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

Legal, administrative and
technical aspects

VOLUME II

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Netherlands

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

This report has been written on the assumption that part of Dr BOISSEAU's introduction was drawn up in agreement with the rapporteurs for the other EC areas. The introduction to the present version deals with principles and programmes of rehabilitation. All other points intended for inclusion in the introduction will be found in the French rapporteur's report.

Principles and programmes of rehabilitation

To an increasing extent, the rehabilitation of handicapped persons is now recognized as one of the tasks of a modern social policy. This means that the State has accepted an obligation to provide and to guarantee comprehensive help for all who are physically, mentally or emotionally handicapped. All political parties agree on this objective, and on the concrete target to be aimed at, namely, that of enabling the handicapped person to develop all his capabilities, thus securing for him an appropriate place in society, in particular in his working life.

These principles, however, are not self-evident from previous developments. Nowadays, financial compensation is being progressively replaced by the comprehensive benefits of medical, educational, occupational and social rehabilitation. Furthermore, rehabilitation is no longer provided as a function of the cause of the handicap, or the handicapped person's age, but solely of his or her need for such measures.

These aims were taken by the Federal Government and moulded into an action programme, published in April 1970. The 'Aktionsprogramm der Bundesregierung zur Förderung der Rehabilitation der Behinderten' (Federal

Government action programme to promote the rehabilitation of handicapped persons) announced that they would be achieved and put into practice by concentrating on the following points of emphasis and priority measures :

- Reform of the law on severely handicapped persons, with a view to harmonizing and unifying rehabilitation benefits;
- Coordination of rehabilitation work with a view to creating a system of effective rehabilitation facilities, training specialists and promoting research and documentation activities;
- Increasing the awareness of society by an active campaign of public information.

The first focal point of emphasis involves action by the legislature, the second involves action by the individual institutions responsible for rehabilitation and the third involves the activities of the community at large. These are the three sectors which must cooperate together if rehabilitation is to succeed.

These provisions may be viewed as a compendium of contemporary tendencies in rehabilitation, as practised in the Federal Republic of Germany. Since the specific programmes are deduced from it, this corpus of ideas may be taken as representing the present state of thinking on rehabilitation in West Germany.

While underlining firmly that rehabilitation is a public responsibility, the action programme also emphasises the fact that this public responsibility is fulfilled by private bodies and institutions. The institutions responsible for rehabilitation are in general public foundations under private law, sometimes developed from the charitable institutions of the churches. Such bodies frequently go their own way, with the result that widely differing views of rehabilitation have become current and considerable differences can be found in the level of benefits provided. On

the other hand, almost all moves toward a superordinated approach to rehabilitation have also come from private organizations such as the Rehabilitation Foundation in Heidelberg, acting however in cooperation with all the appropriate state institutions.

In summary, it may be said that a phase of intensive regulation and unification of the standards applied in rehabilitation is impending, but that the actual work of rehabilitation will continue to be decentralized and to depend on private initiatives.

In any event it is evident that in the Federal Republic of Germany initiatives by the State are restricted to legislative activities, coordination and the provision of advice and financial assistance.

A start was made in 1970 towards coordinating these national functions. The ministries responsible for rehabilitation in the Federal Republic of Germany are those of Labour and Social Affairs and of Youth, Family Affairs and Health. These two ministries have formed a joint working party to carry out the action programme, but this has not solved all questions of responsibility. It may be anticipated that the system of dual responsibility will continue to place certain limits on moves at national level.

National activity going beyond promotion and supervision of rehabilitation, for example nationalization of the bodies responsible for rehabilitation, may not be expected.

It is important, however, not to underestimate the national arrangements which find concrete expression in the social security system. Here the State takes on the responsibility for all those handicapped persons who are not supported by the pension or accident insurance institutions. This

guarantees that the principles and benefits of social security are provided in full for all members of society, regardless of the monetary contributions they may or may not have made and independentlt of their age and of the cause of their handicap. These responsibilities are shared by the pensions offices, labour exchanges and welfare offices.

Because of the large number of bodies with responsibilities within the social security system, that is to say of institutions responsible for rehabilitation, the Federal Republic of Germany is sais to have a 'compartmentalized system' of social security.

