, replaced by that of 12.6.69, set up the Regional Consultative Committee on the Employment and Resettlement of Disabled Workers (Commission Régionale consultative d'emploi et de reclassement des Travailleurs Handicapés). Its task is to present opinions and to make suggestions concerning the resettlement of disabled workers. Its broad composition and its bipartite structure should make it into an important instrument of resettlement policy.
- The Decree of 9.9.70 set up an Interministerial Coordinating Committee for Readjustment and Rehabilitation with the task of "drafting policy on the prevention of disability and the rehabilitation of disabled or maladjusted persons and of coordinating the action of the various administrations."

A standing committee prepares the decisions and follows their implementation.

- In addition, there are a certain number of provisions for new financial assistance to certain categories of disabled persons or families of handicapped children :
  - Law of 31.7.63 providing for a specialized education allowance through the family benefits system (see 2132).
  - Law of 13.7.71 providing for an allowance for handicapped minors (disability causing at least 80 % permanent incapacity) (see 2132).
  - Law of 13.7.71 providing for an allowance for disabled adults whose disability causes both unfitness for work and at least 80 % incapacity.

142 - The Departmental Guidance Committee

Its official existence dates back to 1953 and is concerned with private initiatives.

It comprises 2 sections : one for adults,  
the other for minors.

Chaired by the Departmental Director for Labour, it includes :

- the head of the Departmental Employment Agency,
- a manpower physician belonging to the National Employment Agency,
- an industrial psychologist from the services of the Adult Vocational Training Association,
- a social worker appointed by the Prefect,
- a specialized placement research officer from the National Employment Agency,
- a representative of the sponsoring body responsible for financing the re-settlement (Social Assistance, Social Security, O.N.A.C., etc.).

The minors' section consists of an essentially similar team, but with the addition of a vocational guidance counsellor and an education inspector.

The Secretariat is provided by the Directorate of Labour.

It meets about once a month, works on documents from the regulation dossiers compiled by its secretariat.

The beneficiaries register directly or via a body representing them in a local employment agency.

The Committee has two main tasks :

- To define the status of the subject as a Disabled Worker and to classify (1) him on a provisional or permanent basis.
- To provide guidance for the disabled subject :
  - on the question of functional rehabilitation (very seldom in view of the stage of progress in the subject's state of health at which the Committee intervenes)
  - on the question of vocational training (choice of occupation and centre)
  - on direct placement to be arranged through the National Employment Agency
  - on sheltered employment.

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(1) There are 3 categories : A) slight disability  
B) medium disability  
C) severe disability

In addition, the Committee decides whether to grant resettlement gratuities, indefinite interest-free loans, and disabled allowances in the case of adults. For minors, it decides whether to grant specialized education allowances and the allowance for disabled minors.

143 - Present operation of the system of vocational resettlement and prospects for the future

In 1971, the Departmental Guidance Committees examined 37,500 applications for resettlement.

During the same period, they arranged for :

- 6180 admissions for vocational training
- 325 training contracts with employers
- 5200 direct placements in firms
- 1271 placements after vocational training
- 1562 admissions to sheltered employment or "occupational assistance" workshops.

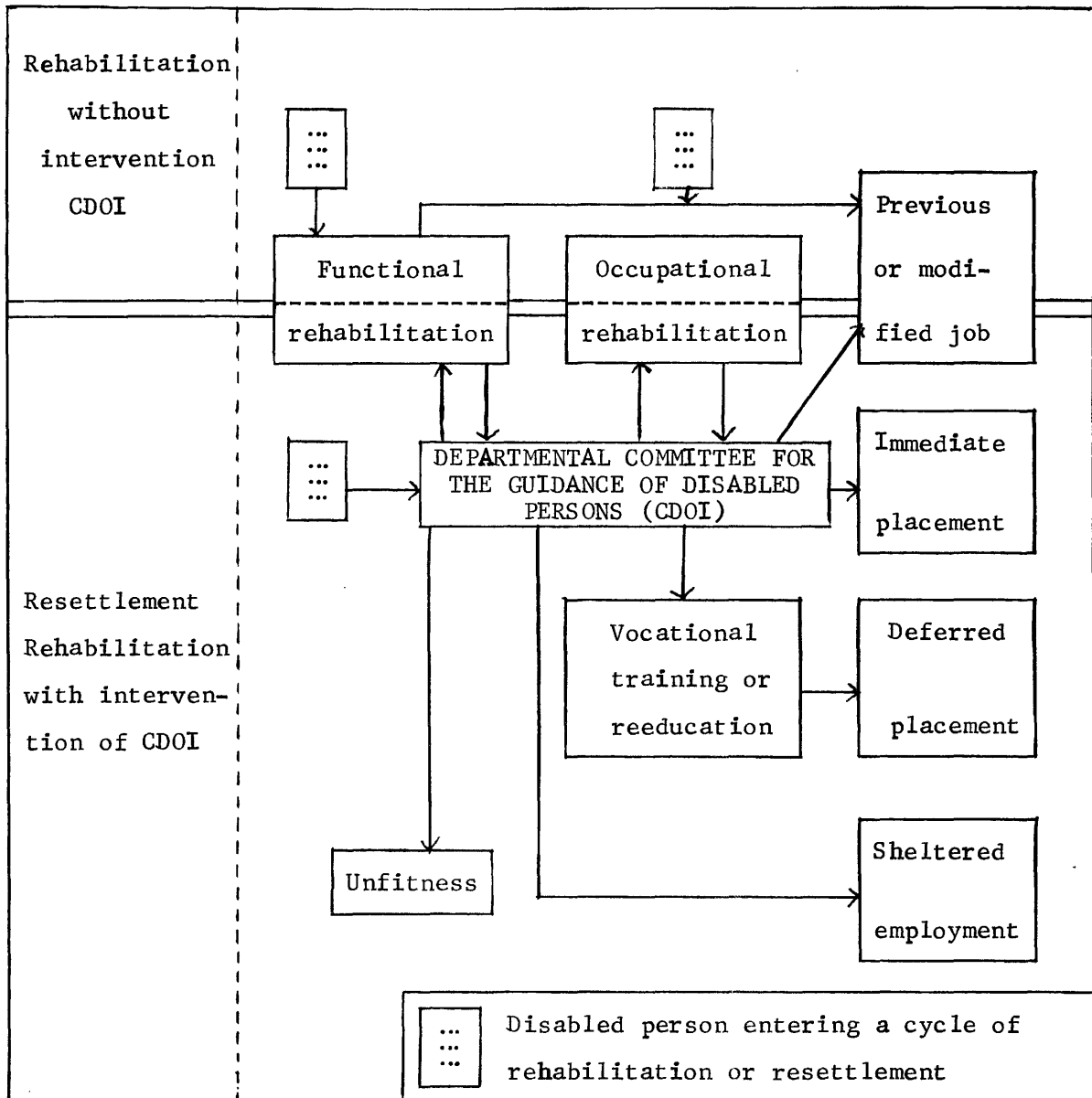
It should be noted that the Committee usually intervenes at a fairly late stage in the process of rehabilitation, since it generally examines cases of disabled subjects whose condition has become stabilized.

On the other hand, it only gets to know a fairly limited number of disabled cases and, fairly frequently, the most difficult cases.

Indeed the relatively simple - though not the least interesting - cases can be resettled more or less effectively without the intervention of the official services and thus do not benefit from certain advantages, particularly within the field of vocational training, which would provide a better guarantee for their occupational and social future (2).

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(2) See chart showing the pattern of rehabilitation - resettlement.



Moreover, the committees are only gradually being supplied with the staff and credit resources they need for the strict application of the Law.

Finally, since they work from documents and do not always have sufficient knowledge of the disabled subject, the final guidance given is not immune from criticism.

An improvement will no doubt be introduced with the preparation of guidance reports drawn up in specialized establishments.

Finally, the problem remains of early detection of disabilities, which is the only basis on which a continuous and complete programme of rehabilitation can be devised for each individual case.

Case finding is not organized systematically, and there is no legal provision to cover it.

Some attempts have been made, nevertheless, but they are few (1).

## 15 - Systems of sponsorship

### 151 - ----- The various systems

Apart from one or two exceptions, which we shall detail below, all disabled persons are eligible for rehabilitation benefits at least in kind, if not in cash.

The victims of war and equivalent cases, subjects covered by the various general and individual social insurance schemes are eligible for rehabilitation, provision of appliances, vocational training and, in most cases, financial compensation of various kinds (daily allowances for the partial compensation of loss of earnings, pensions, annuities, allowances).

Persons not covered by a system of compulsory or voluntary insurance and subject to a means ceiling may benefit if they are French (or foreign, provided their country has a social security agreement with France) from rehabilitation services in the form of appliances and vocational training and, subject to a degree of disability equal to or greater than 80 %, from various allowances

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(1) The Institute of Functional, Vocational and Social Rehabilitation, established in 1953 by the North-Eastern Regional Social Security Fund in Nancy, which is bound by contract with the hospitals and the Faculty of Medicine, in principle provides comprehensive rehabilitation for all disabled persons and places at their disposal a system for "continuous guidance" within the framework of occupational readjustment-rehabilitation.



which will guarantee them what is now called a minimum of resources (1).

There are three main schemes :

- Compensation for victims of war (military and civilian)
- The Social Security system with its 4 branches :
  - Sickness-Disability Insurance
  - Industrial accident and occupational disease insurance
  - Old age insurance
  - Family allowances
- The Social Assistance system, providing either full or partial assistance, supplementary in some cases to the insurance system.

For some years, the links between this and the Social Security system have been drawing closer, particularly since :

- the creation of the specialized education allowance
- the disabled persons' allowance
- the affiliation of Social Assistance beneficiaries to the voluntary insurance scheme of the Social Security system (incapacity equal to or greater than 80 %).

## 152 - Contributory systems

1521 - Social Security : The General Scheme covers the whole of the wage-earning population, with the exception of certain occupational categories benefiting from private schemes which offer the same advantages. Certain other categories of the population (students, military personnel, severely war disabled, artists) are included with those covered by the general scheme.

The unitary concept of the Social Security system, in accordance with which the system was to be based on the concept of social risk, has gradually

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(1) The idea of this relatively new concept is to cover the various categories of beneficiaries other than the disabled (the aged in particular) linking up with the minimum guaranteed wage and its rate, which is fixed by Decree. This development consolidates the application of the principle of social justice, superseding the concept of causality or avoiding reference to the origin of the social or medico-social situation.

been abandoned. The extension of the system to all categories of persons resident in France did not take place and the general scheme was divided into 3 independent funds (Ord. 21.08.67).

On the other hand, non-wage-earners have for some years belonged to compulsory private schemes (artisans, businessmen), but we are not dealing here with a genuine resumption of the extension of the general system, for the operation of these bodies is very different from that of the funds of the general and special systems, and the advantages offered to those covered are less extensive, particularly where rehabilitation is concerned.

Nevertheless, in twenty years the number of those compulsorily insured has more than doubled and now takes in 98 % of the active population.

1522 - Sickness-disability insurance (General and special schemes)

SCHEME BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS FINANCING	BENEFITS IN KIND	BENEFITS IN CASH	BUDGET AND EXPENDITURE
<p>General scheme and special schemes Decree of 29.12.45 and numerous other decrees</p>	<p>Covers virtually all of the active population (about 12 special schemes) The system is supplemented by optional insurance schemes</p>	<p>All wage-earners including and for sickness only the severely disabled victims of war, civil servants and students</p>	<p>National Sickness Insurance Fund (Public Institution) Regional Funds and Primary Funds</p>	<p>Employees (for employees) in the private Employers sector The State for civil servants and public service employees</p>	<p>General care and appliances Functional rehabilitation Vocational rehabilitation (80 % reimbursement or more often 100 % depending on the case)</p>	<p>Daily allowances for 3 years 50 % of wages (except voluntary insurance and public service scheme) beyond Disablement Pension (3 categories)</p>	<p>Costs of rehabilitation and vocational retraining are not accounted separately but included under "health care"  In 1972, amount of pensions paid out = 1,658 million Francs</p>
<p>Scheme for the Disabled with voluntary insurance (Law of 13.07.1971 amending the Ordinance of 21.08.1967)</p>		<p>Adult disabled (+ 80 % disability and those unfit for work below a means ceiling)</p>	<p>Do.</p>	<p>and social assistance for the disabled scheme</p>	<p>Same benefits as above</p>	<p>No benefits See below (Family Allowances)</p>	

1523 - Family allowances (only benefits for disabled persons)

SCHEME BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	BENEFITS IN CASH	BUDGET AND EXPENDITURE
Specialized education allowance Law of 31.07.63	The following three benefits in cash supplement the benefits in kind paid by Social Security or social assistance	Children suffering from disability requiring, in addition to the necessary care, specially adapted education or vocational training Beneficiaries : 3,873 children	Family allowance Fund	The System of Family Allowances is financed by the contributions of employers and the self-employed		Specialized education allowance Amount 245 F monthly; in 1973	1972 : 12,424,286 F
Allowance for disabled minors Law of 13.07.71		At least 80 % permanent disability Means below a maximum fixed by Decree 6,176 beneficiaries				Allowances for the disabled deprived of speech Amount 7,350 F monthly; in 1973	1972 : 95,047 F
Disabled adults allowance Law of 13.07.71		At least 80 % permanent disability Means below a maximum fixed by Decree 29,041 beneficiaries				Allowances for the adult disabled Amount 110 F monthly; in 1973	1972 : 161,510 F
Housing allowance Law of 15.07.71		Disabled persons suffering from a congenital or contracted disability acknowledged to be unfit for work and for vocational retraining by the Guidance Committee	National Fund for Housing Assistance administered by the Deposit and Consignment Office	Contribution of the State Contribution of the employers 0.10 % of wages at the Social Security ceiling		Variable allowances paid by the Family Allowance Funds under certain conditions of housing and means	

1524 - Industrial accidents and occupational diseases

SCHWEZ BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	BENEFITS IN CASH	BUDGET AND EXPENDITURE
Law of 30.10.46 Decree of 31.12.46 Decree of 11.01.61	Compulsory system based on the concept of social risk covering industrial accidents, occupational diseases and accidents occurring on the way to and from work, which has stimulated efforts at prevention	Wage-earning and equivalent workers. Pupils in technical education and participants in courses of vocational training and re-education Prisoners, unpaid directors of charitable bodies Not applicable to civil servants and public service workers and beneficiaries of special status	National Fund and Sickness Insurance Regional Funds and Primary Funds	Only employers in relation to the real risk or in accordance with a scale which is periodically reviewed	Care - appliances Functional rehabilitation Vocational re-education (general reimbursement at 100 % with payment by third party)	During temporary incapacity Daily allowances = 2/3 starting with the 29th day (previously 20 % subsequently, where appropriate, fixed annuity assessed in accordance with degree of permanent partial disability and previous earnings Resettlement gratuities on successful completion of vocational retraining	1972 - Temporary disability 1148 million Franks - Ambulances 3423 million Franks 1972 - Functional rehabilitation benefits 21.7 million - Vocational retraining benefits 22.9 million Franks
Law of 25.10.72	Agricultural workers belonging to a special compulsory scheme (same guarantees as for the general scheme above)						
	153 - Non-contributory schemes 1531 - Victims of war						
Law of 29.07.50	Military and civilian victims of war		Secretariat of State for Ex-Servicemen and Victims of War For vocational retraining - National Office for Ex-Servicemen and Victims of War	State from the budget	Care Functional rehabilitation Appliances Vocational retraining in ONAC establishments	Pensions fixed according to the degree of disability and military rank	

1532 - Social assistance

SCHEME BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	BENEFITS IN CASH	BUDGET AND EXPENDITURE
Decree of 29.11.53	<p>System of assistance showing a declining trend with the extension of social security</p> <p>The State prepares and keeps under review Social Assistance policy. The services are organized at local area (département) level</p> <p>A social assistance bureau is organized at local district level</p>	<p>Persons not covered by a compensation-reparation scheme (subject to a means ceiling) or incompletely covered ("ticket modérateur")</p> <p>In particular, assistance to the disabled and severely disabled aged less than 15 years and more than 15 years</p> <p>Number of beneficiaries in 1971</p> <p>Social assistance to the disabled and severely disabled 514,500</p>	<p>Services of the Ministry of Health at local area (département) level</p> <p>Directorate of health and social action</p>	<p>State and local authorities</p> <p>The expenditure is appropriated from the departmental budget by the general Council</p>	<p>Medical assistance</p> <p>Appliances</p> <p>Functional retraining</p> <p>Vocational retraining</p> <p>Disability card</p>	<p>Main allowances</p> <p>1) Disabled less than 80 %</p> <p>Annual allowance to 01.01.74</p> <p>2450 F, subject to an annual means ceiling of 5300 F</p> <p>2) Severely disabled</p> <p>a) non-workers</p> <p>main allowance: 2450 F, means ceiling: 6400 F</p> <p>Third party rights supplement of 5513 to 11,027, means ceiling 11,913 to 17,427</p> <p>b) workers</p> <p>main allowance: 2450 F, means ceiling: 6400 F</p> <p>Compensation allowance</p> <p>c) children less than 15, monthly allowance of 107 to 215 F</p> <p>Monthly means ceiling 2125</p>	<p>Social assistance to the disabled and severely disabled in 1971</p> <p>1430 million Francs</p>

1533 - Social budget for the disabled (1)

In 1974 the social budget for the disabled was approximately 5800 million Francs, broken down as follows :

- State contribution	2316 million
- Local authority contributions	1613 million
- Social Security contribution	1024 million
- CNAP (National Fund for Family Allowances) contribution	446 million

The guidance law currently in preparation will require additional expenditure of 1400 million.

- 316 million for disabled minors
- 672 million for disabled adults
- 113 million for third party rights supplements
- 290 million for other measures
- 10 million for the operation of technical committees.

2 - Systematic study of achievements

21 - The adjustment of children and their social integration

211 - Detection of disabilities

Since 1945, arrangements have existed for prenatal supervision and the protection of children under 6. The examination results are recorded in a health file. For certain of these examinations, a health certificate is issued which must "mention, where necessary, any anomaly, sickness or disability, particularly mental, sensory or motor, whether of genetic origin or otherwise, which has given rise to or may give rise to a long-term disability or a handicap whether permanent or not."

The Family Code obliges parents to declare, under pain of a fine, any disorders involving at least 80 % disability to the office of the mayor of the district in which they live.

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(1) J.O. (Official Journal) of 09.04.74

The Law of 15.7.70 provides for compulsory examination at specified ages, in order to secure better detection of disorders and maladjustment of any kind (8 days, 9 months and 2 years) under pain of sanctions.

A rationalization of budgetary choices (RBC) has been applied by economists and doctors in order to evaluate the effectiveness of the different programmes to reduce mortality and prenatal morbidity, through which it might be hoped to prevent 6000 cases of disability each year.

Following work on the preparation of the 6th Plan for facilities in the health and social services, a complete programme for prenatal care was put into effect consisting of a set of choices for the sharing out of credits according to lines of actions and according to the economic agents contributing to the execution of the programme.

212 - School education and vocational guidance

- The Ministry of Education has responsibility for the special education of a considerable number of handicapped children :
  - with sensory deficiencies
  - with motor handicaps
  - with slight mental deficiencies.

As far as possible, this special education is provided in establishments which are open to other children, so as to avoid to the maximum extent possible any segregation of the handicapped children. It is provided in "finishing" classes or in specialized education sections.

In addition, national finishing schools have been created for boarders with motor disabilities or mental deficiencies, providing general education and certain technical vocational courses.

Admission to an establishment of this kind is decided by a county (departmental) medico-educational committee and final accommodation is decided by a national committee.



When the severity of the disorders detected in the school environment makes it necessary, the children may be treated without being taken away from their families and without interrupting their education in medical, psychological and educational centres run by teams of specialists including school reeducation staff, medical auxiliaries and social workers, under the medical direction of a physician qualified in paediatrics, psychiatry or child psychiatry.

The cost of these treatments, which may vary in length, is partly assumed by the prevention services under the mental hygiene provisions and partly by the Social Security system under the sickness insurance scheme.

The National Education Service also takes part in the education of handicapped or maladjusted children accommodated in public or private establishments for care, specialized education or re-education (falling under the Ministry of Public Health).

This participation takes the form either of making available establishments with qualified teachers, whose salaries are paid by the Ministry of Education, or of enlisting the services on a contractual basis of approved private teachers, subject in each case to the educational supervision of the Ministry of Education, but integrated within the overall work of the educational or medico-educational team.

- There is also a whole network of functional rehabilitation or motor training centres established by the social security bodies or private associations which provide for the care of children needing extensive and prolonged treatment.

Some of them, thanks to decentralized consultations, provide detection, supervision of home care and follow-up of the rehabilitation provided at the centre (1).

- In addition, there is a network of specialized vocational training centres, mostly established and operated by private associations and some by the State

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(1) See in particular the experiment of the Children's Rehabilitation Centre at Flavigny (Establishment of the North-Eastern Regional Social Security Fund in Nancy).

(particularly for sensory disabilities).

For the motor disabilities, there was a total of 800 places of vocational training in the private centres.

The above mentioned private establishments are subject to the supervision of the Ministry of Public Health or the Ministry of Education, depending on their nature.

Certain standards must be met and the approval of the administration obtained before such establishment may be opened; their operation is subject to administrative and financial inspection and to technical inspection.

VOCATIONAL EDUCATION ACCORDING TO NATURE OF DISABILITY		
Nature of disability	Number	Percentage
Sensory disabilities (blind, partially sighted, deaf, hard of hearing)	1,354	6 %
Motor and other physical disabilities	2,191	10 %
Mentally deficient	11,174	50 %
Behavioural disorders and social cases	7,441	34 %
Total of pupils receiving tuition	22,160	100 %

There is no official list, but the Regional Centres for Maladjusted Children and Adolescents (Centres Régionaux pour l'Enfance et l'Adolescence Inadapté - CREAM) are able to give details for each region of the establishments, their specialization and the number of places they provide.

In addition, private associations also publish fairly comprehensive lists, generally preceded by information on legislation and regulations relating to specialized education.

Some experiments in the provision of care and specialized education in the home, which are still in the nature of pilot projects (Brest, Corbeil),

are also worth mentioning. They have been undertaken by a private association of national importance (APF) applying a variety of resources and place medical, paramedical and specialized educational teams at the disposal of paralysed children aged from 6 months to 12 years.

With regard to vocational guidance and the attribution of the different benefits provided to assist families (see 213), the Committee for the Guidance of the Disabled, Minors' Section (see 142), is invited to present its opinions.

213 - Assistance to families

2131 - Rehabilitation services and special education :

Rehabilitation services (including all specializations) are provided in the home or in approved establishments for the children of those covered by social insurance up to the age of 20 inclusive, if the adolescent is unable to work because of his disability.

Social assistance is applied, subject to means (ceiling laid down by Decree), to families not covered by compulsory Sickness Insurance. In some cases, the two systems are applied so as to complement one another.

2132 - Family and social assistance benefits :

Two family benefits are provided for disabled children :

- The specialized education allowance (Law of 31.7.63). This is a lump-sum allowance paid subject to means to persons having charge of a handicapped child the reeducation of whom is being provided by an approved establishment. The costs of the child's attendance must not be covered by sickness-insurance. The benefit is applied on the recommendation of the Departmental Committee for the Guidance of Disabled Persons and was 220 F per month in January 1973.

- The allowance to handicapped minors (Law of 13.7.71). This is a subsistence allowance granted, subject to means, to families having charge of a child suffering from 80 % disability, whose education involves costs additional to those incurred in the maintenance of a normal child. The allowance is granted on the recommendation of the Departmental Committee. It is 73.50 F per month.

Families whose resources are still inadequate may also receive social assistance benefits, which fall into two categories :

- The special allowance to parents of severely disabled minors under 15, subject to means conditions. It varies from 107 to 215 F per month (as of 1.1.74). 30,000 families benefit.
- The allowance for disabled persons over 15 is given to those who are incapable of work and do not have adequate means. Its rate is the same as that for the aged person's allowance. 18,000 disabled persons benefit.

The specialized education allowance was paid in 1972 to 3,710 families in respect of 3,873 children, which accounts for a total amount of 12,424,288 F paid by the Family Allowance Funds.

The allowance for disabled minors was paid in 1972 to 6,006 families in respect of 6,176 children, which represents a sum of 95,047 F paid out by the Family Allowance Funds.

#### 2133 - Fiscal measures :

Parents having charge of a disabled child of any age can claim half an additional allowance step for the assessment of income tax.

The various allowances mentioned above are not subject to income tax.

#### 22 - Medical or functional rehabilitation

##### 221 - Definition

This is a specialized treatment which constitutes a health benefit provided

by the Social Security or Social Assistance systems.

It may be provided : in hospital  
                                  in the home  
                                  in a rehabilitation centre  
either on a boarding or external (out-patient) basis.

This treatment is prescribed by a doctor who may also be a rehabilitation specialist. In practice it is usually conducted by paramedical technicians, such as State-certified kinesiotherapists, though it may sometimes also be supplemented in the hospitals, but more especially in the centres by other paramedical technicians (ergotherapists, orthopaedists) and by psychologists and social workers.

#### 222 - Intrahospital rehabilitations

Since 1954 (provision of 02.09.54), it has been provided that "hospital establishments are required to provide the service of a technician responsible for examining, as soon as the state of health of the patient permits, whether he is likely to be able to regain the ability to pursue an occupational activity, so that retraining can be undertaken as soon as possible."

The provision of 03.08.59 stipulates that every hospital centre must have one or more functional rehabilitation service (according to W.H.O. experts 25 % of hospital patients would benefit from rehabilitation).

The Law of 31.12.70 for hospital reform again stipulates that hospital centres should, where appropriate, provide hospital beds for convalescence, cure or rehabilitation.

In fact, many hospitals still do not have a rehabilitation service (1).

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(1) L. PIERQUIN : L'organisation de la réadaptation médicale en FRANCE (July 1972).

223 - Functional rehabilitation in specialized centres

An Order of 29.09.53 lays down the conditions under which functional rehabilitation centres should be established, technically equipped and operated. Other provisions have been added to supplement this regulation.

The specialized centres are usually private establishments or Social Security establishments. Their geographical location is rather haphazard because of their origin in private initiative. All needs are not covered.

Certain establishments are reserved for particular types of disability.

Some are twinned with centres for vocational training (or vocational re-education).

There is no official list of rehabilitation centres. According to estimates, in 1970 there were about 10,000 beds for vocational rehabilitation.

224 - Occupational rehabilitation

224.1 - The centres

The objective of this stage of rehabilitation is twofold :

- preparation for the resumption of a previous or similar occupation
- preparation for resettlement.

These centres are generally attached either :

- to a functional rehabilitation centre of which it forms an indispensable complement, or
- to a vocational training or retraining centre.

The doctrine governing these questions is rather poorly defined. However, criticism of the operation of the Departmental Guidance Committees (143) will certainly lead to an increase in the number of "assessment stays" in such

establishments or services, with a view to improving the process of guidance for the disabled.

2242 - The industrial enterprise (industrial medicine and specialized workshops):

The Law of 23.11.57 provides in article 7 : "That every enterprise employing more than 5000 workers must on medical advice provide employees injured or falling ill with facilities for occupational rehabilitation (and vocational re-training).

This provision has not yet been given an implementation decree, but some enterprises have nevertheless gone ahead and opened rehabilitation workshops. This is notably the case of the big nationalized corporations (S.N.C.F., R.N.U.R. etc. (1)) and of certain private firms, especially those of the motor industry.

Factory medical services, which have been compulsory since 1946, may play a certain part in the rehabilitation of former victims of disease or injury. The Law moreover requires that works doctor should supervise the adjustment of these workers as soon as they return to work. The Social Security legislation has also made provision for part-time work with loss-of-earnings compensation to the extent that this facility is likely to aid the recovery or consolidation of the patient.

23 - Appliances : prosthetics, orthotics, footwear

231 - Procedure for the supply of appliances

The provision of appliances for the disabled was developed within the framework of war damage reparations (1914-18), hence under the aegis of the Ministry for Ex-Servicemen, which set up an administrative and technical system for the supply of prosthetics, orthotics, orthopaedic footwear and vehicles.

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(1) French Railways (Société Nationale des Chemins de Fer)  
Régie Nationale des Usines Renault

The Social Security Administration (1) did not in 1945 create any new system, nor the Social Assistance Administration in 1953, but these 2 Administrations pooled their efforts with the Ministry for Ex-Servicemen under an agreement between them.

All the disabled thus have a right to appliances, whatever the system under which they receive compensation. In order to obtain them, they have to register at an appliance fitting centre, which brings their case before a committee which will decide upon and propose the most suitable appliance.

On receipt of the voucher, the supplier will produce the appliance and the fitting centre will then test it for suitability.

There is a nomenclature of appliances and a schedule of specifications corresponding to this nomenclature.

The supply of appliances comprises :

- major items of prosthetic or orthopaedic equipment
- vehicles for the disabled
- orthopaedic footwear

The administrative formalities are at present complex and time-consuming. Also, delivery dates are often much too long, a fact which is deplored by the disabled and their associations. The bodies responsible for providing benefits and services are aware of the additional costs to which these delays give rise and are seeking ways of simplifying the procedure of supplying appliances.

#### 232 - Administrative and financial aspects

An interministerial standing committee on health service tariffs attached to the Ministry of Finance, draws up the nomenclature of appliances and the

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(1) Recently, several regional funds for sickness insurance have established their own independent appliance centre.

In all cases, the doctors from the sickness insurance funds take part in the work of the appliance committees of the centres operated by the Ministry for Ex-Servicemen



schedule of specifications for their supply in consultation with the various specialized committees. The scale of charges for appliances is laid down by the standing committee.

The suppliers :

- must be approved, i.e. satisfy certain conditions to which their trade is subject in accordance with the regulations;
- must have a decent installation for taking measurements, fitting and adjustments to articles supplied.

A working party (AFNOR (1)) has been given the task of standardizing all components of prosthetic and orthopaedic devices in the interests of harmonization with international standards.

#### 233 - Statistics

At present, 375,000 handicapped or disabled persons are covered by the appliance centres of the Ministry for Ex-Servicemen (2), 105,000 of whom come under the Code of Military Pensions and 270,000 under other systems.

In 1972, the services of the Ministry undertook 432,000 operations, which broke down as follows :

- Prosthetics and orthotics	: War wounded	70,000
	Other categories	181,000
- Accessories	: War wounded	91,000
	Other categories	90,000

#### 234 - Staff and training

Reorganization of the industry is at present being studied (344)

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(1) French Standards Organization (Association Française de Normalisation)

(2) Address by Minister A. BORD on 21.02.74 to a symposium on appliances for ex-servicemen and victims of war.

235 - Research on appliances

This is conducted in isolated teams. Two of these work under a public service brief :

- Research and Study Centre of the Central Technical Service for Appliances (Secretariat of State for Ex-Servicemen)
- The Biomechanical Research Unit at Montpellier (National Institute for Health and Medical Research - INSERM).

24 - Vocational guidance

241 - The right to vocational guidance

This is embodied in two sets of legislation, which overlap with one another, thus creating occasional difficulty in cases of differing interpretations.

First of all, the 1945 social security legislation laid down the right to vocational retraining, subject to an opinion from a consultant physician and a psychotechnical examination, for those covered by social security who are no longer able to pursue their occupations because of the consequences of an illness (sickness-disability insurance) or of an industrial accident or occupational disease (industrial accident insurance).

It is the task of the Sickness Insurance Fund to propose vocational resettlement (Decree of 11.01.60 - Art. 7).

Also, the Law of 1957 conceded to all disabled workers, recognized as such, the right to vocational guidance, subject to the advice of the Departmental Committee for the Guidance of Disabled Persons.

242 - The practice of vocational guidance

The Guidance Committee selects the form of vocational guidance in the light of the conclusions of the various experts involved :

- the physician
- the industrial psychologist
- the social worker
- the placement research officer

The discussion also includes the representative of the sponsoring body (Social Security, Social Assistance, ONAC, etc...).

It should be noted that the Social Security Administration is not required to take up the opinion of the committee, if according to its own criteria it holds a different view. Cases of divergent opinions are rare.

Sometimes, the vocational guidance is provided during the course of a stay at a rehabilitation centre : here it is a case of "continuous guidance" during the process of functional rehabilitation by means of successive physical, vocational, psychological assessments etc.

This practice will probably be extended in the future (1).

In view of present practice in functional rehabilitation and consequently the frequent lack of continuity in the rehabilitation process, there is no doubt that many disabled persons do not get vocational guidance.

25 - Vocational training

251 - Indications and methods

Vocational training is offered to disabled persons whenever it is observed that the subject is no longer fit for his previous occupation but that aptitude for learning a new occupation can be demonstrated.

There are three possible approaches :

- Vocational retraining at specialized centres for the disabled
- Vocational training at an FPA (adult vocational training centre), i.e. at a normal centre run by the AFPA (Association for the Vocational Training of Adults), operating under the authority of the Ministry of Labour
- A training contract with an employer.

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(1) The Law on guidance for the disabled, currently being prepared, provides in article 9 that pre-orientation centres may also be included in the process of resettlement.

The 2nd approach is only suitable in cases of minor disability.

The 3rd approach has certain advantages (wide range of occupations, keeping the disabled person in a working environment close to his home) but also some disadvantages (essentially practical training, low technical level, absence of diplomas).

Training at specialized centres takes 1-2 years. In the case of training lasting 1 year, the training year may be preceded by a period of 3-6 months pre-training for the restoration of the subject's general knowledge.

The training is concluded by an official diploma awarded by the Ministry of Labour or Education.

During training, the disabled person receives attendance pay which usually amounts to 110 % of the SMIC (1) and is paid by the Ministry of Labour in accordance with the regulations in force for all workers undergoing vocational re-training.

He may also receive certain additional benefits from the social security body sponsoring his case.

After completion of his course, if he then works at the occupation he has learned, the disabled person may receive a gratuity paid by the Social Security Administration (industrial accidents) or by the Ministry of Labour in other cases.

Indefinite interest-free loans may be awarded to disabled persons setting themselves up in a self-employed capacity.

252 - Occupations taught :

- Some 100 occupations or professions are taught in the specialized centres.
- At the FPA centres : training is given for 202 occupations of the building and metal processing industries, but many of these occupations are not suitable for the disabled.

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(1) Minimum inter-industrial wage of fixed growth, periodically reviewed by Decree

	AGRICUL- TURE	BUILDING	METAL WORK	MOTOR TRADES	ELECTRI- CAL TRADES	ELECT- RONICS	TEXTILE & ALLIED TRADES	LEATHER	OFFICE	HOSPITALS INSTITU- TIONS	MISCELLA- NEOUS
<u>MANUAL</u>  <u>AND</u>  <u>STAFF</u>  <u>WORKERS</u>	Gardening	Tiling Carpentry Painting exterior Interior decora- tion	General mechan- ics Light mechan- ics Turning Milling Office machine main- tenance Sheet metal work Welding Weights and measures	Mechanics Sheet metal work Trim Electri- cal work Motor cycle mechanics	Wiring techni- cian Plant electri- cian (electri- cal en- gineer) Fitter of plant and equipment Coil winding Construc- tion elec- trician	Wiring- soldering Fitting- fault rectifi- cation	Garment machinist Indus- trial dress- making Cutting/ dress- making Institu- tion linen maid Tailoring Carpet making Basketry	Shoe- making Leather work Ortho- paedic footwear	Clerical worker Short- hand typist Accounts clerk/ operator Medical secre- tary Computer console operator	Institu- tion em- ployee Nursing auxiliary Labora- tory ass- istant Maternity care ass- istant Denture technici- an	Opticians fitter Photog- raphy Book- binding Clock- making Hair- dressing Cabinet making Chair making
	<u>TECH-</u>  <u>NICAL</u>  <u>STAFF</u>		Secreta- ry/ cashier Assistant quantity surveyor Draughts- man	Machine construc- tion draughts- man Metal construc- tion draughts- man		Electr- ical enginee- ring draughts- man	Electronic equipment draughts- man Platform man Technician				Sanator- ium nurse State cer- tified nurse Labora- tory assistant Biological analyst Prosthetics

253 - Training centres for disabled adults

There are about 80 specialized vocational training centres for disabled adults with about 325 training sections.

- 9 establishments of O.N.A.C. (National Office for Ex-Servicemen) with 1800 places
- 9 establishments created and operated by the Social Security Administration with 850 places
- most of the other establishments, which are private, are affiliated to the Federation of Associations operating Establishments for the Rehabilitation of the Disabled (Fédération des Associations Gestionnaires des Etablissements de Réadaptation pour Handicapés - FAGERH) and offer around 3400 places.

The geographical distribution is not a rational one.

The centres receive subsidies on establishment and for operating purposes (installation), but most of their funds are derived from the daily charges paid by the compensation funds.

The centres may have between 1 and 26 training sections, each one covering about 15 disabled persons.

254 - Results and follow-up

The proportion winning diplomas is high. On leaving, the trainees are generally placed by the centre or by the National Employment Agency within a relatively short period.

In many cases, the centres try to obtain follow-up information on their ex-trainees by means of questionnaires which are subsequently analysed for statistical purposes.

255 - Prospects

Vocational training for the disabled must undergo some important changes for two main reasons :

- disabled subjects sent for training are frequently in a worse condition of physical disability and in some cases also suffer from mental or emotional

disturbance;

- technical development is bringing about changes in the nature of the occupations and in the content of the technical knowledge required.

Many centres are having to close down traditional training sections and open new ones. But the choice is difficult.

Studies are in progress on this subject, notably in the programme of activities of FAGERH (1).

26 - Placement and priority employment

261 - Employment procedures

Disability may be a reason for the rejection of a job application, if at the medical examination the works doctor observes that the disabled candidate is unfit for the job in question.

Generally speaking, employers are disinclined to recruit disabled workers, apart from cases in which the candidate is extremely well qualified for the job.

On the other hand, they frequently re-engage, first of all, victims of industrial accidents and, to a lesser extent, workers formerly in their employment having gone sick.

Part-time working, with compensation for loss of earnings, is provided by the Social Security legislation, but generally on a temporary basis.

There is neither provision nor organizational basis for temporary work.

2611 - Placement of the disabled : This is officially entrusted to the services of the National Employment Agency, which is a public body having regional centres and offices in all important localities (2).

The agency uses the services of placement research officers whose task is to aid and advise their colleagues in the placement of workers and to ensure,

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(1) Fédération des Associations Gestionnaires d'Etablissements de Réadaptation.

(2) The A.N.P.E., set up in 1967, is working to a programme of specific objectives designed to quadruple in 4 years the number of placements to be effected. Total staff in 1974 was 6193.

as a second task, that placements are followed up, i.e. to check on the adjustment of the newly recruited disabled workers to their employment.

2612 - Reserved employment : A Law of 26.02.23 makes provision for certain jobs to be reserved for the victims of war. These are jobs in administration grouped in 5 categories depending on the level of education required, usually for entrance by competition or examination.

The Law of 23.11.57 laid down the principle of job reservation for disabled workers in the private sector, but the provisions for implementation have not yet been published.

2613 - Priority of employment in the private sector : Two provisions of 1924 and 1963, harmonized within the same regulatory framework, lay down the priorities for employment.

The Law of 26.4.24 imposes an obligation on private firms to ensure that 10 % of their personnel are victims of war (pensioners, war widows, orphans, deportees) or victims of industrial accidents receiving a pension of whatever amount.

The Law of 23.11.57 reiterated this concept of priority of employment for disabled workers, recognized as such by the Departmental Guidance Committee, and an Order promulgated in 1963 set the level of compulsory employment at 3 %, but within the maximum of 10 % provided in the previous legislation.

The mixing together of the 2 categories of beneficiaries, which however gave the first priority over the second, is an anomaly in the legislation. Indeed, the beneficiaries under the Law of 1924 are not necessarily disabled workers within the meaning of the Law of 1957, but only the recipients of annuities or pensions (military and industrial accidents) who have no difficulty in doing a normal job.

This legislation is thus to a large extent inoperative for real disabled workers.

Employers are required to submit an annual declaration.



Failure to apply the Law is penalized heavily, but prosecution is extremely rare.

The attached table shows the figures compiled from the annual returns.

2614 - Priority of employment in the public sector : The Decree of 16.12.65, implementing the Law of 23.11.57, laid down the conditions for the employment of disabled workers in administration. Entry is possible through the reserved employment system (1923 legislation) or through recruitment competitions.

Physical fitness for jobs is checked by the Departmental Guidance Committee (142). The employment percentages for disabled workers according to particular groups in administration are laid down by Government Order.

2615 - Additional measures :

- A Decree of 10.8.70 laid down the conditions for State financial involvement in the adaptation of places of work and machines to accommodate disabled workers (80 % of adaptation to an amount of 2500 F per post).

Few applications have been made in recent years and the Ministry of Labour set up a body known as O.T.A.P. (1) to promote a policy of ergonomics for the disabled.

- Information campaigns using the mass media (press, TV, radio, posters) were conducted, notably under the initiative of the French National Liaison Committee for Rehabilitation.

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(1) Organisme technique chargé de l'aménagement des postes de travail (Technical body concerned with the rearrangement of places of work)

APPLICATION OF LEGISLATION OF 1924 AND 1957 IN NON-AGRICULTURAL ENTERPRISES EMPLOYING MORE THAN 10 WAGE-EARNERS

Declaration Year	No. of enterprises submitting a declaration	No. of wage-earners in these enterprises	War disabled	War widows and orphans	Industrial accident victims receiving pensions	Disabled	Civilian war victims	Industrial pensioners victims of accident outside the enterprise
1969	107,820	8,239,421	107,432	13,266	374,821	33,824	5,098	54,583
1970	106,531	8,428,832	106,534	13,384	431,425	34,634	5,134	52,631
1971	108,612	8,773,745	104,548	13,287	452,633	35,705	5,382	55,702

The declarations made in 1965 reflected for the first time the results of the application in 1964 of the employment obligation provided under the Law of 23 November 1957.

2616 - Difficulties regarding the employment of the disabled : These are numerous and relate both to the disabled themselves and to their environment and the situation into which they are absorbed.

A possible list is as follows :

- Associated and compounded handicaps, particularly the mental following on from or inherent in the nature of the traumatic event suffered;
- cranial damage in cases of multiple injury;
- low educational level and lack of vocational qualification;
- ethnic origin for immigrant workers;
- age and premature run-down of the organism;
- psychological failure to accept the disability.

Although his physical deficiency may be slight or moderate, a disabled person may in fact become severely handicapped for employment purposes.

- economic conditions and the employment position;
- the attitude of employers, which is still frequently dominated by an array of prejudices towards disabled workers (absenteeism, accident risk, instability etc.);
- technical progress, which is leading to the disappearance of certain surveillance and caretaker occupations;
- the requirements of productivity and output in mass production work which, by its nature, does not seem to impose heavy demands in the physical sense;
- inadequate controls in the application of employment priority measures;
- in some cases, legislation, the working environment and the family are obstacles to employment.

## 27 - Sheltered employment

### 271 - Legal definitions

Sheltered employment is provided under the Law of 23.11.57 for disabled workers whose physical or mental deficiency is such that their placement in a normal working environment becomes impossible.

This sector comprises :

- sheltered workshops as such
- "occupational assistance" workshops
- distribution centres for work at home

These establishments are generally set up by private associations. The State has refrained from promotional activity in this field.

Sheltered workshops operate under conditions approximating to those of an enterprise and must endeavour to maintain financial balance in their management. They are approved by the Public Authorities and may receive various forms of financial assistance.

The Centres for Occupational Assistance are intended for the disabled with more severe physical and mental handicaps; they provide medico-socio-psychological support and are more in the nature of establishments with a social function.

They operate under official approval and finance their activities by charging daily fees on the basis of data recorded in practice over recent years. The "code" for sheltered employment is currently under study.

#### 272 - Sheltered Workshops

The exact number of sheltered workshops is not known (it should be noted however that a certain number at the same time perform the functions of workshops for assistance through work and of centres of distribution for work at home), but it may be estimated at around 25 with over 1800 places.

This figure is generally considered inadequate and the development plan makes provision for a substantial increase in the number of places.

These workshops, set up and managed by private associations (see 1321), mostly operate on the basis of sub-contracted work, which limits commercial expenses on a large scale. Places of work are designed and adapted to suit disabled workers, but within the context of profit-making operation. The work sought from industrial firms is selected according to its suitability for disabled workers, and according to its financial value in order to avoid any

form of exploitation of handicapped manpower.

The activities in which they engage are very varied : light engineering and fitting, electrical and electronic assembly, various forms of packing. The work is done either manually or by machine.

The disabled workers receive wages related to their output. The rates of pay must follow as closely as possible the normal rates applying in industry.

These workshops generally have hostels linked to them for accomodation.

They receive installation subsidies from the State, the local authorities and the Social Security Administration within fairly strict administrative norms. For some years, construction has been in accordance with the directives of a circular making "industrialized building" systems compulsory.

In addition, while financial balance in management remains a central objective, it has to be admitted that this is not always possible, for a variety of reasons. This is why operating subsidies have recently been provided, but strict rules must be applied in granting them.

#### 273 - Workshops for occupational assistance

These are similar to the sheltered workshops, but the disabled persons admitted to them cannot achieve the same levels of output and the tasks to which they are assigned must also be simpler. They receive a daily rate from the Social Assistance services.

They have increased considerably in number over recent years under stimulus from the associations of parents of handicapped children. The figure of 10,000 places has certainly been outstripped, but the disabled persons working in them are mainly the mentally handicapped (deficiencies of all levels). Accomodation is much less common than in the case of the sheltered workshops.

Most of the rules governing sheltered workshops are applied to them, since they form an integral part of the so-called sheltered employment sector. Some of their advocates, moreover, would like to see the distinctions between the two types of workshop removed within the framework of a code of sheltered employment.

274 - Home-based employment

This is not very widespread and requires serious organization, if a situation is to be avoided in which it becomes a form of exploitation of labour, such as it often has been even for non-disabled labour. It is nevertheless in the process of development, notably as a special field of the sheltered employment and occupational assistance sector.

275 - Labels for products manufactured

In the case of products manufactured by the disabled themselves in their own workshops, provided the corresponding authorization has been obtained, the goods are branded with a label (Art. 25 of the Law of 23.11.1957), guarantees their genuineness as articles manufactured by disabled workers.

The label is intended to prevent fraud, particularly by door-to-door salesmen. It should however be noted that some associations are opposed to the label system, which may also be interpreted as an appeal for public charity.

28 - The social integration of the disabled

281 - Housing

2811 - Community housing : There are no special legal provisions. However, a circular of 30 July 1966 from the Secretariat of State for Housing indicates a certain number of orientations :

- organizations for low-rent housing (H.L.M.) must examine whether there are applications for housing from disabled candidates which could be satisfied

- in the locality in which they are building
- the arrangements made must be within the dimensional standards and maximum cost limits
  - when departures from the rules are necessary, they must be considered as sympathetically as possible by the administration.

The H.L.M. dwellings built in this way are offered to the disabled taking into consideration both their occupational, family and social situation and the severity of their disability.

2812 - Homes for the disabled : In addition, a circular of 8 September 1971 from the Secretary of State for Housing recommends the establishment by H.L.M. bodies of residential centres, divided up into individual dwellings for persons with motor disabilities living alone who would benefit in such centres, not only by being able to live in a small individual flat and from the availability of certain communal services (particularly canteen and laundry facilities), but also by the provision of assistance and services to facilitate the integration of the disabled person into occupational and social life. In order to obviate any risk of segregation, such housing projects should be located in an urban environment.

It should also be noted that a certain number of specialized associations concern themselves with particular problems of housing and internal arrangements, study standards, propose technical solutions and instil an awareness of these questions both in the public authorities and in the various bodies concerned with rehabilitation.

Finally, certain disabled persons' associations, such as the APF (Paralysed Association of France) have opened a certain number of homes for the severely disabled, which provide not only accomodation, but also the care necessary for their condition. Also, the disabled persons concerned are encouraged in the pursuit of certain manual and mental activities, and leisure facilities are made available to them.

282 - Architectural barriers

The conclusions of a working party set up within the framework of the

activities of the Interministerial Committee on Rehabilitation have prompted the Minister of Housing to draw up by Decree of 27.5.74 the standards of accessibility of community housing to disabled persons in wheelchairs.

This measure is to be followed by other decisions.

#### 283 - Transport

2831 - Accessibility to means of transport : No rules have been laid down in this area. However the staff of the SNCF are instructed to help disabled persons needing assistance in the course of transport by rail.

2832 - Means of transport for the physically disabled : Disabled persons whose condition justifies it may obtain invalid carriages with auxiliary engines.

There are rules laying down the conditions under which a special driving licence, or F licence, may be granted and alterations be made to motor vehicles used by the physically disabled.

Disabled persons may obtain from the Préfecture an authorization to put stickers on the windscreens of their cars with the indication GIG (grand invalide de guerre - severe war disablement) or GIC (grand infirme civil - severe civilian disablement) in order to draw the attention of the police and the public to their particular parking and mobility problems.

#### 284 - Leisure, holidays and sport

2841 - Sport : Attention should be drawn to the efforts pursued for some years by various specialized associations to encourage sport among the physically and mentally disabled. These efforts are very actively supported by the Secretariat of State for Youth and Sport. On several occasions contests invoking the spirit of the Olympic Games have in various French towns gathered together disabled people engaging in various sporting disciplines. These gatherings, to



which some publicity was given by the press, radio and television were an opportunity for the disabled to meet, cement their solidarity and discover through the physical and moral effort jointly applied the full range of their abilities, constantly extending beyond the bounds of what had been thought possible.

2842 - Leisure and holidays : Achievements in this field have so far been mainly the fruit of efforts on the part of associations. However, the Government, particularly the Secretariat of State for Youth and Sport, is seeking means of encouraging leisure activities, exchanges and holidays for the disabled. A working party set up under the initiative of this Ministerial Department and at the request of the Standing Committee of the Interministerial Coordinating Committee is currently engaged on an examination of all aspects, notably the financial aspects, of this problem.

3 - General aspects

31 - Evaluation of the need for rehabilitation and national development programme : evaluation of cost

311 - -----

Estimating the need for rehabilitation and employment for the disabled is a particularly difficult undertaking. The diversity of sources of information, the lack of overall statistics, which it would be impossible to compile, the changing pattern of requirements all present serious obstacles to a scientific or merely objective appreciation of the need in this field.

Within the field of specialized equipment and staff to be employed, the evaluations of requirements adopted by the Committees whose task it has been to prepare the last two equipment plans (5th : 1967-71 and 6th : 1971-75) are in conformity with the percentages generally accepted at international level, although the latter in some cases appear to be a little overestimated. For the preparation of the 7th Plan, a systematic survey of the disabled will be undertaken.

Persons over 15 eligible for referral for rehabilitation annually :  
450-500,000.

312 - Development programme

With regard to the policy of rehabilitation, choices and priorities on behalf of certain categories of the disabled, objectives to be achieved and the resources and methods to be applied, a Committee of qualified and representative persons has been set up to make a set of proposals within the framework of the drafting of the 6th Plan. This Committee, known as the "Disabled - Maladjusted Intergroup" has published an important report under its own responsibility with the intention of advising the Government in the preparation of the Plan.

In particular, the report of the Group on "Employment for the Disabled" touches on all the medico-social aspects of social resettlement, functional and vocational rehabilitation, employment and sheltered employment.

"Action to further the vocational resettlement of disabled adults must be indivisible, continuous, progressive, non-segregationist but, nevertheless, personalized and finally recognized by all as a national priority".

"Medical rehabilitation must be integrated into the general process of rehabilitation".

"The provision of appliances and the professions concerned with it need to be reorganized".

"The re-integration of the disabled person in a normal working environment is the prime objective of the process of rehabilitation".

Alongside the "non-segregationist" nature of the policy to be pursued is the priority which needs to be given to effective guidance on the one hand and the search for conditions enabling the greatest possible number of workers to be employed under normal conditions, on the other.

The fact remains that it is not possible to place all disabled workers employed in the normal sector on the same footing as "normal" workers, that the need for action on progressive lines must, in particular, be matched by an extension of part-time employment and that there is a need, finally, for all concerned to set up effective preparation and follow-up teams.

A rational investment policy has been adopted by the Government. The efforts applied for the development of adult facilities are beyond all comparison with those achieved in the past.

A certain rationalization becomes apparent in the field of facilities. Thus a "master plan for the disabled" inspired by the principle of the master plan for hospitals will bring about a distribution of equipment credits among the different administrations and according to technical choices. Moreover, in the field of construction, in order to speed the completion of projects included in the Plan, an industrialized building system has been adopted for medico-educational institutes, sheltered workshops and homes.

Social and Economic Development : The 6th Plan (1971-75) contained a certain number of measures for the vocational rehabilitation of disabled adults :

- A strengthening of the administrative and technical resources of the guidance committees in order to improve their operation and shorten waiting times for candidates.
- Ergonomic research on the adaptation of jobs and places of work for the disabled (OTAP) (1).
- Setting up of "preparation and follow-up" teams to provide support to the disabled, particularly following placement.

This programme is being followed by the Inter-ministerial Coordinating Committee on resettlement and rehabilitation.

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(1) See 32

Finally, it should be added that the decision-making problems in connection with health services and hence medical rehabilitation are the subject of a rational study being undertaken by multidisciplinary teams (2). The object is to reationalize budgetary choices (RBC policy), singling out the advantages of one course of action in the health service field over another by experimental methods and inquiries among social workers.

313 - Evaluation of the costs of rehabilitation

Bearing in mind the difficulties involved in compiling exact and reliable figures, few studies have been undertaken on the "cost and benefit" of care, education and training, rehabilitation and resettlement. On the other hand, it is the multiplicity of sponsoring bodies, and not the differences in expenditure on customary care and rehabilitation services, which makes even an approximate evaluation impossible.

A certain number of the disabled also effect their rehabilitation through the channels of traditional education and training, and it is therefore impossible to pick out the details from the general budget of the institution concerned.

However, the proposals made by the preparatory groups working on the plan are set out in the form of programmes of specific objectives with an evaluation of costs to be anticipated.

COST OF PROGRAMME		
(Borne wholly by the State) (In million francs 1970)		
	TOTAL COST Vith PLAN	YEAR 1975
Guidance .....	52.0	18.0
Research .....	3.9	1.2
Preparation and follow-up services ...	24.7	9.1
Sub-total .....	80.6	28.3
Guidance .....	10.0	
Preparation and follow-up services ...	3.5	
Sub-total .....	13.5	
OVERALL .....	94.1	

(2) Working party on the science . . . decision on health service questions

In addition, it should be recalled (see para. 312) that the RBC studies (Rationality of Budgetary Choices) make it possible to calculate the financial advantages of certain systematic preventive medicine or rehabilitation policies.

	1st Plan	3rd Plan	4th Plan	5th Plan (1)	6th Plan (1)
Handicapped children	100	117.3	74.9	1440	1,540
Disabled adults	100	114.1	513.3	825	10,100
Residential centre	100	154.1	896	740	1,000

For the 6th Plan, it should be noted that in the field of handicapped children the increase in subsidies for facilities shows that the efforts undertaken are being pursued with vigour. Effort in the field of facilities for adults is beyond comparison with what has been achieved in the past. This endeavour illustrates the determination of the public authorities to re-integrate the disabled adult in Society, providing him wherever necessary with work and accomodation suited to his condition.

### 32 - Research into rehabilitation

Research is one of the most important aspects of the action provided in the Plan. Contracts can be concluded with private organizations to further research which, up to now, had been the exclusive province of the State.

Thus, on the subject of prosthetics, the work of two teams falling within the province of the public services is worth mentioning :

- the Studies and Research Centre of the Central Technical Service for Appliances governed by the Ministry for Ex-Servicemen

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(1) In order not to falsify the comparison, only 4/5 of the appropriations made over the 5 year period have been taken into account

- the Biomechanical Research Unit of Montpellier belongs to the National Institute for Health and Medical Research (Institut National de la Santé et de la Recherche médicale - INSERM).

On the subject of ergonomics :

- O.T.A.P. (Technical Body for the Rearrangement of Places of Work) reviews research and projects completed and has the task of publicizing them.

On the subject of vocational training and special education :

- FAGERH (Federation of Associations operating Rehabilitation Establishments), in conjunction with and with the assistance of the public authorities (AFPA (1) - CEREQ (2)), holds technical meetings (seminars, study days) for rehabilitation.

### 33 - Information - documentation

#### 331 - Information to the public

The prejudices of the public and of employers, particularly with regard to the disabled, still persist for various reasons, and the inadequacy of information undoubtedly contributes to their continued existence. An effort has recently been undertaken using resources which, up to then, had not been available for use in such a systematic fashion.

Thus, following projects undertaken by the associations for the protection of the interests of the disabled, national campaigns have been organized, notably by the French Society for the Disabled (Compagnie Nationale Française pour la Réadaptation), with the aid of radio, television, the press and posters, to alert the different sections of the public to the problems of the vocational and social integration of the disabled.

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(1) Association pour la Formation professionnelle des Adultes (Association for the Vocational Training of Adults)

(2) Centre d'Etudes et de Recherches en qualifications professionnelles (Studies and Research Centre for Vocational Qualifications)

332 - Specialized documentation

The collection of bibliographic documentation on general training, vocational training and career information is the task of the National Information Office for Education and Careers (Office National d'Information sur les Enseignements et les Professions - ONISEP), a national public institution under the responsibility of the Ministry of Education, which has a rehabilitation department. ONISEP, in conjunction with the National Centre for Information on Rehabilitation, publishes the journal Réadaptation (Rehabilitation).

This monthly publication deals with all subjects relating to rehabilitation, reports on specialized events (study days, symposia, conferences) and frequently publishes their proceedings.

But this is not an exclusive source; many private national or regional organizations (National Technical Centre and Regional Centres for Handicapped Children and Adolescents, French National Liaison Committee for the Rehabilitation of the Disabled, Centre for Studies and Automatic Documentation on Rehabilitation and Retraining) have constantly updated documentation on various aspects of the process of rehabilitation and resettlement.

34 - Education for specialists in rehabilitation

341 - Doctors

- There is a certificate of special studies in rehabilitation for doctors (College of Functional Re-education and Rehabilitation) set up by Order of 04.08.65. Open to doctors of medicine; course lasts 3 years (1).
- Medical students receive training in rehabilitation as part of their courses.

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(1) There are other specializations of more or less direct concern to rehabilitation : rheumatology, hydrology, neurology, biology applied to physical training, industrial medicine, psychiatry, etc.

- Practising physicians may take part in post-graduate courses on subjects related to rehabilitation.

But the truth is that rehabilitation still appears to be a little-known speciality among the medical profession.

#### 342 - Paramedical staff

- Masseur-kinesitherapists (2) receive state diplomas after 3 years' study at schools run under the supervision of the Ministry of Health.
- in 1967, a certificate for massage-kinesitherapy instructors was instituted to cater for the training of students in the schools (3).
- ergotherapists also receive state diplomas (Decree of 06.11.70) following special studies lasting 3 years.
- speech therapists (4) get the certificate of capacity awarded by the Ministry of Education after 3 years of higher studies.
- Orthoptists (5) get the certificate of capacity after 3 years of higher studies.
- hearing aid technicians receive State diplomas after 1 year of higher studies.

#### 343 - Socio-educational and educational staff

Specialized teachers receive State diplomas (Decree of 22.2.67) after 3 years of study at a school approved by the Ministries of Health, Education and Justice. This occupation is more especially oriented towards the rehabilitation of handicapped children.

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(2) At 1st January 1973, there were 24,831 kinesitherapists : 47.8 per 100,000 inhabitants.

(3) There is a school for kinesitherapy staff (Ecole de Cadres de Kinésithérapie).

(4) At 1st January 1973, there were 3,478 speech therapists in employment : 2 for every 100,000 inhabitants.

(5) At 1st January 1973, there were 522 orthoptists in employment : 1 for every 100,000 inhabitants.



Instructors receive a certificate of competence (Decree of 08.03.70) after 2 years of study, part of which is pursued during employment.

Professional instructors or technical teachers may be placed on the same footing as AFPA instructors - both for the conditions of recruitment and for those of educational training.

#### 344 - Others

Prosthetics-orthotics technicians and surgical footwear and orthopaedics specialists receive official technical training. Preparations are being made for the creation of a State diploma.

In addition, certain staffs, subject to certain conditions, may be eligible for re-adjustment courses, if they are doing a job for which they do not have the required diplomas (educational tasks, in particular).

Finally, most of the qualified staff may also benefit from the provisions of the Law of 16.07.71 on continuous vocational training, which is designed to raise their level of cultural and technical education.

I T A L Y

.3229/74 e

THE REHABILITATION OF THE DISABLED IN ITALY

Legal, administrative and technical aspects

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Editorial note

This Report has been prepared in the absence of a systematic reply to the CEC questionnaire (document 1302/2/71) from information gathered at a meeting of Italian experts in Rome on 25.01.1974.

This encounter made it possible to collect a certain number of data, to be supplemented by subsequent information sent during the first half of 1974.

Exchanges of correspondence with the main associations and bodies concerned with the disabled also made it possible to obtain some additional details.

The following were also consulted :

- "Partizipazione" (monthly magazine of the Cadoparco Community)
- the doctorate thesis "Some aspects of the situation of the civilian motor disabled in Italy from 1947 to the present", submitted by Mr R.C. LACHAL - BORDEAUX 1970
- the thesis of doctorate of law "Reserved occupations in the Common Market countries" submitted by Mr P. COMMES - PARIS 1972.

1 - Summary of legal and administrative aspects

11 - The concept of disability and of the disabled person

There is no single definition of disability or of a disabled person. The basic legislative provisions on the rehabilitation and employment of disabled persons or invalids (Law of 22.04.1968 and Law of 30.03.1971) define the characteristics of persons intended to benefit as follows :

- . The term war disabled denotes any person who during active military service has become unfit for gainful employment or whose capacity for work has been diminished as a result of injuries or infirmities caused or aggravated by military service in wartime or, generally speaking, as a result of war.
- . The term civilian war disabled applies to any non-military person who has become unfit for gainful employment or whose capacity for work has been diminished as a result of injuries or infirmities caused by act of war (art. 2 of Law no. 482 of 2.4.1968).
- . The term service disabled applies to any person who, during military service or the exercise of civilian functions in the service of the State or local or territorial authorities, has become unfit for gainful employment or whose capacity for work has been diminished as a result of injuries or infirmities caused or aggravated by this service (art. 3 of Law no. 482 of 2.4.1968).
- . The term industrially disabled applies to any person who, as a result of an industrial accident or occupational disease, has suffered a reduction of at least one third in his capacity for work (art. 4 of Law no. 482 of 2.4.1968).
- . The term blind applies to any person suffering from total blindness or whose visual capacity is no greater than one tenth in each eye, whether corrected or not (art. 6 of Law no. 482 of 2.4.1968).

- . The term deaf-mute applies to any person suffering from congenital deafness or from deafness contracted before learning to talk (art. 7 of Law no. 482 of 2.4.1968).
- . The term civilian disabled applies to any person suffering from congenital or acquired deficiencies, whether progressive or not, including mental disorders caused by organic and metabolic malfunctions, mental deficiencies resulting from sensory and functional defects, involving a permanent reduction of at least one third in his capacity for work or, in the case of persons under 18, having persistent difficulties in carrying out the tasks and functions appropriate to their age (art. 2 of the Law of 30.03.1971).

It will be observed that the standards of assessment are not the same in each case.

For the war disabled, it is a question of unfitness for gainful employment, or quite simply of an unspecified reduction in capacity for work. This also applies to the civilian war disabled and the service disabled.

For the industrially disabled and civilian disabled, a reduction of at least one third is mentioned in capacity for work.

It is important to note that the reference is to a reduction in capacity for work and not in earning capacity, thus laying the emphasis on physical deficiency, i.e. "the biological factor leaving aside the economic and social element" (1).

## 12 - Statistics

### 121 - Demographic and economic frame of reference (1)

According to the 1970 base data, the total population was 54,683,000 with an annual rate of growth of + 8 %.

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(1) Prof. I. Del Carpo

(1) Source : Official Journal of the French Republic (19.01.1974). Study on the problems of Social Security in France and in the countries of the EEC.

The active civilian population was 19,571,000 including

agriculture	3,683,000
industry	8,209,000
services	7,064,000
unemployed	0,615,000

It should be noted that a large proportion of the population of active age work in foreign countries.

The national income is 47,160,000 lire, of which 27,840,000 is accounted for by the payment of wages (59 %). The annual rate of growth in the national income is + 7.9 %.

#### 122 - Lack of comprehensive statistics

There are no full and exact statistics on the number of disabled persons. For the war disabled and industrially disabled, the number of pensioners is known. For other disabled persons, information is difficult to obtain. The population census did not include a question on this subject. Moreover, the figures could show substantial variation, depending on the threshold of disability adopted to define the categories of disabled persons to be covered.

In addition, regarding the causes of disability, estimates have to be used.

#### 123 - Approximations

According to a survey of the Ministry of Health, the number of civilian disabled in June 1973 was approximately 500,000 according to the criteria of the Law of 30.03.1971.

The following approximations have been quoted in the Thesis of R.C. LACHAL (1970) :

10,000	Myocardial infarct	30 % of whom are thought to be under 14
70-75,000	Cases of poliomyelitis	
20,000	Myopathics	
20-30,000	Cases of congenital deformity	(80 % calling for orthopaedic treatment

or fitting of appliances)  
10,000 Cases of multiple sclerosis  
5-6,000 Quadriplegics or paraplegics (not including industrial accidents)  
including 3/4 due to road accidents  
350,000 Hemiplegics of different degrees of severity.

These various figures match the percentages generally adopted by the W.H.O. for comparable population units.

At 31.12.1973, approximately 40,000 disabled persons, without distinction as to age, were assisted in Ministry of Health rehabilitation centres.

In 1972, 7,940 disabled persons attended special vocational training courses.

Disabled persons registered on the lists of the employment offices arranging compulsory placement (Law No. 482 of 2.04.1968) according to the Ministry of Labour :

	at 01.01.70	at 31.12.71
Military war disabled	11,617	11,240
Civilian war disabled	3,228	3,631
Service disabled	3,787	3,823
Industrially disabled	6,412	10,112
Deaf-mutes	1,979	2,000
Civilian disabled	37,341	62,532
Others	691	577

13 - Development of rehabilitation

131 - History

Help for the disabled has a long history. It has long been marked by its

charitable aspect, and this has not yet completely disappeared.

Economic and social development has led to a change in public opinion on lines of a reappraisal of the principles of action on behalf of the disabled. The concept of charity is giving way to one of social integration.

From the legal point of view, there has been a proliferation of sectoral measures of assistance : help for the victims of poliomyelitis, spastics, the tuberculous.

Thus, functional re-education was first given to the victims of poliomyelitis (Law 932 of 10.06.1940) and extended to the myocardial infarct cases, sufferers from congenital hip dislocations (Law 218 of 10.04.1954) and finally to the civilian disabled in general (Law 625 of 6.08.1966). Certain restrictive conditions (age, suitability for retraining, resources, etc...), however, limit the effects of such legislation.

#### 132 - Recent development since 1947

This date has been set aside because the Italian Constitution of 1947 proclaimed the equality of all its citizens, irrespective of personal and social situation. Article 32 stipulates that "the Republic shall as a fundamental right protect the health of the individual and the interest of the community and shall guarantee free care to the needy".

Article 38 makes explicit reference to the disabled : "Any citizen unfit for work and deprived of the necessary means has the right to subsistence and social assistance... The disabled have a right to education and vocational training. Bodies and institutions established or assisted by the State shall carry out the tasks imposed by this Article".

It is important to note the role of private institutions, which is a major one, with all the advantages and disadvantages which this type of initiative involves (see 1334).

#### 133 - The State and private initiative

##### 1331 - Role of the State, administrations and local authorities

The State applies a range of legal measures, finances private projects and



pays pensions, but private initiative accounts for the major share of activities in the field of rehabilitation.

A number of different ministries have to intervene in these matters, 4 administrations in particular :

- The Ministry of Public Health, over and above the tasks it has in connection with statistics, preventive medicine and the prevention of disabilities, is represented on the Committees set up to apply the laws on retraining and reserved employment. It supervises establishments for treatment and concludes rehabilitation contracts with them. It makes financial contributions for the construction of centres, training of staff and disablement research. Since 1966, a national Committee has been carrying out studies and preparing proposals for the framing of policy.
- The Ministry of the Interior : its action takes three main forms. Through the A.A.I. (Administration for activities of Italian and international assistance), it finances schools or centres, encourages the vocational training of handicapped young people and makes periodic surveys of specialized facilities. Under the Law of 1971, it pays monthly allowances (see 141). It intervenes finally and in the last resort in covering the costs of stays in hospital for the needy and those incapable of work who get no assistance from their families, local authorities, or public welfare or assistance bodies.
- The Ministry of Labour and Social Security : in close conjunction with the Ministry of Health, it also uses the system of contracts and subsidies to organize vocational guidance and training for the disabled.
- The Ministry of Education intervenes more or less directly in the field of vocational training and general education.

It is difficult to make an overall assessment of the credits allocated by all the Ministries to the civilian disabled, since the purpose for which credits are earmarked does not always emerge from the budgets.

The local authorities have a duty to meet the needs of persons incapable of work and the poor under article 91 of the Local and Provincial Government Law. To qualify for assistance from a local authority in the form of placement in an institution or hospitalization for any reason other than rehabilitation, at least 2 years' residence in that local authority area is necessary in order to acquire the "domicile of assistance". The Local Authority, through its assistance bureau, has since 1937 replaced the Congregation of Charity and also dispenses free medical care and medicaments to those of its inhabitants registered on the list of poor persons. Here it is a case of relative poverty and not destitution. Many disabled persons are included on these lists, either personally or through their relatives.

1332 - Public bodies

Major public bodies linked with the State and entrusted with the administration of compulsory insurance also intervene :

- I.N.A.I.L. (National Institute of Insurance for Industrial Accidents) provides compensation for industrial accidents, in particular by offering its members services of functional rehabilitation and vocational retraining
- I.N.P.S. (National Institution of Social Welfare) provides invalidity pensions and may also sponsor rehabilitation treatment.
- I.N.A.M. (National Institute of Sickness Insurance) also provides certain benefits in kind and in cash.

Additional information

not received.

1333 - Private associations with public functions or otherwise

Finally, there are a great many private associations, specialized or otherwise. It would be difficult to present a complete list of these, because they are so numerous. Among those playing a part, there is A.N.M.I.C. (National Association for the Civilian Disabled) established by Law no. 458 of 23.04.1965 and governed by a text of 06.11.1968.

It gives material and moral assistance to the disabled, represents them on various official committees and makes known their needs to the public authorities, so as to achieve their "integration in the productive life of the nation" (1).

Additional information

not received

National Association for the Industrially Disabled (Law no. 335 of 21.03.1958 and Decree no. 127 of 28.02.1961).

This Association assists the Industrially Disabled and their dependents, notably in the field of vocational rehabilitation and resettlement in the production process, to the extent that the insurance bodies make no provision for this.

It operates vocational retraining centres and participates in the work of committees whose task is to oversee the implementation of the rehabilitation legislation.

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(1) Art. 2 of the Regulation of Implementation

Its funds are drawn from payments made by I.N.A.I.L., the contributions of its members, gifts and legacies and earnings on its capital.

The President is appointed by the President of the Republic and the members of the Central Committee by the Minister of Labour and Social Welfare.

At the level of each province, the Minister of Labour appoints a provincial council, certain members of which are elected by disabled people having suffered a reduction in capacity for work of 30 % and over.

O.N.I.G. (National Fund for the War Disabled) is an institution of public law established by Law no. 481 of 25.03.17, amended by decree no. 1175 of 08.08.42. It is represented in each provincial capital by an office known as a "Provincial Directorate". It carries out its task under the supervision of the Ministry of Labour. Its aims can be summarized as follows :

- a) assistance in matters of health, orthopaedic and prosthetic services (by specialist doctors or treatment in appropriate centres for surgical and orthopaedic care and physical rehabilitation)
- b) social assistance for general education and vocational training (fight against illiteracy, development of technical education by the creation of vocational rehabilitation centres or the organization of courses in conjunction with firms lasting 10-12 months)
- c) material assistance (possible admission to a rest centre)
- d) placement of the disabled
- e) legal assistance
- f) assistance for the children of the war disabled
- g) help for disabled persons living abroad.

O.N.I.G. has its own medical team and consultation services at all its provincial branches. The most important ones also have diagnosis and dispensary centres.

With regard to disabled children, the Fund has set itself the task of re-educating them and placing them according to their aptitudes.

There are some 30 specialized private associations, but we shall only look at the most important ones. First of all, A.N.M.I.C. (Free National Association for the Civilian Disabled), which has several hundred thousand members.

Others are concerned with a single category of disabled persons. For example :

- A.I.A.S. (Italian Association for Assistance to Spastics) which operates a large number of medico-educational centres
- U.I.L.D.M. (Italian Union to combat Myopathy) which pursues similar activities but with more modest results
- A.I.S.M. (Italian Multiple Sclerosis Association)
- A.M.C. (Congenital Deformities Association)
- A.N.I.E.P. (National Association of Victims of Poliomyelitis).

#### 1334 - Advantages and disadvantages of private action

The specialized private associations undoubtedly play a very positive role. Thanks to their network of local branches and to a social service which is constantly expanding, they provide substantial material assistance to their members. Some give priority to the improvement of specialized facilities and are developing them, of course, within the limits of their financial resources. For 20 years, they have worked slowly and patiently at the task of disseminating information. They serve as spokesmen for the disabled to bring home an awareness of their needs and rights both to the public and to the authorities.

However, this private pattern of organization in social assistance also presents disadvantages. In contrast to the flexibility achieved in the provision of assistance and the human warmth in relations with the beneficiaries, attention has to be drawn to the obsolescence of structures, which are cracking under the

onslaught of new ideas and demands.

The inextricable intertwining of private and public assistance carries a certain number of defects. While 90 % of establishments for the assistance or care of disabled children and adolescents are privately run, the State or the local authorities give them generous subsidies. But at the same time, because of a lack of effective controls, the sums paid are not always used in the most fruitful and rational manner possible. The multiplicity of assistance bodies (e.g. 26 for disabled children and adolescents) creates countless disparities of competence and responsibility, to the point that some disabled persons confounded by this complexity finally give up their rightful claims to benefits.

An effort of systematic coordination, a sharing of responsibilities so as to eliminate overlapping, duplication of work and gaps would appear to be urgently needed. But it will undoubtedly be difficult to advance beyond the narrow concept of welfare or assistance and achieve a true system of collective and general solidarity.

#### 134 - Organization of rehabilitation

It follows on from what has been said that there is no general and really systematic organization of rehabilitation, but a somewhat disparate collection of measures aimed at dealing with the various problems raised by the socio-vocational resettlement of the disabled.

There is provision for :

- medical assistance
- functional rehabilitation
- vocational training
- employment priorities
- financial assistance (pensions).

These measures are still dominated by assistance principles which lay the emphasis on individual financial assistance.

On the other hand, the application of the legislation often comes up against a number of difficulties. First of all, the complexity of the provisions has the result that many beneficiaries as of right do not in fact benefit. On the other hand, the perspective of social integration sketched out by the various provisions has not yet found a response among a section of the population, whose motivation for industrial employment is low, bearing in mind the economic backwardness of certain areas and the traditional attitude of mind concerning the inevitability of poverty.

Several ministries share in the responsibility for rehabilitation, and no real coordination has been instituted (see 1331).

It should also be noted that the important and official role played by private charities and welfare organizations including those of religious inspiration (see 1333) may give rise to serious disadvantages which impede the progress of rehabilitation.

Finally, the 1970 legislation on regionalization will inevitably bring more or less fundamental changes in present practices by way of a reform of the health service structures (1).

Indeed, the Government has by Decree (DPR no. 4 of 15.01.72) delegated all responsibility for health assistance to the regions, which should make it possible to devise programmes catering for local needs, involving the participation of local communities in the solution of problems concerning the social integration of the disabled.

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(1) It should be noted that the 5 autonomous regions were able, pursuant to art. 117 of the Constitution, to take legislative measures in the field of assistance. Several of them have used this facility for the benefit of the disabled (Sardinia : Law no. 28 of 23.10.1952; Sicily : Law no. 28 of 27.12.1958 and Friuli-Venezia Giulia : Law no. 22 of 18.08.1966). The latter is the most extensive provision on this question.

However, this legislation conflicts with the Reform of Public Health (Law no. 775 of 28.10.1970), which at present limits the possibilities for new projects.

Decree no. 9 of 15.01.1972 transfers to the regions the administrative functions of the State on the question of public assistance.

Decree no. 3 of 14.01.1972 delegates to the Regions the administrative functions of the State in matters of educational assistance.

In addition, Decree no. 10 of 15.01.1972 delegates to the Regions the administrative functions of the State in matters of craft and vocational education. The effects of the transfer to the Regions of new powers concerning social assistance and health services are still difficult to assess. The distribution of powers between the central bodies of the State and the regional authorities raises a certain number of problems, but it is already possible to detect the beginnings of change, of a movement for renewal taking place at three levels : at the top there is an outline law laying down the main principles and conferring on the second level, the Regions, the powers and instruments to enable them to pursue a flexible policy tailored to particular situations. The Region acts as a centre for the coordination and stimulation of local action, which constitutes the base level. The local authorities would then be able to attract initiatives from their citizens to encourage their participation in the policy of social integration of the disabled.

Thus, the Regional Law of Umbria no. 12 of 23.02.1973 introduces some interesting new features in the assistance field. Three basic aspects are worth stressing (1) :

- First of all, the elimination of all distinction between categories of persons assisted.
- Secondly, the policy of operating primarily through the family nucleus of the person concerned and the social environment in which he lives, rather than by hospitalization, which can only be regarded as a solution of last resort.

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(1) Partecipazione no. 16.17 of Sept.-Oct. 1973



- Finally, the fact of having evolved in the local authorities and associations of local authorities the basic element of regional policy on rehabilitation in the field of assistance.

In the same way, a bill of law being prepared by the Latium Region 2) provides for a programme for the restructuring of institutions and organizations for health services and social work designed to modernize the effort of rehabilitation and social resettlement for persons entitled to assistance.

135 - Present conclusions

Some important observations :

- 1) It has not hitherto been possible to ensure systematic continuity in the process of rehabilitation due to lack of adequate coordination between the administrations, associations and establishments and also due to lack of specialized medical, psychological and social facilities.
- 2) Concerning the resettlement of the disabled, emphasis has been laid on placement (legislation of 1968) rather than on preparatory measures for placement, such as vocational training and, even, functional rehabilitation.
- 3) Regionalization should bring about extensive changes where rehabilitation is concerned and, in particular, a new development in the various measures of which it consists.

14 - The basic provisions

Of all the provisions enacted for the benefit of the disabled, two Laws are of primary importance :

- the Law of 30.03.1971 concerning welfare measures for the benefit of the handicapped and the civilian disabled,
- the Law of 02.04.1968 providing for compulsory employment in private firms and public administrations.

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(2) Partecipazione no. 11.12 of April-May 1973

141 - Law no. 118 of 30.03.1971

This Law had been preceded by several provisions, such as Law no. 1539 of 05.10.1962, Law no. 625 of 06.08.1966 and Law no. 743 of 30.10.1969. These measures of assistance provided for a subsistence allowance for the civilian disabled who do not benefit under any other compensation legislation and the conditions under which it was to be granted. They even recommended certain measures of resettlement, notably vocational training and retraining.

The Law of March 1971 covers all aspects of rehabilitation.

1411 - Definition of the disabled person

First of all it defines the handicapped or civilian disabled person :  
"For the purposes of this Law, the terms handicapped and civilian disabled shall apply to those citizens suffering from congenital or acquired deficiencies, whether progressive or not, including mental disorders caused by organic and metabolic malfunctions, mental deficiencies resulting from sensory and functional defects, involving a permanent reduction of at least one third in their capacity for work or, in the case of persons under 18, persistent difficulties in carrying out the tasks and functions appropriate to their age.

Excluding persons disabled as a result of war, work and service and the blind and deaf-mute for whom other laws are provided".

1412 - The Provincial Medical Committee

Articles 6, 7 and 8 define the composition and tasks of the Provincial Medical Committee, which has the responsibility of determining the conditions of disablement of persons wishing to avail themselves of the benefits under the Law.

The Provincial Medical Committee comprises :

- the Provincial Physician who acts as chairman,
- a medical labour inspector or other physician appointed by the provincial labour inspectorate,
- a doctor specializing in psychiatry or a doctor attached to psychiatric hospitals or clinics or other public psychiatric establishments, appointed by order of the doctors of the province,
- a doctor appointed by the National Association for the Handicapped and Civilian Disabled covered by Law no. 458 of 23.04.65.

Where there is an equal number of votes, the chairman has a casting vote.

The Provincial Physician may appoint as a replacement for himself on the Committee with the function of chairman an official from the office of the Provincial Physician or a local authority physician or any other physician from the local district hygiene service. The Provincial Physician is required to make such an appointment where he is appointed to the Regional Medical Committee.

The duties of the secretary to the Committee are performed, on appointment by the Provincial Physician, by an established official on the staff of the Administration or on the staff of secretaries at the Ministries of Health, Interior or Labour and Social Welfare or by the secretary to the Mayor of the municipality at whose medical office the Committee meets.

The task of the Provincial Medical Committee is :

- a) to determine the disability of the disabled and handicapped persons referred to in art. 2 of this Law and the cause of disability and to determine the degree of disability,
- b) to examine whether the disability can be attenuated by suitable rehabilitation and to declare whether this disability prevents the sufferer from attending normal training courses,
- c) to assess the need or desirability of psychological diagnostic examinations and aptitude tests.

The names of the handicapped and civilian disabled persons entitled to a disability pension or assistance allowance are forwarded within three days to the Prefectures by the secretary to the Committee. Within ten days following the date of the meeting, the secretary to the Committee must notify the persons concerned of the result of the medical examination.

These lists of names are at the same time forwarded to the National Association for the Handicapped and Civilian Disabled mentioned in Law no. 458 of 23.04.1965, again by the secretary to the Committee.

The determination of the disability and cause of disability and the assessment of the nature and degree of disability of the civilian physically disabled are effected by the Provincial Committee, in particular for the purpose of registering the persons concerned on the list referred to in art. 19 of Law no. 482 of 02.04.68.

The declaration of permanent or incurable disability must be issued following thorough diagnosis carried out in specialized centres or clinics and after an appropriate period of observation or hospitalization.

The person concerned may appeal against the decision of the Provincial Medical Committee to a Regional Medical Committee. The decision of this Committee is final.

#### 1413 - Benefits in kind

. The civilian disabled are entitled to to medical, prosthetic and specific assistance at the expense of the Ministry of Health up to the entry into force of the medical reform, either directly or through bodies operating in conjunction with the Ministry. Assistance may be given in the form of treatment in the home or at a dispensary or through hospitalization on a day or residential basis.

The Ministry of Health, for the purpose of granting the assistance in question, may conclude contracts with university clinics, hospitals, asso-

ciations and public and private institutions operating medico-social centres, provided they are subject to its supervision and that they offer appropriate forms of educational, medico-psychological and social service.

- . Civilian disabled persons, having fulfilled their educational obligation, may benefit from measures designed for vocational guidance and training and for the acquisition or recovery of occupational skills and qualifications taken by the Ministry of Labour which deals with these questions through the resources of a special administration instituted within the Fund for Vocational Training.

Special courses are provided for the disabled who cannot attend normal courses.

Public and private institutions may give courses if they have been recognized as having special competence within the field of rehabilitation.

The Ministry of Labour may invite initiatives and finance the modernization of establishments and the creation of experimental centres of vocational training.

During their courses, the handicapped and civilian disabled are entitled to a daily allowance of 600 lire.

#### 1414 - Pensions and allowances

- . Civilian disabled persons over 18, acknowledged to be medically unfit for work, may benefit, subject to means conditions (Law no. 153 of 30.04.1969), from an annual pension of 234,000 lire paid in 13 instalments by the Ministry of the Interior. This pension is paid to the extent of 50 % to those in a state of poverty hospitalized in establishments of assistance.
- . Civilian disabled persons aged from 18 to 65, for whom a reduction in capacity for work of over 2/3 has been determined, are granted when employed and for

the whole time this situation continues, a monthly allowance of 12,000 lire.

- . Civilian disabled persons under 18 having been recognized as unable to walk by the Medical Committees and attending compulsory schooling or courses of training and who are not full-time hospital patients are granted, during each year of attendance, an accompaniment allowance of 12,000 lire in 13 instalments.
- . Instead of the pension or allowance specified above, civilian disabled persons may at 65 receive the social pension under the Fund (Law of 30.04.1969).

#### 1415 - Subsidies

Article 4 stipulates that the Ministry may subsidize rehabilitation centres, therapeutic establishments, homes, residential communities and schools for the training of specialized personnel.

Subsidies may be applied to encourage research on the prevention of diseases which cause disablement.

#### 1416 - Other measures

The Law provides for :

- the encouragement of initiatives to achieve systems of sheltered employment,
- measures for the elimination of architectural barriers and improvement of access to public transport,
- free transport and aids to facilitate school attendance,
- the holding of educational classes at hospital and rest centres.

Finally, the Law provides for the annual financing of the various measures from the budgets of the three ministries concerned.

142 - Law no. 482 of 02.04.1968

This provision defines :

- the various categories of beneficiaries, who can be arranged into two groups :  
1) the military or civilian war disabled and the service disabled and 2) the industrially and civilian disabled,
- the various persons having an obligation - private firms and public undertakings - and exemptions or restrictions,
- procedures for placement (Committee, lists, declarations, sanctions).

This question will be examined again later on (261 ff).

15 - The sponsoring bodies

151 - The various systems

The contributory schemes include :

- Disability-Old Age and Survivors' Insurance administered by I.N.P.S. (National Institute of Social Welfare) - Decree-Law of 15.04.1948,
- Sickness-Maternity Insurance administered by I.N.A.M. (National Institute of Insurance against Sickness),
- Protection against industrial accidents and occupational diseases administered by I.N.A.I.L. (National Institute of Insurance against Industrial Accidents) - Decree of 30.06.65.

The non-contributory schemes cover the :

- War disabled
- Service disabled
- Civilian disabled
- Civilian blind
- Deaf-mute

152 - Contributory systems and benefits provided

SCHEME BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	BENEFITS IN CASH	BUDGET AND EXPENDITURE
Disability-Old Age and survivors' Insurance Decree-law of 15.04.1946	Extraordinary complexity of the various more or less compulsory schemes sometimes based on assistance, sometimes welfare General scheme (11 million members) + special schemes	Practically all of the population subject to recognition of entitlements	I.N.P.S.	Employers Workers State	Over 2/3 incapacity for work gives entitlement to : - medical care - vocational retraining - pension	(45 % of first 1500 lire contributions 33 % of next 1500 20 % of remuneration) + State allowance (low) + increase for family dependents	
Sickness insurance Maternity Tuberculosis + supplementary schemes (mutual funds)	Greater uniformity but special and territorial schemes	All wage-earners including agricultural workers and pensioners and their dependents	I.N.A.M.	Employers and workers (low participation)	- care - rehabilitation, vocational retraining - supply of prosthetics	1) Allowances for temporary incapacity 60 % of wages for first 90 days 75 % subsequently 2) Annuity after 11 % disability for industry, 16 % for agriculture 21 % for occupational diseases	) Art. 89 ) Art. 178-179
Protection Industrial accidents and occupational diseases DPR no. 1124 of 30.06.1965		All wage-earners (except some special schemes) - agricultural and industrial - and agricultural operators (owners, farmers, share-croppers)	I.N.A.I.L.				



153 - Non-contributory systems and benefits provided

SCHEME BASIC TEXTS	FEATURES	COVERAGE	ADMINISTERING BODY	CONTRIBUTIONS	BENEFITS IN KIND	BENEFITS IN CASH	BUDGET AND EXPENDITURE
War disabled and invalids Law of 20.03.1917 21.08.1921 10.08.1950		Invalids and war or civilian disabled by war facts	O.N.I.C.			Pension in proportion to degree of disability and military rank	
Service disabled DPR 10.01.1957 no. 3		Disability occurring during military or civilian service or in an activity dependent on the State	O.N.I.C.			Same compensation as above	
Civilian blind Law of 27.05.70 no. 382		1) Total blindness 2) Vision not greater than 1/20	I.N.A.M.			1) Monthly pension of L32,000 and third party rights supplement L10,000 2) Pension of L18,000	
Deaf-mutes Law of 26.05.70 no. 381		Congenital or acquired deafness Subjects over 18				Monthly pension of L12,000	
Civilian disabled Law of 30.3.71 no. 118		All civilian disabled over 18, i.e. those having suffered a permanent reduction of at least 1/3 in their capacity for work and under 18 if they have persistent difficulties in carrying out the tasks and functions proper to their age Blind and deaf-mutes excluded	Ministry of Health for benefits in kind Ministry of the Interior for pensions	State and local authorities	Care and specialized care with or without hospitalization Rehabilitation Vocational training	1) 100 % disabled Pension of L18,000 2) Monthly allowance of L18,000 for those with over 2/3 incapacity for work, for the duration of this situation 3) At 65, social pension (I.N.P.S.)	

2 - Systematic study

21 - Rehabilitation of children and their social integration

211 - Detection and compulsory medical examination

There is no compulsory medical examination at birth, the only legislative provision relating to such procedures is article 13 of the single text for the health laws (Royal Decree no. 1285 of 27.07.1934), which imposes an obligation on doctors and midwives to declare to the mayor's office and the health service within two days following a confinement attended by them the birth of any "badly formed child".

212 - Education of handicapped children

Article 28 of Law no. 118 provides that compulsory schooling for handicapped children should be given in normal classes of the state schools system. For this purpose there must be : free transport, access to the school by appropriate means, assistance during courses for the most severely disabled children.

In cases where it is noted that children are unable to attend normal classes because of severe disabilities, normal classes are provided at rehabilitation centres which are regarded as extensions of the state education system (Law no. 118, art. 29).

There are also two further types of establishment :

- specialized schools and special classes (Law of 1928),
- medical psycho-paedagogical institutes.

Teachers must be given specialized training to teach in the "differential" classes of the middle school (ord. no. 315 of 07.10.1963).

213 - Assistance to families

An accompaniment allowance is provided for disabled minors attending school for compulsory education or care centres where they are not boarders. The allowance is 12,000 lire per month, 13 times per year.

22 - Medical and functional rehabilitation

221 - Definition

There is no legal definition of the rehabilitation centre, but the circular lays down standards for functional and vocational rehabilitation centres for the civilian disabled.

It should, moreover, be recalled that Law no. 118 of 30.03.1971 stresses the psychological, social and vocational aspects of rehabilitation as well as the medical.

222 - Different forms and features of the centres

Circular no. 223 of 29.11.1968 from the Ministry of Health (General Directorate for Social Medicine Services) provides a certain number of indications on this subject.

It concerns the standards of installation and operation which rehabilitation establishments must meet in order to qualify for contracts with the public authorities.

Functional rehabilitation and retraining centres for the physically disabled are classified in terms of the special features of their activity.

According to whether they are intended to cater for one or several categories of disability, such as cases of phocomelia, muscular dystrophy, dyskinesia, amputation, etc., the centres may be single-purpose or multi-purpose centres.

Their activity may be concentrated on one phase in the process of rehabilitation, such as

- functional retraining,
- preparation and qualification (or re-qualification) for occupational activity,
- both of the above phases (mixed centres).

Assistance may be given :

- by full-time hospitalization,
- by day-time hospitalization (semi-residential),
- by out-patient treatment.

The same centre may also provide different types of assistance simultaneously.

With regard to the age of those benefiting from assistance, specialized centres are required to provide services exclusively to children aged 0 to 15 years.

#### 2221 - Residential centres (with full-time hospitalization)

- . Location - Centres intended for subjects of growing age must be located in healthy areas away from urban concentrations and must have green spaces. Centres run by hospital establishments must be accommodated in premises separate from the hospital complex.
- . Intake - This must be determined in relation to the age and category of the disabled subjects to be assisted when the contract is concluded.

The indicative optimum capacity for single-purpose establishments is 60-80 beds.

- . Elimination of physical barriers - Buildings for the centres should for preference be constructed on one level and any facilities designed to provide for the activities of the disabled inmates should in all cases be installed at the construction stage (lifts, ramps, handrails, supports, wide doorways, sanitary installations with special devices). For this purpose, the rules drawn up by the Ministry of Public Works - Higher Council Presidency, Central Technical Service, circular no. 4809 of 19.06.1968 - will be applicable.
- . Therapeutic services - These must include :
  - a) a room for psycho-diagnostic examinations,
  - b) a room for medical examinations large enough to permit the observation of disabled persons' movements and equipped for the more straightforward types

- of treatment and clinical research,
- c) one or two gymnasiums for group kinesitherapy which must have an area not less than one square metre per person,
  - d) rooms for individual kinesitherapy (two or more depending on the age and number of those assisted),
  - e) one or two rooms for occupational therapy, the area of which must not be less than one square metre per patient,
  - f) one or two rooms for ergotherapy,
  - g) one room for speech therapy,
  - h) one room for bandaging,
  - i) one room for urology (for paraplegics),
  - j) one room for specialized consultations (ophthalmology, dentistry etc.).

The rooms listed under f)-j) will only be essential for certain types of centres.

- . Classrooms - whether for normal compulsory schooling or for vocational training courses, classrooms must meet the standards of hygiene laid down for school premises and be approved by the competent authorities. In any case, since we are concerned here with specialized schools for the disabled, each class must not accomodate more than 8-10 pupils, allowing of course for age and intelligence quotient.

The centre will be responsible for concluding contracts with the Ministry of Education for the provision of compulsory schooling and courses of vocational education and with the Ministry of Labour and Social Welfare for authorization to hold courses of training leading to vocational qualifications.

- . Dormitories - The maximum number of beds per room is 6 for adults and 8-10 for minors, depending on their age. The minimum area per bed must not be less than

6 square metres for adults and 4 square metres for minors. Isolation premises with sanitary facilities must be provided.

- . Sanitary facilities - Toilets, wash basins, baths and showers must be in proportion to the number of patients and the clinical nature of the disabilities, i.e. an average of one toilet and one wash basin for 10 adults and for 6-7 minors, one bath or one shower for 10-12 patients.
- . Dayrooms - Refectories and recreation rooms must be provided; the total area for all such rooms must not be less than that of the dormitories.
- . Miscellaneous services - Ancillary services, kitchens, offices, wash houses, linen rooms, etc. must meet the standards in force in this field.
- . Administration - Each centre, even if it is a hospital or university centre, must be run separately from any other services of the establishment. The administrative offices must be housed in special premises.

#### 2222 - Day hospital centres and dispensaries

Semi-residential centres must have the same premises as the full-time hospitalization centres, where therapy services and classrooms are concerned. They must also have several dayrooms for periods of spare time. Centres taking in children aged from 0 to 4 years must have places where the children can take short periods of rest.

Dispensaries only accommodate the disabled during the periods of time necessary for medical examinations and treatment sessions. They may also be situated in urban areas and should comprise :

- 1) at least two waiting rooms, one for persons accompanying the patients and the other for patients awaiting their turn,
- 2) therapy services, including :

- a) a room for medical examinations sufficiently large to allow the examinations sufficiently large to allow the examination of walking performance,
  - b) rooms for retraining activities of a suitable size to accommodate the number of subjects concerned,
- 3) the office of the social assistance service,
- 4) sanitary facilities appropriate for the number of patients.

Allowing for particular local conditions, a centre already in operation may be authorized to set up small outlying dispensaries. In such cases, the number of premises for the dispensaries may be set according to the need.

The person responsible for these outlying dispensaries is the director of the centre to which they belong.

#### 223 - List of centres

The Ministry of Health (General Directorate for Social Medicine Services) has published figures up to date to 31.12.1970 for approved rehabilitation services for the civilian disabled, in implementation of the laws of 1954 and 1956.

There were 182 establishments including 32 pursuing vocational training activities (technical school).

For each centre details are given of : names of the associations operating them, categories of patients accommodated, age limits, type of treatment and educational level provided.

They are private projects (95 %) catering for disabled children and adolescents, extensively subsidized by the State and local authorities. It should be noted that A.I.A.S. (Associazione Italiana Assistenza Spastici) operates about a hundred of these establishments. The Associazione Nazionale Famiglia Fanciulli Subnormali and the Italian Red Cross also run a large number of establishments.

Establishments operating under other legislation, catering primarily for

other categories of disability, such as the centres of I.N.A.I.L. and the A.N.M.I.L. etc., should also be added to this list.

It may be noted in passing, that the geographical distribution of these establishments is not in conformity with the needs of the population according to its territorial distribution.

Moreover, not all the establishments comply as yet with the standards laid down by the circular mentioned above (see 222).

#### 224 - Staff and working methods

Since the effective operation of a rehabilitation and retraining centre for the disabled depends less on the activity of the various officials employed than on effective teamwork, each centre must employ the following staff :

- a) head physician
- b) assistants
- c) psychologist
- d) rehabilitation therapists
- e) social worker
- f) specialized teachers
- g) kindergarten teacher or professional nurse
- h) assistance staff.

The chief physician, who will be a specialist in neuropsychiatry or orthopaedics, depending on the type of centre, is responsible for the organization and functioning of all the technical services. In carrying out his tasks, he is required to follow the directives issued directly by the Ministry of Health or through the intermediary of its external services.

He attends the meetings of the board of management to which he submits proposals on all matters concerning the organization of the centre. He directs and coordinates the activity of the medical, auxiliary and subordinate staff and chairs group meetings to discuss each case and to programme treatment.



Also involved in the work of this group, in addition to the assistant physician, are the psychologist, the social worker, the therapists responsible for treatment, the teacher and, at the request of the chief physician, the specialist consultants.

The working timetable of the centre's doctors should be arranged in relation to the number of patients, with a minimum of 8 hours per week for 24 patients. On working days, the chief physician must be present every day and he must spend at least one quarter of the weekly timetable at the centre.

The proportion of therapists of the various branches of rehabilitation (kinesitherapy, speech therapy, occupational therapy) to patients must be one therapist for every 8-10 patients suffering from infantile spastic paralysis (dyskinesia) or similar syndromes. For other forms of disability, one therapist for every 15 patients will be sufficient. The various categories will be represented within this proportion, which comprises the overall number of therapists, according to the type of centre.

Given the actual situation at present, student therapists will be permitted to work at these centres subject to authorization from the director and always in the presence of a qualified therapist.

The staff of the compulsory education and the vocational sections have the qualifications required by the regulations issued by the Ministry of Education and the Ministry of Labour and Social Welfare.

23 - Prosthetics and orthotics

Information not received

24 - Vocational guidance

This is not organized on an official and systematic basis, nor is it covered by legislative provisions.

Some centres have specialists and observational structures. Thus the A.N.M.I.L. centres, before admitting a disabled person applying to attend courses conduct a selection test based on a socio-educational investigation, clinical and psychological examinations and, finally, an occupational investigation.

Clearly, training is reserved for disabled persons whose physical disability does not permit the resumption of his previous occupation. In other cases, the National Office for the Prevention of Accidents (E.N.P.I.) is frequently brought in.

It should be noted that there are no links between the centres, industry and the employment offices, which makes the practice of vocational guidance somewhat haphazard.

25 - Vocational training

251- General features

All disabled persons have a right to vocational training, requalification or vocational rehabilitation (Art. 23 of Law no. 118 of 31.03.1971). Nevertheless, the number of disabled persons availing themselves of this right is still not very large, owing to the uncertainty of the labour market, the high level of unemployment and the outdated structures of assistance (1).

Moreover, while vocational training is being developed, it should be noted that there are still few organic links between medical rehabilitation and vocational rehabilitation. It frequently happens that action is split and that

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(1) Battaglia - General data on the vocational rehabilitation of disabled adults in Italy. Report to the 2nd European Seminar on the training of training staff for the rehabilitation of the disabled.

either one is favoured but not both. Generally speaking, the education given is of the traditional kind, but some centres seek to apply educational methods favouring the active participation of the trainees so as to provide them with an educational basis securing them social independence for later life.

It should be noted, finally and above all, that the Regional Reform in this connection brings with it a certain number of modifications. In 1972 and 1973, laws were enacted in various regions concerning training and education which made particular reference to the possibilities of instituting and financing courses for the guidance and vocational training of the disabled.

The situation which the regional administrations have inherited is characterized by a great diversity of structures with centres varying in size and no coordination or plan of regional action. The majority of these centres are run on a private basis and housed in older care institutions.

In addition, the new Institute for the Development of Vocational Training (Istituto per lo sviluppo della formazione professionale dei lavoratori) may reasonably be expected to undertake studies and research on the question of training for the disabled.

252 - Methods of vocational training and the centres

Three lines of action on training are distinguishable :

2521 - Action by the Ministry of Labour

This is indicated mainly for the record, since it has been superseded by the Regional Reform. Indeed, there was an appropriation from the Fund for vocational training for the purpose of the disabled. Places could be reserved on courses of training instituted or authorized by the Ministry of Labour in accordance with fixed percentages, depending on the requests from provincial employment agencies (Art. 4 of Law no. 1539 of 05.10.1962).

2522 - Action by the Institutes responsible for the administration of insurance schemes

I.N.A.I.L.

Information not received

I.N.P.S.

Information not received

2523 - Action by public and private associations

A.N.M.I.L. (National Association for the Industrially Disabled) has opened seven vocational training centres

List not received

There are also private establishments, generally of religious sponsorship, which concern themselves with the disabled, either specifically or by admitting them to normal training courses. These types of action are primarily concerned with disabled children and adolescents.

#### 2524 - Action by professional bodies

Some important training bodies have shown themselves to be receptive to the problems of the disabled.

E.N.A.I.P. (Ente nazionale ACLI istruzione professionale) may organize courses for the disabled. This body is governed by an important trade union organization.

A.N.C.I.F.A.P. (Associazione nazionale centri di formazione addestramento professionale).

An original experiment conducted by ALFA-SUD for its factory at Pomigliano d'Arco in conjunction with CENSIS (1) (Centre for Research on Social Investments) is worth mentioning here. The Ministry of Labour, several training bodies and the Commission of the European Communities through the Social Fund are also involved in this project. It concerns the preparation for employment of 1500 persons belonging to the categories eligible for jobs under the compulsory employment provisions of Law no. 482 of 02.04.1968. A complete programme of vocational rehabilitation resettlement was developed. The first essential phase was called psychomotivational recovery which, taking into account the sociological characteristics of the group concerned, was followed by a period of training involving various levels of skill in relation to the jobs to be filled.

It is worth pointing out that most training measures are essentially concerned with persons of slight or moderate disability recruited through the usual job selection procedure.

Finally, it remains to be noted that several municipal administrations (Milan, Turin) have undertaken some interesting projects.

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(1) Centro Studi Investimenti Sociali

253 - Occupations

In principle, the range of possible qualifications is very extensive, particularly those offered by the Ministry of Labour centres, but in practice the range of choice is minimal.

Until recently, many of the courses were concerned with the occupations of the craftsmanship type.

At present, "a certain effort to rejuvenate the structures" may be observed.

254 - Results and follow-up

The results obtained from the completion of training courses are not known.

Placement is undertaken by the Provincial Employment Office, but some centres provide assistance in placement, particularly where a move from one province to another is necessary.

There are no bodies responsible for supervising the preparation of the disabled for employment. Difficulties arising from suitability for employment are the concern of a special committee of doctors (see below, section on employment).

255 - Statistics

Action in the field of training is constantly expanding (1). The number of courses has risen from 301 for 6005 trainees in 1969 to 488 for 7940 in 1972, with expenditure in excess of 4,582 million lire. It should be noted that more than 3/4 of the action was undertaken in the North of Italy, close to the urban concentrations and in the most highly industrialized zones. The southern areas, which are the most economically deprived, are almost entirely lacking in such centres, which means that the disabled have to travel and stay for long periods

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(1) Italian Report on the 2nd European Seminar at Mulhouse on the training of training staff for the disabled

in closed institutions.

26 - Placement in a normal environment

261 - Law no. 482 of 02.04.1968

Full employment encourages a policy of resettlement for the physically disabled, who constitute a potentially useful pool of manpower. Unemployment acts in the reverse direction. "The problem of rehabilitation for the disabled in Italy, although it is of great social importance, is in economic terms less of a necessity than in countries which lack manpower" (1).

Nevertheless, employment for the disabled is the subject of a very important legal provision : the Law of 02.04.1968 providing for compulsory employment in private firms and public administrations.

The text of the law specifies :

- those intended to benefit,
- those under obligation,
- procedures for placement.

262 - Those intended to benefit

Reserved employment is available to :

- the war disabled,
- the civilian war disabled,
- the disabled through service,
- the industrially disabled,
- the civilian disabled,
- the deaf-mute.

These various categories are defined in section 11 of this report.

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(1) Italian Report on the 2nd European Seminar at MULHOUSE on the training of training staff for the disabled.

263 - Those under obligation

Private firms

Private employers employing more than 35 workers - manual, non-manual and executive staff - excluding apprentices, have an obligation to employ staff falling under the terms of the Law on Reserved Employment in the proportion of 15 % of total staff employed.

Out of this minimum percentage of reserved jobs, disabled workers have a right to at least half of the jobs available as caretakers, watchmen, store-keepers, lift attendants, ushers in places of entertainment (cinemas, theatres, concert halls), parking attendants, store guards or similar occupations.

In the allocation of these jobs, priority is given to those suffering from loss of limbs.

In order to establish whether the employer has an obligation to employ staff belonging to the different categories of persons entitled, no account must be taken of staff belonging to other categories of entitlement to reserved employment or, where firms established as cooperatives are concerned, the workers, staff and executives associated.

All employers subject to the reserved employment obligation must send to the competent Provincial Employment Office by 31 January and 31 July each year a declaration showing :

- a) the total number of persons employed by their firm, broken down according to establishment, sex and occupational group,
- b) a list of names of disabled and other persons entitled to reserved jobs in their firm and details for each worker of the date of his engagement and the group to which he belongs.



Public bodies

Public administrations, enterprises and establishments, employing more than 35 persons have an obligation to employ, without competition and as and when reserved jobs become vacant, workers entitled under the provisions of the Law and having the requisite abilities, not counting physical capacity, in an overall percentage proportion, calculated on the basis of established posts or, in the absence of established staff, of staff assessed as follows :

- 1) 15 % of manual staff established or under contract of private law, calculated on the basis of the number of jobs to be distributed over the total number and distributed among the different categories in relation to the organic structure of each one, having first checked by means of an appropriate test, the professional aptitude of the candidates,
- 2) 15 % of the staff in executive or equivalent grades,
- 3) 40 % of the staff employed on an auxiliary or equivalent basis.

In competitions for posts in the higher, medium or equivalent grades, candidates having successfully completed the tests will be included in their positions in the classification of successful candidates until they account for 15 % of the total of posts. Where equal numbers of points have been scored, the matter will be decided by priorities.

Public Administrations or organizations at a national or interprovincial level, subject to Government supervision, have an obligation to submit to the Central Employment Sub-Committee by 31 January and 31 July each year a statement giving a) the number of permanent posts for established staff in each department, broken down according to category, and b) the number of disabled workers and others entitled to reserved employment, together with a list of names of staff employed.

Local public bodies have to submit the same information to the Committees for reserved jobs in the Province in which they exercise their functions.

There are in addition a certain number of special cases :

- convalescence centres and sanatoria have an obligation to employ, over and above the percentages indicated above, workers discharged from these centres,
- administrations and public bodies are required to employ in their office housing a telephone switchboard one blind person whose name is on the national register kept for this purpose at the Ministry of Labour,
- general hospitals with at least 200 beds and, irrespective of number of beds, specialized institutions providing specialized care must reserve one permanent post for a blind person qualified as a masseur or masseur-physiotherapist.

Finally, a certain number of exemptions and exonerations are provided for shipping and aviation companies and the State Railways (limitation of qualifications adopted for reserved jobs).

The law also provides for sanctions in the event of failure to submit declarations (fines of 5,000-50,000 lire) and failure to submit vacancies to the Provincial Employment Office (fine of 1,000-3,000 lire for each working day and each reserved job not notified).

#### 264 - Procedures for placement

The Provincial Employment Offices provide the placement service in conformity with the standards laid down by the Provincial Committee. There are 92 Provincial Offices supported by 6,000 local offices. They are subject to the Central Committee for Employment and Assistance to the Unemployed of the Ministry of Labour and Social Welfare.

The Provincial Committee for Reserved Employment which consists of the Office Director, a representative from each organization, three workers' representatives and three employers' representatives appointed by their organizations and a medically qualified labour inspector.

It has the task of :

- a) examining the classifications of candidates for reserved jobs,
- b) undertaking quarterly reviews of the provincial lists of protected categories,
- c) deciding, if there are no candidates for one category, on the allocation of the available posts to candidates belonging to the other categories,
- d) deciding on the allocation of posts within the limit of the overall percentage fixed for reserved employment, if the distribution of available posts reserved for each category is subject to split percentages,
- e) presenting its views on applications for exemption from payment of the fine submitted by firms contravening the regulations,
- f) presenting its views on applications for exemption from the regulations on reservation of employment for the disabled and on applications for regional compensation.

The Central Employment Sub-Committee

The Central Employment Sub-Committee, attached to the Central Committee for Employment and Assistance to the Unemployed, consists of the Director General of the Ministry of Labour and Social Security, who is its chairman, four representatives of the employers, one representative of the National Union for the Service Disabled, the National Association of Families of War Victims and a representative from each charity, organization and association of national importance and of public law status.

The Sub-Committee's task under its terms of reference is to protect the disabled, orphans and widows covered by the Law of 30.04.1968.

It has to

- 1) present its views, within the context of technical organization and administration, concerning the regularity basis of the reserved employment service and the laying down of standards to be followed by the Provincial Committees in securing observance of the priorities from which protected persons benefit in the allocation of reserved jobs.
- 2) present its views on the authorizations to be granted to firms established in several provinces applying for territorial compensation.

There are two stages of acceptance for reserved employment :

- the application procedure,
- the allocation of jobs in the public or private sector.

Applications for registration are submitted either directly by those concerned or through associations or charities : they must be accompanied by the necessary documentation proving that the applicants have the required qualities (aptitudes and qualifications of the applicant for the job concerned).

The disabled must attach a declaration signed by a State doctor confirming that the nature and degree of disablement will not constitute a threat to the physical safety and health of workmates or to safety at the place of work.

Any person obtaining or seeking to obtain by fraudulent means a reserved post to which he is not entitled is liable to imprisonment.

Separate lists are drawn up by the provincial employment offices for the various categories of beneficiaries.

The overall percentage which must be reserved by private firms and public administrations, pursuant to para. 1 of section 9 of the Law of 30.04.1968, is broken down among the different categories of those eligible for reserved employment as follows :

- the war disabled .....	25 %
- the civilian war disabled .....	10 %
- the service disabled .....	15 %
- the industrially disabled .....	15 %
- those widowed or orphaned by war, service and work .....	15 %
- the civilian disabled .....	15 %
- the deaf-mute .....	5 %

The percentage for the deaf-mute only applies to firms employing more than 100 workers and administrations employing more than 200 workers.

If there are no direct beneficiaries, those eligible in the other categories are taken proportionally into consideration in accordance with the assessments of the Provincial Committee for Reserved Employment.

A disabled person or an employer (who has employed or must employ him) are each entitled to request an examination to check that the nature and degree of the disability do not constitute a threat to the physical safety and health of other workers or to the safety of the place of work.

This medical examination is carried out by a medical committee appointed by the Prefect.

Regarding the allocation of the post, there are different provisions for the public and private sectors. For the public sector, a distinction is made for :

- jobs filled without competitions : administrations have an obligation to engage applicants as and when jobs become vacant, but they may choose to engage persons included in the lists and decide, in the absence of applicants in one category, to allocate the job available to applicants in other categories,

- jobs allocated following a competition : the applicants having successfully completed the tests in a competition have priority in the classification of eligible candidates until they account for 15 % of the total complement.

For the private sector, firms subject to the employment obligation, having submitted their staff requirements to the Provincial Employment Offices, are required to engage the candidates included in the lists on a scale corresponding to 15 % of the total staff employed by them.

A large measure of freedom is left to employers to engage the persons of their choice. Thus, pursuant to article 16 of the Law, private firms may in their applications specify names of executive grades or of staff for confidential duties and of skilled or specialized staff who may be available on the lists prepared by the Provincial Employment Offices.

Reasons for dismissal are laid down by the Law and verified by the Provincial Medical Committee.

#### 265 - Difficulties in employing disabled workers and results

Craftmanship occupations are still too often regarded as a particularly suitable field of employment for the disabled, which explains the position occupied by craft activities in vocational training. But craftmanship in an industrial civilization can only survive at the cost of far-reaching changes - higher levels of technical or artistic skill - which make resettlement of the disabled in these activities more difficult.

Paid employment, which is in principle favoured by the job reservation system, has not yielded the desired results. Not all possible jobs are filled, and some employers prefer to pay the fines rather than engage disabled applicants. Quantitatively speaking, the legislation has thus failed, at least in relative terms.

It has also failed in the qualitative sense. All too often the disabled are given menial jobs without hope of advancement, which are not consistent with

their physical possibilities, and constitute a poor means of guaranteeing them a decent standard of living : messenger, doorman, museum or parking attendant, lift attendant, office boy, store hand, ticket vendor for shows and lotteries, etc.

Three main factors go to explain this dual failure.

The first, without any doubt the most important one, consists in the lack or inadequacy of vocational training.

When the disabled workers have received good training, their vocational resettlement proves a great deal easier. Two figures from "Pro Juventute" confirm this : 70-75 % of the victims of poliomyelitis and disabled persons trained at its centre in Turin and 68 % of disabled trainees leaving the Milan centre with diplomas between 1963 and 1967 found employment.

Unsatisfactory training leads to a paradoxical situation. Technical progress, particularly the spread of automation, by reducing the component of physical exertion in work, is constantly increasing the number of jobs for which even severely disabled applicants would be potentially eligible.

The continuing reduction in working hours and the rapid growth in the tertiary sector are other favourable factors. And yet few disabled people benefit from these favourable developments, precisely because they require an educational and technical level rarely attained by them. If vocational training for the disabled does not improve, this obstacle may soon become insurmountable, since by 1975 only 20 % of jobs will require no qualification.

The second unfavourable factor is reluctance on the part of employers and executives. Indeed, able-bodied workers frequently resent the presence of disabled colleagues, who have to expend long and patient efforts to become accepted and treated as equals.

These attitudes flow from a failure to recognize the capabilities of the disabled. There is still too little conviction in Italy that the physically handicapped are not, by virtue of their handicaps, second-rate workers.

A third, less important factor relates to the disabled themselves, who sometimes respond poorly to the confidence employers show in them by using their disability to get unjustified favourable treatment. Such behaviour clearly damages the cause of employment for the disabled.

#### 27 - Sheltered employment

Article 25 of Law no. 118 refers to systems of sheltered employment for special categories of disabled workers sponsored by the Ministry of Labour in conjunction with the Ministry of Health.

To this end, the competent administrations may call upon specially qualified establishments and organizations and upon the National Association for the Civilian Disabled as provided under Law no. 458 of 23.04.1965.

However, this provision has not been made use of. Also, the concept of sheltered workshops has no clearly defined structure. Generally speaking, the objective pursued is vocational training and is therefore covered by the provisions governing vocational training. In other cases, the provisions on public assistance and welfare work are applied, with the disabled regarded as "cases of need".

In recent times, we have seen the emergence, outside the legislative framework, of cooperative forms.

We might, however, mention the existence of a certain number of workshops set up by welfare organizations to employ the severely disabled (IMC), in particular, for toymaking, assembly of radio and television sets and the construction of wheelchairs and garden furniture. A.I.A.S., A.N.I.E.P. (see 1333), "Nostra Famiglia" and "Pro Juventute" have also set up printing presses



and pottery and dressmaking workshops. But these projects would benefit by modernization for conversion into small factories on the model of what has been done abroad.

Work in the home is not organized to any greater extent than occurs within the normal pattern of production. At present, this system of working still too often constitutes a form of exploitation of the disabled.

#### 28 - Social integration

##### 281 - Housing

The disabled with walking difficulties should be given priority in the allocation of dwellings located on the ground floors of blocks of low-cost or popular housing, when they request such dwellings (Law 118 - art. 27).

There are homes with a limited intake in which disabled persons live in a family atmosphere benefiting at the same time from regular care and attention. Some residents of such establishments go out to work. Cultural and recreational activities are organized and contacts with the social environment are encouraged as much as possible. These homes, however, some of which are veritable prototypes (A.I.A.S.), do not exist in sufficient numbers.

##### 282 - Architectural barriers and transport

A.N.M.I.L. and A.I.A.S. have, since 1965, the year of the International Conference of Stresa on architectural barriers, been especially concerned with this problem. Italy is the fifth country in the world to have taken measures to facilitate access to public and private buildings for disabled people.

Law no. 118 - art. 27 - and the Ministry of Public Works circular of 15.06.1968 are concerned with the elimination of obstacles by standards of construction in order to facilitate access by the disabled to means of public transport, trams and underground trains in particular, and to all public

buildings or buildings open to the public.

A special driving licence has been introduced (Patente di guida F) for disabled drivers. It is issued on presentation of a medical certificate drawn up by the Provincial Medical Committee specifying the degree of disability. The validity of Driving Licence F is subject to the use of a car specially adapted to the type of disability. The adaptations in question are checked by a civilian traffic officer.

283 - Sport and leisure

a) Holiday camps and travel

The disabled suffering from motor handicaps have since recently enjoyed holiday camp facilities. The specialized associations play an important part in the organization of these facilities, as is shown by the following figures for disabled people having taken holidays at the seaside, in the mountains or in the country :

- . A.N.I.E.P. : approx. 1,100 from 1961 to 1969,
- . A.I.A.S. : 690 from 1964 to 1968,
- . U.I.L.D.M. : 350 from 1966 to 1969.

A.I.A.S. and U.I.L.D.M. receive technical and financial assistance from the Ministry of Health.

Apart from the facilities of the Associations, we might also mention those of the O.P.A. (1), the two holiday centres of "Pro Juventute", which take disabled persons undergoing treatment at all the other establishments of the Foundation, the three rest centres of the "COTTOLENGO" project and the holiday organized each year for disabled adolescents by the Hygiene Office of the City of MILAN.

This list is by no means complete, but the proportion of disabled people able to take collective holidays under suitable conditions, especially where

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(1) Opera Pontificia d'Assistenza

adolescents and adults are concerned, is certainly minimal.

Among the leisure activities most intensively pursued and most popular among the members of the "Young Spastics Clubs" first set up in 1959 by A.I.A.S. are outings and excursions. Walks and rambles also figure on the programme of activities of the "Volunteers of Suffering", the Social Centre of A.N.I.E.P. in Bologna, the local sections of associations, groupings of "ex-inmates" of various rehabilitation establishments and most centres.

Apart from a few pilgrimages to Lourdes, in which the disabled take part alongside other pilgrims, group journeys lasting more than one day are, in Italy as in other countries, major ventures which cannot easily be repeated (particularly for financial reasons), in spite of the availability of fast, modern and comfortable transport.

b) Recreational, artistic and cultural activities

All centres, homes, hostels, hospices or "cronicari" make radio and television sets available to the disabled. Film shows, theatre performances, record evenings also provide some hours of distraction in the centres, clubs and friendly circles.

In the field of artistic activities, individual initiative is the major factor, although the centre for paraplegics at Ostia provides music tuition, on the strength of which an orchestra has been formed. At "Cottolengo" (2) there is also an orchestra and a choir. Finally, the associations endeavour to encourage disabled artists, painters, engravers, sculptors and potters and make them known.

Leisure activities of a cultural nature essentially consist of talks, often illustrated by the projection of slides and followed by discussions, usually given at meetings of Disabled Clubs. A variety of subjects, which may be of a

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(2) An important settlement occupying an area in Turin

topical nature, are dealt with by disabled, or more often by knowledgeable able-bodied persons. The appetite for reading, which is particularly strong among the disabled, is impossible to satisfy properly. Libraries at the centres are still few and far between and poorly stocked, and access to public lending libraries presents frequently insurmountable difficulties. The A.N.I.E.P. Social Centre in Bologna, with its 2000 titles supplied by the Ministry of Education, is still exceptional.

Able-bodied young people, usually students, act as voluntary leaders for most of these activities when they take place in groups of disabled people. But these young people do not only contribute their physical effort. Their encouraging presence, their sincere friendship, their comforting human warmth are very often more valuable to the disabled than the actual leisure activities.

c) Sporting activities and scouting

At the first Para-Olympic Games in Rome in 1960 Italian disabled sportsmen began to compete, with a high degree of success moreover, with their opposite numbers abroad. Italy participated with equal success in the second and third Para-Olympic Games in 1964 and 1968 and in the European Games for disabled sportsmen in 1966.

But these teams were made up solely of war disabled and industrially disabled persons. Indeed, until now only the "Oasis" centre of O.N.I.G. and that of I.N.A.I.L. in Ostia are actively promoting the practice of sport among the disabled. Football teams have been formed, the "Santo Stefano" centre at Porto Potenza Picena and at "Cottolengo" for the civilian disabled with motor handicaps. We are thus dealing here with sport for the very slightly disabled.

This deficiency is all the more inexcusable since, except for swimming, there is no need of special expensive facilities.

Thanks to an extension of scouting, disabled children and adolescents are overcoming their feeling of inferiority, and tendency to withdraw into them-

selves, whilst at the same time increasing their contacts with nature. For some years the main scouting movements in Italy have been showing an interest in the disabled, whom they are accomodating, in small numbers as yet, in appropriate groupings.

3 - General aspects

31 - Evaluation of the need for rehabilitation and national development programme

Information not received

32 - Research on rehabilitation - information - documentation

Information not received

33 - Training for rehabilitation specialists

Information not received

L U X E M B O U R G

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REHABILITATION OF DISABLED PERSONS IN THE GRAND DUCHY OF LUXEMBOURG

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Legal, administrative and technical aspects

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Editorial note

This monograph is based on the Luxembourg government's response to the EEC questionnaire (Document 1302/2/71 f).

New and updated information has been taken from the Labour Office's Annual Report for 1973, published in October 1974.

Dr NOESEN, Factory Medical Inspector, has provided many additional documents and explanatory notes.

Reference has also been made to the university theses of Mr L. FEIEREISEN, on "The legal and social position of disabled workers in the Grand Duchy of Luxembourg", and Mr G. THOMMES, on "Sport for the physically handicapped in the Grand Duchy of Luxembourg".

1 - Summary of the legal and administrative aspects and statistical data

11 - The concept of disablement

111 - The concept of the disabled worker

The law of 28 April 1959 instituting the Office de placement et de rééducation professionnelle des travailleurs handicapés (the O.T.H.) defined the concept of the disabled worker and his disability. A worker is deemed to be disabled if his working capacity has been reduced by at least 30 %.

The rate of 30 % appears to have been set by reference to medical experience but, in fact, a reduction in working capacity of about 25 % makes a person unfit for work and means that he cannot readjust without help.

This concept is based on the ILO definition of a disabled person as 'an individual whose prospects of securing and retaining suitable employment are substantially reduced as a result of physical or mental impairment'.

The concept is new and derives from evaluation criteria which differ from those under the existing systems (see 113).

112 - The concept of disablement and incapacity for work

Although the law uses the concepts of disablement and the disabled worker for rehabilitation purposes, it should be pointed out that the concepts of total and partial disablement and incapacity for work under common law and social-insurance regulations, which are based on different criteria, are still valid.

The various assessment methods are usually based on three aspects :

- the effect on the person as an individual and legal entity,
- the effect on earning power,
- the effect on working capacity in relation to the occupational group and the employment market.



Earning power is a primarily economic aspect while working capacity is predominantly medical. For purposes of social insurance (law of 29 August 1951), the expert will accept that a person is disabled if his working capacity has been reduced by 2/3. This type of assessment is usually based on scales, tables, etc.

. A worker is considered as disabled if, as a result of illness or infirmity, he can no longer earn a third of the normal income of a worker in the same category, and with the same training working in the same area, and if a job commensurate with his strength and aptitude and reasonably suited to his training cannot be found for him.

. An employee is considered disabled if, as a result of illness or infirmity, he is incapable of carrying out either his previous occupation or another occupation commensurate with his ability and training.

#### 113 - Assessment of the disability

The law specifies conditions of assessment which differ from the criteria used by the various insurance schemes in order to give all disabled persons equal treatment.

- Article 3 of the decree of 30 June 1951 says that, 'in order to assess the disabled worker under the terms of Article 2 of the above-mentioned law (1), account will be taken of a reduction in individual working capacity in relation to previous employment. Consideration will also be given to the extent of the person's residual working capacity in terms of his prospects of resettlement within the near future or his rehabilitation potential'.

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(1) Law of 28 April 1959

'A reduction in working capacity of mental origin which is discovered during the examination will be taken into consideration if the result is a 30 % reduction in working output'.

'Determination of the degree of disablement presupposes that the claimant's condition is permanent and sufficiently stable from a medical point of view'.

An advisory committee is responsible for assessing the disability.

- Article 4, 'the decisions of the committee will be based on the following :

- a) medical examination,
- b) psychological examination,
- c) psychotechnical examination, examination of the workplace and personnel history,
- d) occupational survey,
- e) effort tests,
- f) social survey.'

'The medical examination will be primarily concerned with establishing deficiencies and residual working capacity. Consideration will be given to :

- the personality of the claimant,
- his level of intelligence,
- his physical and mental condition,
- his basic needs for underlying motivation.'

'Social security organizations and the Office de l'Etat des dommages de guerre (State war damage compensation office) shall provide the committee with all information and documentation necessary on request. The committee may ask for documents relating to repressive measures. The provision of these documents is subject to the authorization of the Attorney General.'

123 - Military and civilian war victims (1)

	at 1.12.1972	new pensions	terminated pensions	at 30.12.1973	Total
<b>A) Military victims</b>					
widows' pensions	106	9	-	115	
orphans' pensions	41	7	4	44	
pensions for war-wounded persons	953	36	24	965	
ascendants' pensions	642	42	50	634	
<b>Total</b>	<b>1 742</b>	<b>94</b>	<b>78</b>	<b>1 758</b>	<b>1 758</b>
<b>B) Civilian victims</b>					
pensions for widows of patriots	236	12	2	244	
pensions for orphans of patriots	12	2	1	16	
pensions for the widows of accidental victims	161	-	1	160	
pensions for the widows of accidental victims	4	-	-	4	
wounded patriots' pensions	455	15	22	448	
pensions for persons wounded accidentally	309	4	7	306	
ascendants' pensions	60	1	10	51	
<b>Total</b>	<b>1 240</b>	<b>34</b>	<b>45</b>	<b>1 229</b>	<b>1 229</b>
<b>Total A + B</b>	<b>2 982</b>	<b>128</b>	<b>123</b>	<b>2 987</b>	<b>2 987</b>

The above table shows that during 1973, nearly 30 years after the end of the war, 128 new pensions were granted; 30 of these were survivors' pensions and 55 were disablement pensions. Moreover, in 39 cases deterioration was acknowledged.

Between 1969 and the end of 1973, 522 new pensions were granted.

(1) Ministry of Public Health, Bulletin d'information et d'action sanitaire, No 18, December 1973.

124 - Disabled persons receiving vocational rehabilitation and awaiting resettlement

For both these categories reference can be made to the statistics published in the National Labour Office's report (1972 and 1973) in the chapter relating to the O.T.H. (see paragraph 1433).

13 - The history of rehabilitation

131 - Legal history

1311 - Up to 1945

The concept of rehabilitation is new but it had its precursors in sickness and accident insurance and aid for the disabled. Mention should therefore be made of the first laws on compulsory sickness insurance (1901) and accident insurance (1902) for workers.

This legislation was revised and codified in 1925. Article 289 of the code provides for the possibility of designated employment for the victims of industrial accidents.

The law of 7 August 1923 guaranteed compulsory instruction for blind and deaf and dumb children. Teaching and suitable training was arranged for them free of charge by the State.

The Grand-Ducal decree of 27 December 1929 defined the composition and functions of a benevolent society for the victims of industrial accidents.

1312 - From 1945 to the present

At the end of the war, the Grand-Ducal decree of 26 February 1945 instituted the Office for the Resettlement and Vocational Rehabilitation of the Victims of Industrial Accidents and the War Disabled. Aid was provided for victims of accidents and disabled persons whose working capacity had been reduced by at least 50 %.

On 25 February 1950 a law on compensation for war injuries was brought in.

A department for disabled persons within the Public Health Directorate was set up in September 1957 to give advice to the parents of children with poliomyelitis and enable them to be treated in specialist centres. The mandate of this department was redefined by a ministerial order on 24 November 1970, which made it responsible for registering and filing details of all disabled persons, ensuring medical and social supervision, drawing up a plan of all requirements and suggesting services and establishments which should be set up. A central file was instituted by the budgetary law of 1971. A survey of physically-handicapped persons is now in progress. Construction standards have been proposed to make public buildings, particularly schools, accessible to the physically handicapped.

It was on 28 April 1959 that the most important text on rehabilitation was published; this was much more comprehensive than the 1945 text (see 141) and covered all categories of disabled persons. Various decrees specifying its application were to be added to it.

On 5 August 1963, pre-school and primary education were reorganized and, as part of this reform, the Grand-Ducal regulation of 6 February 1965 formed supplementary and special classes and set up psychopedagogical committees. Finally the law of 14 March 1973 provided for the creation of institutes and special-education departments.

### 132 - The organization of rehabilitation

There is no single centralized organization to cover all rehabilitation from the medical stage to the vocational and social stage. Medical and vocational rehabilitation are the responsibility of different authorities. This also applies to the problems of children and adults.

Nevertheless, a certain amount of cooperation is developing within the committees (see below).

133 - State and voluntary organizations

1331 - The role of the State

Four ministries contribute in this field :

. The Ministry of Labour and Social Security which has under it

- the Social Insurance Office which is a 'semi-public' organization covering the accident-insurance and old-age and disablement insurance associations
- the O.T.H.

The functions of these two offices are discussed below.

. The Ministry of Public Health

One of the functions of this Ministry is compensation for war injury, and it is also responsible for a disablement department where disabled persons are registered (see 1312). It is also concerned with accident and disease prevention and the early detection of handicaps (perinatal blood tests, audiometric and speech examinations).

. The Ministry of National Education

This Ministry is responsible for special education in cooperation with the Ministry of Health (see 213).

. The Ministère de la Famille, du logement social et de la solidarité sociale  
(Ministry of Family Welfare, Social Housing and National Assistance)

Through a national assistance fund (public institution), this ministry awards grants to disabled persons, provides aid of various kinds and helps with social integration.

There is only limited coordination between the ministries as far as rehabilitation is concerned, although cooperation on the problems of disabled workers is achieved by the Board of Directors of the O.T.H., on which representatives from various ministries, associations for the disabled and employers' and wage-earners' unions sit. However, as a result of a proposal from the Ministry of National Education in 1974, the Cabinet was asked to set up an interministerial group responsible for dealing with the problems of the disabled in general.

1332 - Voluntary organizations

. A certain number of associations, most of which have official recognition, provide aid for the disabled or defend their financial and moral interests.

Representatives from some of these associations are, moreover, members of official committees or boards (such as the Board of Directors of the O.T.H.).

The best known of these associations include :

- the Luxembourg Red Cross
- Caritas
- l'oeuvre nationale de Secours Grande Duchesse Charlotte (national relief organization)
- Association luxembourgeoise des mutilés de Guerre et des invalides (association for war victims and disabled persons)
- Ligue luxembourgeoise des prisonniers et déportés politiques (prisoners' and political deportees' league)
- Ligue luxembourgeoise des mutilés et invalides de guerre 40-45 (war victims' league)
- l'Association pour la Défense des Intérêts des personnes physiquement handicapées (association for the physically handicapped)
- Ligue luxembourgeoise pour le secours à l'enfance mentalement ou cérébralement handicapée (mentally and cerebrally handicapped children's relief league) (H.M.C.) (1)

. Private educational establishments also accept disabled persons, particularly children and young persons. Others have been set up specifically for people with sensory disorders.

14 - Basic texts and their application

141 - The law of 28 April 1959

This is the text instituting the O.T.H. It is the result of discussions and amendments to a 1953 ministerial bill (Grand-Ducal bill, 8 May 1953). (2)

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(1) This league publishes an information bulletin fairly regularly.

(2) Ministerial dispatches of 26.03.1954, 02.10.1958 and 06.10.1958.

Mention should be made of the following items in this text :

- article 2 defines the beneficiaries on the basis of a 30 % reduction in working capacity :
  - . victims of industrial accidents
  - . war victims
  - . physically handicapped persons;
- article 3 outlines the procedure :
  - . registration of claimants at the National Labour Office or one of its branches
  - . recognition of the disabled workers' condition, vocational guidance, arrangements for rehabilitation in conjunction with an advisory committee (3 members including 2 doctors);
- article 6 defines the employment quota in the public and private sectors as 2 % of the total staff;
- article 7 gives the conditions of remuneration in terms of aptitude and working capacity, with provision for arbitration by the Office where agreement is not reached. Accident pensions (war and industrial) will not be taken into consideration in the determination of salaries;
- article 8 stipulates
  - . that the cost of occupational rehabilitation shall be borne by the O.T.H. except in the case of war victims (cost borne by the State) and industrial accident victims (cost borne by the Insurance Association)
  - . that the employer shall assist in the rehabilitation
  - . that the victims shall receive apprentices' allowances over and above their pension during rehabilitation.

This text is comparable with Belgian and French legislation in the same field.

#### 142 - Subsequent texts

The Grand-Ducal decree of 30 June 1961 determines the composition and functions of the Advisory Committee.

The Grand-Ducal regulation of 8 October 1962 determines the composition and functions of the O.T.H. (see 14-21 and 59).



The Grand-Ducal regulation of 28 March 1972 brings the position of workers from other Member States of the European Economic Community into line with that of the Luxembourgers as far as the application of the legislation on the O.T.H. is concerned, provided that :

- . they are resident in the Grand Duchy of Luxembourg
- . they are or have been engaged in regular gainful employment
- . the reduction in working capacity from which they claim to be suffering arose in the course of gainful employment within the Grand Duchy of Luxembourg.

143 - The "Office de Placement et de Rééducation Professionnelle des Travailleurs handicapés" (Office for the Resettlement and Vocational Rehabilitation of Disabled Workers) - the O.T.H.

1431 - Organization, operation and function

The O.T.H. comes under the Ministry of Labour and Social Security. It consists of a board of directors comprising 6 representatives of the State, 3 representatives of employers' organizations and 3 representatives of workers' organizations. Three representatives of voluntary associations whose aim is to safeguard the interests of victims of industrial accidents, wounded ex-servicemen, prisoners and political deportees can take part in the deliberations in an advisory capacity.

The Board is assisted by an Advisory Committee consisting of a doctor of law and two doctors of medicine.

Members of the Office and Advisory Committee are appointed by the Ministry of Labour and Social Security for a period of three years. The Director of the National Labour Office takes on the duties of Chairman of the O.T.H.; the administrative work is carried out by officials of the National Labour Office.

The purpose of the O.T.H. is to take decisions relating to recognition of disablement for the benefit of victims of industrial accidents, war victims and physically and mentally handicapped persons whose working capacity has been reduced by at least 30 %, to resettle them and, if necessary, to arrange vocational rehabilitation.

The O.T.H. gives disabled workers certain social advantages, particularly in connection with individual annual leave in accordance with the provisions of the combined text of 20 April 1962 on the contract of service for private employees (6 days extra leave).

An appeal against the decisions of the Office can be made through the arbitration council and the Social Insurance Supreme Council.

The Office is financed through the State budget.

#### 1432 - The vocational rehabilitation procedure

The disabled person must register at the Labour Office or one of its branches and enclose with his application a medical certificate and any other documents providing evidence of his situation so that he can be "registered".

The secretary who enters the name makes up a file with all the medical, psychological, psychotechnical, occupational and social data necessary for the Advisory Committee to make a decision about the medical stabilization and the recognition of the worker's disability. If the condition appears not yet to be stabilized, the Committee can postpone its decision.

The person is then interviewed by the Advisory Committee which forms an opinion and passes this on to the Board of Directors which actually takes the decision. The disabled person is notified of this decision by registered letter. Recognition of the disabled worker gives him the right to benefit from all measures under the law of 28 April 1959, particularly as regards resettlement and vocational rehabilitation.

1433 - Operating statistics

In 1973 the Advisory Committee had 21 meetings to examine 110 requests : 104 official opinions were sent to the Board of Directors for a decision. The Board had 6 meetings and took 103 positive decisions.

The following tables relate to the activities of the O.T.H.

	1972	1973
1 Number of files established	165	181
2 on extra leave	32	58
3 on requests for employment	113	123
4 including vocational rehabilitation	?	43
5 Requests for a change of employment	37	66
6 Total claims (1 + 5)	202	247

	1972	1973	
Total resettlement figures	66	115	
D E T A I L S	Resettlement in the private sector	53	102
	Resettlement in the iron and steel industry	1	4
	Resettlement in the public sector	8	6
	Resettlement in the C.E.C.		1
	Requests withdrawn	2	2
	Death	2	1

Vocational rehabilitation	1972	1973
Luxembourg training workshops	2	11
Schooling	1	9
Costs	?	frs 380 000
Vocational rehabilitation abroad	44	35
Costs	frs 6 000 000	frs 5 600 000

Details of disabilities justifying a claim to the O.T.H.				
1 9 7 2		1 9 7 3		Localization
Claims submitted	Cases settled	Claims submitted	Cases settled	
133	66	123	115	
3	8	8	6	Defective sight
7	5	1	4	Hearing and speech
4	3	8	5	Respiratory tract
4	4	2	4	Heart
3	1	4	6	Skull
3	5	6	10	Amputations
2	4	9	10	Vertebral column
21	11	36	18	Paralysis
47	15	28	33	Mental disorders
8	-	6	8	Epilepsy
31	10	15	11	Other

Situation on 31 December	1972	1973
Total files being examined or dealt with	510	336
- piles being made up or examined	183	146
- of which files on foreigners	33	33
- persons recognized as disabled workers	80	91
- suspended claims	247	119

15 - Coverage schemes and benefits

151 - The various schemes

The first tables list the contributory schemes :

- various sickness insurance schemes
- various disablement schemes

The following tables list non-contributory schemes :

- various accident schemes
- war-injury compensation
- O.T.H.
- national assistance and aid
- special education.

132 - Contributory schemes and benefits

SCHEME BASIC TEXTS	OCCUPATIONAL DETAILS	FIELD OF APPLICATION	ORGANIZATION RESPONSIBLE	CONTRIBUTIONS AND FINANCING	BENEFITS IN KIND	CASH BENEFITS	BUDGET AND EXPENDITURE
<p>A) SICKNESS INSURANCE (General) (Combined texts of 31.12.1967)</p>	<p>The funds work on a regional and territorial basis as far as sickness insurance is concerned. The pension funds work on an occupational basis</p>	<p>Covers nearly 100 % of the population (In 1970 : 172 154 workers)</p>	<p>Office des assurances sociales (social insurance office) covering the various sickness-insurance schemes (+ the Association d'Assurance contre les accidents (accident insurance association) and the pension funds - see below)</p>		<p>-Normal allowances</p>	<p>Allowances which vary according to the scheme paid over a period of 26 weeks (which can be extended) 50 % of daily earnings + supplements (workers' insurance under company schemes 70 % and 75 %)</p>	<p>Caisse Nationale d'Assurance maladie (national sickness insurance fund) Total contribution -Insured persons who are still working : insured persons contribution 247 452 930 employers' contribution 129 774 235 -Insured pensioners : insured persons contribution 30 332 336 organizations' contribution 62 621 242 Total : 470 180 768</p>
<p>This scheme is broken down as follows : 1) Workers' sickness insurance. Law of 31.07.1901 codified by the law of 17.12.1925, later completed and amended (10.04.1951 and 24.04.1954)</p>		<p>a) Insurance compulsory for : -workers, assistants, companions, apprentices and domestic servants -persons receiving old-age, disablement or survivors' pensions in one of the above categories, persons receiving accident or war-compensation pensions b) Members of the family a) Insurance compulsory for : -employees and public officials, municipal and private -self-employed professional persons -persons in one of the above categories receiving temporary salaries, retirement and survivors' pensions b) Members of the family</p>	<p>-Caisse Nationale d'Assurance-Maladie des Ouvriers (workers' sickness insurance) -Caisse d'entreprise de maladie des Ouvriers d'ARBED (ARBED workers' sickness fund) -Caisse d'Entreprise de Maladie de la Société Minière et Métallurgique de Rodange (Rodange Mining and Metallurgical Company sickness fund) (M.M.R.)</p>	<p>Workers' contributions 4 % Employers' contributions 2 % The State usually covers half the administrative costs</p>	<p>These benefits are usually distributed by the various schemes listed below</p>		
<p>2) Officials' and employees' sickness insurance Law of 29.08.1951, completed and amended by the law of 24.04.1954</p>			<p>-Caisse de Maladie des Fonctionnaires et Employés Publics (public officials' and employees' sickness fund) -Caisse de Maladie des Employés privés (Private employees' sickness fund) -Caisse de Maladie des Fonctionnaires et Employés Communaux (municipal officials' fund) -Caisse d'Entreprise des Employés d'ARBED (ARBED employees' sickness fund) -Entraide Médicale des Chemins de Fer Luxembourgeois (Luxembourg Railways mutual aid) -Caisse d'Entreprise des Employés de la M.M.R. (M.M.R. employees' sickness fund)</p>				

SCHEME BASIC TEXTS	OCCUPATIONAL DETAILS	FIELD OF APPLICATION	ORGANIZATION RESPONSIBLE	CONTRIBUTIONS AND FINANCING	BENEFITS IN KIND	C/SH BENEFITS	BUDGET AND EXPENDITURE
<p>3) Sickness insurance for self-employed persons Law of 29.07.1957 Amendments 29.01.1964 08.04.1968 11.06.1971</p>		<p>a) Insurance compulsory for : -persons engaged in activities under the Board of Trade or Chamber of Commerce on their own account -descendants and relatives by marriage of over 18 years providing regular assistance -partners in commercial undertakings who are not eligible for compulsory insurance under a wage earners' scheme -persons receiving a pension as head of the one of the preceding activities b) Members of the family a) Contributing members: -persons carrying out agricultural activities on their own account, ascendants, descendants, adopted children, relatives to the third degree and relatives by marriage under the same terms and to the same degree as these insured persons -persons receiving pensions from the agricultural Pension Fund b) Beneficiary members : wife and children of the insured person</p>	<p>-Caisse de Maladie des Professions Indépendantes (sickness insurance fund for the self-employed) (Scheme for craftsmen and scheme for traders and manufactures)</p> <p>-Caisse de Maladie Agricole (Agricultural Sickness Insurance Fund)</p>				
<p>B) DISABILITY INSURANCE Law of 29.08.1951</p>		<p>Membership compulsory for all wage-earners</p>	<p>-Caisse de Pension (Pension fund)</p>		<p>See sickness insurance</p>	<p>Pensions</p>	

153 - Non-contributory schemes

- 1915 -

SCHEME BASIC TEXTS	OCCUPATIONAL DETAILS	FIELD OF APPLICATION	ORGANIZATION RESPONSIBLE	CONTRIBUTIONS AND FINANCING	BENEFITS IN KIND	CASH BENEFITS	BUDGET AND EXPENDITURE
<p>1531 - Adults</p> <p><b>ACCIDENT INSURANCE</b></p> <p>Laws of 25.04.1902 and 20.12.1909, codified by the law of 17.12.1925</p>			<p>-Association d'Assurance contre les accidents (accident insurance association) - Social Insurance Office</p>		<p>-Medical treatment</p> <p>-Functional rehabilitation</p> <p>-Orthoses and prostheses</p> <p>-Occupational rehabilitation</p>	<p>-Daily allowances for temporary incapacity</p> <p>-Pension for permanent incapacity</p>	
<p>1) Industrial accident insurance</p> <p>Grand-Ducal decree of 08.03.1961</p>		<p>-wage-earners in all industrial, commercial, agricultural and forestry undertakings, including crafts</p> <p>-servants, master craftsmen and members of the family employed in the business</p> <p>-persons engaged in an occupation remunerated in kind or in cash in the service of third parties not affected by the Social Insurance Regulations</p> <p>-persons engaged in work under contract to the State, municipalities, public establishments or public utility services</p> <p>-officials and employees of State and municipal establishments, undertakings and authorities and public utility services</p> <p>-the heads of undertakings subject to compulsory insurance (voluntary insurance)</p>	<p>1) Industrial section</p>	<p>Employers (various rates)</p>			



SCHEME BASIC TEXTS	OCCUPATIONAL DETAILS	FIELD OF APPLICATION	ORGANIZATION RESPONSIBLE	CONTRIBUTIONS AND FINANCING	BENEFITS IN KIND	CASH BENEFITS	BUDGET AND EXPENDITURE	
2) Agriculture and forestry accident insurance		<ul style="list-style-type: none"> <li>-workers and assistants working on farms or in forestry undertakings</li> <li>-members of the family of the heads of undertakings if they are over 8 years old</li> <li>-heads of undertakings and their wives</li> <li>-military and civilian war victims</li> <li>-1940-44 war victims</li> </ul>	Service des Dommages de Guerre corporels (war injury compensation department) - under the Ministry of Public Health	Employers (Various rates)	As above	Injured persons, widows, orphans' pensions	Period 69-73 830 million francs	
War injury compensation Law of 25.02.1950								
Office for Resettlement and occupational rehabilitation (O.T.H.) Law of 28.04.1959		<ul style="list-style-type: none"> <li>-all disabled workers: victims of industrial accidents, war disabled, physically handicapped persons whose working capacity has been reduced by at least 30 %</li> <li>-Luxembourg nationals: foreigners provided for where there is a reciprocal agreement</li> <li>-Nationals of a Member of State of the European Economic Community who work and are officially resident in the Grand Duchy, provided that their working capacity was reduced while they were engaged in paid work on Luxembourg territory</li> </ul>	Office de Placement et de Rééducation Professionnelle des Travailleurs handicapés sous tutelle du Ministère du Travail (Office for the resettlement and occupational rehabilitation of disabled workers under the auspices of the Ministry of Labour)		As above	<ul style="list-style-type: none"> <li>1)Medical, psychological, psychotechnical, social, economic and occupational surveys and expert appraisals</li> <li>2)Medical and surgical treatment with a view to improving occupational activities and working capacity</li> <li>3)Research, supply, renewal and maintenance of prosthetic and orthodic devices and any other devices designed to reduce or eliminate incapacity</li> <li>4)Studies, adaptation, equipment, installations and occupational requirements of the disabled person</li> <li>5)Improvement and maintenance of adequate general education so that disabled workers can be redeployed</li> <li>6)Period in rehabilitation and occupational retraining centres, particularly abroad</li> <li>7)Removals and transfers</li> <li>8)The organization of sheltered employment according to the disability</li> <li>9)The organization of work at home</li> <li>10)Attendance tokens and allowance recovered by members of organizations belonging to the O.T.H.</li> </ul>	<ul style="list-style-type: none"> <li>Allowances during training</li> <li>Additional leave</li> </ul>	See State budget
Grand-Ducal regulation of 28.03.1972								

SCHEME BASIC TEXTS	OCCUPATIONAL DETAILS	FIELD OF APPLICATION	ORGANIZATION RESPONSIBLE	CONTRIBUTIONS AND FINANCING	BENEFITS IN KIND	CASH BENEFITS	BUDGET AND EXPENDITURE
Fonds National de Solidarité (national assistance fund) Grand-Ducal decree of 30.06.1960		Uninsured persons under certain conditions (financial resources)	Ministère de la Solidarité Nationale (equivalent of national assistance)	State budget			
Public assistance		Luxembourg nationals and foreigners	Administration communale (municipal authorities)	Budget of local authorities		Financial aid	
1532 - Children Special education Law of 14.03.1974	(see paragraph 213)		Ministry of Health (medical care) Ministry of National Education (schooling)	State budget	Free special education		

2 - Systematic examinations of achievements

21 - The rehabilitation and social integration of children

211 - Statistics are drawn by the Ministry of Public Health on pregnancy, child-birth and new-born children, on the basis of a form produced by the Société de Pédiatrie (pediatrics society). New-born children are examined for phenylketonuria and a chromosic chart is drawn up in some cases. There are also audiometric and speech examinations.

212 - Special schooling

. The law of 14 March 1973 provides for the creation of institutes and special education departments and the expansion and development of previous activities (regulation of 6 Februari 1965).

"Article 1. The State shall ensure that every child who cannot follow a normal or special course of education because of his mental, temperamental or sensory peculiarities receives instruction suited to his condition or situation within the special education system. Within this system, the Minister of National Education is responsible for education, the Minister of Public Health is responsible for medical care and the Minister for Family Affairs is responsible for family and social affairs."

"Article 2. The following shall be provided by Grand-Ducal decree, according to need :

- a) pre-school, school and vocational preparatory-study centres;
- b) day centres, boarding schools and reception centres;
- c) classes and observation centres;
- d) educational aid services;
- e) mobile education services;
- f) multidisciplinary medical, psychological and pedagogical services.

As far as education is concerned, these multidisciplinary services come under the authority of the Minister of National Education, but the Minister of Public Health is responsible for the medical side. The services shall be organized by Grand-Ducal decree, after consultation with the medical profession."

"Article 3. The children referred to in Article 1 are subject to compulsory education."

Certain exemptions may be granted if medical justification is provided and on the advice of the national committee on medical, psychological and pedagogical affairs which comprises :

- the director for special education;
- the chief inspector for primary education;
- a public health medical inspector;
- the director of the logopaedics centre;
- a representative from the Ministry of Family Affairs;
- a neuro-psychiatric specialist;
- a paediatric specialist;
- a psychologist;
- a social health worker or qualified social worker;
- a teacher qualified in special education.

The responsible inspector and school doctor must be added to the above.

The Minister of National Education may appoint other members according to need.

Instruction, medical treatment, accomodation and food are free of charge.

The State supplies free equipment and the necessary teaching and rehabilitation material and organizes transport for the children.

The municipalities, communities or associations which have set up or are to set up centres for handicapped children are subject to inspection and to the official educational system.

The scope of the institutes and services and the duties and jobs for which they are responsible are laid down by law.

. There are :

a) two establishments for persons with sensory disorders :

- the Luxembourg Logopaedics Institute

This establishment for the education of deaf children and children with speech defects has been built up gradually. The pre-school, school and sports equipment there can now be considered complete. The Institute takes 200 pupils who are provided with everything that their condition requires. Only a quarter of these are boarders. Transport is provided for day scholars. There are 37 members of staff.

b) the Medico-Pedagogical Centre, a home and school for the physically handicapped set up under the administration of Mondorf-Etat.

c) the Institut médico-professionnel (IMPRO), in Cap, set up by the H.M.C. league (for the protection of mentally and cerebrally handicapped children) in cooperation with the Ministries of Public Health, Labour and National Education. This is a day centre for mentally and cerebrally handicapped young persons who have completed their compulsory education but are able to benefit from continued instruction, medico-functional rehabilitation and occupational training. The establishment was inaugurated on 5 July 1969.

In 1972 there were 68 pupils. In addition to the specialist teaching staff working full-time, there are some medical and paramedical specialists who assist periodically. The medical, social and teaching staff work as a team. A sheltered workshop is to be set up in the neighbourhood.

## 22 - Medical and functional rehabilitation

### 221 - Definition

There is no written definition of rehabilitation. Medical and functional rehabilitation come under medical care and form an integral part of normal

treatment. Occupational rehabilitation is either the responsibility of the industry or, where retraining is involved, forms part of the rehabilitation work of the O.T.H.

222 - Rehabilitation centres and services

For medico-functional rehabilitation there is the Centre de réhabilitation physique et de rééducation respiratoire (physical and respiratory rehabilitation centre) at Mondorf-les-Bains, set up by the Union des caisses de maladie and then taken over first by the Ministry of Labour and later by the Ministry of Public Health, and placed under the direction of Mondorf-Etat.

In 1974, 250 patients passed through the Centre for 6 287 paramedical services.

For the same year the number of patients in "health" rooms was 171 for 866 services.

223 - Hospital rehabilitation

There are no legal or other provisions regarding hospital services or centres.

There are medico-functional rehabilitation and physiotherapy departments in the main hospitals, such as the Luxembourg Municipal Hospital, the Luxembourg Geriatric Hospital and the Ettelbrück Psychiatric Hospital.

224 - Qualifications of staff

The staff involved in rehabilitation are qualified masseur-kinesitherapists, masseurs, speech therapists, educators, instructors, etc. (see paragraph 33). The law of 18.11.1967 introduced regulations respecting some paramedical and social professions. "The recruiting of paramedical staff remains one of the main concerns of the Ministry of Health". An effort has been made to widen the fields of recruitment, particularly through preparatory training.

225 - Preparation for the return to work

There are no texts and no special organization to deal with this. Mention should, nevertheless, be made of the activities of industrial medical officers, particularly in the iron and steel industry (this branch represents more than half the industrial population). In addition to preventive activities on the basis of ergonomics and treatment in the form of first aid, industrial medicine includes the rehabilitation of disabled workers. The medical examination prior to return to work allows for three possibilities :

- resettlement of the person in his previous post,
- resettlement in suitable work for a fixed period,
- transfer to a post commensurate with the residual capacity of the disabled worker even where this involves a change in department (1).

The emphasis is on "early" reemployment so that the disabled worker does not lose his adaptability because inactivity is more likely to cause this than a physical handicap.

23 - Orthoses and prostheses

231 - The provision of appliances

Social legislation provides for the allocation of prostheses and there are no restrictive regulations as regards range. In some cases amputees are entitled to be fitted abroad (in France and Germany in particular). There are a few qualified prosthesists in Luxembourg. The medical consultants to the insurance organizations are responsible for supervising the adaptation of prostheses.

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(1) See report by Dr FOEHR (Industrial Medical Officer at ARBED - DUDELANGE) to the Namur conference (September 1973) on the promotion of workers.

232 - Statistics

The number of amputees who have been fitted is not known.

24 - Vocational guidance

Vocational guidance for disabled workers can be given at the training centres of the National Labour Office in Luxembourg, Esch and Diekirch.

It is, however, usually given at the Walferdange Pedagogical Institute because of the latter's greater specialization.

25 - Vocational training

The board of directors of the O.T.H. decides on the vocational training or retraining of workers recognized as disabled.

The training can take place :

- in Luxembourg, either within a normal educational establishment or in Luxembourg training workshops.

There are no specialist establishments for vocational retraining;

- abroad, i.e. in a bordering country (France, Belgium, Germany).

The crafts chosen vary considerably and are always related to future employment possibilities on the labour market.

The cost is covered by the O.T.H. (or possibly by the accident-insurance organization or the State in the case of compensation for war injuries).

For statistical details of training, see paragraph 1433. Information about the professions chosen for training carried out in Luxembourg is given in the National Labour Office Annual Report

After his rehabilitation period abroad, the disabled person returns to this country for resettlement by the O.T.H. which is in touch with all sectors of



economic activity, including the public sector, and supervises the adaptation period after work has been resumed. In general, as far as the private sector is concerned, the O.T.H. intervenes during the adaptation period on condition that it receives a proportion of the salary paid to the disabled person by the employer. Changes of workplace, according to the needs of the disabled person, are also provided for. It is possible to provide individual means of transport or even to set up a watch-repair workshop, for example.

#### 26 - Resettlement and the quota system

A disability is supposed not to debar a person from employment unless his physical condition is incompatible with the work available. It is up to the industrial medical departments, where these exist, to guide and select workers according to the work to be provided and to supervise their adaptation to the work.

The law of 28.04.1959 provides for designated employment for disabled workers. These jobs are indicated by the O.T.H. after consultation with the heads of enterprises.

The State, municipalities, national railways and public undertakings are required to employ a quota (at least 2 % of the total staff) of disabled persons fulfilling normal entry conditions.

In the private sector, undertakings normally employing a minimum of 50 workers are required to employ a quota of disabled workers amounting to at least 2 % of the total wage-earning staff. Those employing a minimum of 25 and a maximum of 50 workers are required to give priority to disabled workers for workplaces which are particularly suited to their capacities.

In practice, the O.T.H. often has to resort to persuasion and appeal to the good will of employers in order to find a job for a disabled worker. The

employer is, moreover, required to help in the rehabilitation of the disabled worker by providing the standard tools and adapting the workplace for him.

The idea of the law is to encourage individual and selective placement rather than to coerce.

Paragraph 1433 gives the resettlement statistics for 1972 and 1973. The National Labour Office Report provides the details about jobs chosen in the private and public sectors.

#### 27 - Sheltered employment

Research into sheltered workshops is in progress. There is a plan for an annex to I.M.P.R.O. in Cap. There are no legal regulations concerning sheltered employment (the State Psychiatric Hospital has taken the initiative in placing a certain number of its disabled persons in a neighbouring undertaking).

#### 28 - Social integration

##### 281 - Housing

In the construction of social housing, it has been possible to make private arrangements to have the accommodation adapted to the needs of disabled persons.

The O.T.H. can help disabled persons to find housing which is not too far from their place of work and arrange to have it suitably adapted.

##### 282 - Architectural barriers

An interministerial working party has established standards which must be adhered to in the design of public buildings, particularly schools.

##### 283 - Means of transport

The Medical Committee of the Ministry of Transport tests the fitness of disabled persons to drive cars, assuming that these cars are specially adapted.

284 - Sports and spare-time activities

Progress has been made in the field of leisure-time activities, particularly in the case of blind persons who are provided with centres equipped with recreational and cultural facilities.

There are various sports associations for the physically handicapped. Five of these are described in the thesis given as a reference (1). A national sports certificate has been instituted (instruction of 04.04.1974).

There appear to be very few disabled persons who practise a sport (7 - 8 % ?).

3 - General points

31 - Assessment of rehabilitation requirements : programme and cost

It is not possible to give concrete details about rehabilitation requirements and costs. There is no government action programme, but it is likely that a programme of this kind will be launched on the basis of the statistics now being drawn up.

32 - Research

It might be possible to apply some aspects of ergonomic research to rehabilitation. At the Walferdange Pedagogical Institute, a psychology department is carrying out research and experimental investigations into teaching methods and audio-visual processes (audio-visual centre, educational film department).

33 - Information - Documentation

A number of scientific exhibitions are organized, the main ones being the international conferences on promotion of employment and employees which

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(1) Guy THOMMES, 'Le sport pour handicapés physiques au Grand Duché du Luxembourg' (Sport for the physically handicapped in the Grand Duchy of Luxembourg). Thesis, Catholic University of Louvain.

occasionally deal with subjects relating to rehabilitation.

In addition to this, rehabilitation technicians take part in scientific exhibitions abroad.

34 - Instruction for rehabilitation specialists

In the case of the paramedical, social and teaching professions, instruction is controlled officially by the Ministries of Health and National Education. The Walferdange Institute plays an important part in training for special education (1).

The Institut médico-professionnel in Cap is responsible for special training and refresher courses for professional educators. There are no regulations for this category of specialists at the moment.

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(1) See Luxembourg report (R. NOESEN and E. HEMMEN) to the Milhouse Symposium (1973) organized by the E.E.C.