It is the primary function of these bodies to provide the individual handicapped person with the benefits of rehabilitation, both in the form of services such as therapeutic treatment, orthopaedic care of re-training and of financial assistance such as injury compensation, training grants, travel costs or subsistence allowances.

The Federal Republic of Germany has emerged from the most difficult phase of harmonization and coordination. In all quarters, the view is now gaining ground that rehabilitation should be performed with generosity and unbureaucratically. This has the concrete effect that rehabilitation measures can be begun even before the question of who is responsible for the costs has been satisfactorily resolved.

In October of this year the Federal Government will pass the 'harmonization act' which will provide for standardization of benefits, in particular of interim cash payments. This should eliminate the major difficulties in the area of harmonization.

The success of coordination measures is still largely dependent on the goodwill of the institutions responsible for rehabilitation. There is as yet no evidence of binding and explicit State regulations. It can nevertheless be safely asserted that the principles of modern rehabilita-

tion are currently coming to be generally accepted, independently of national directives.

With regard to programmes and principles of rehabilitation in the Netherlands, reference may be made to Appendix 11, which contains a survey of the present position, and information on the programmes.

REHABILITATION IN THE
FEDERAL REPUBLIC OF GERMANY

Part I Summary of the legal aspects and the available statistical data

11 Definition of the concept of 'handicapped person'

The concept of 'handicapped person' is not defined more specifically in legal provisions. Within the social security system the individual institutions each have their own concepts of what constitutes a handicap. In general the following definition is used : handicapped persons are persons who are physically, mentally or emotionally handicapped, whose prospects of being or remaining occupationally integrated are significantly - and not merely temporarily - reduced as a result of their handicap and who therefore require special help. Into the same category come persons who are threatened by such a handicap.

For the purposes of social assistance, § 39 of the Bundessozialhilfegesetz (Federal Social Assistance Act), 18 September 1969 version, still contained a list of the individual groups of handicapped persons. The Third Law Amending the Federal Social Assistance Act, which came into effect on 1 March 1974, introduced a general definition, however, including within the scope of handicapped persons

- a) physically, mentally or emotionally handicapped persons whose condition is not merely temporary,
- b) persons with another physical, mental or emotional handicap or
- c) persons under the threat of a handicap.

More detailed definitions of individual groups of handicapped persons can be found in §§ 1-6 of the Eingliederungshilfenverordnung (Integration Assistance Order) of 28 May 1971.

(Bundesgesetzblatt I (Federal Gazette I) p. 731)). The text of these provisions is appended (Appendix 1). This Order will have to be modified as a result of the third amending law, but until that time the Integration Assistance Order will remain in effect in its present form.

There is also no definition of this concept in the law on social insurance. However, the personal conditions which have to be fulfilled to qualify for rehabilitation benefits are spelled out in the relevant Acts. In the field of accident insurance, a handicap resulting from an occupational accident is treated as a 'reduction of earning capacity' and expressed in percentages.

Nor does the law on war victims' pensions and on war victims' welfare define the concept. As before, however, the personal conditions to be fulfilled in order to obtain rehabilitation benefits are legally defined.

12 Development and organization of rehabilitation

1.21 Historical development

The first beginnings of assistance designed expressly for handicapped persons can be found in individual cases as far back as the 18th century, and to a more pronounced extent in the 19th. Central bodies grew up, making themselves responsible for the various groups of handicapped persons, the blind, the deaf and dumb, the crippled or the mentally disordered. Most of these bodies owe their creation and their continued existence to the initiative of private individuals and organizations, inspired by feelings of christian and humanitarian responsibility. Private charity thus shouldered a major share of the efforts to provide relevant welfare for handicapped

persons. The welfare provided for these poor people and other socially peripheral groups was not restricted merely to charity, education and training, but also aimed at giving the handicapped persons occupational training and the capacity to earn an income. At first the choice of training available was restricted to a few manual trades. Nevertheless it had become recognized that the only way to help handicapped persons was by the joint effects of therapeutic treatment, academic and occupational training or the provision of the capacity to earn an income, and a process of integration into working life.

By the beginning of the first world war, at the latest, it had become clear that the efforts on behalf of the integration of handicapped persons also constituted a public problem. The national measures and regulations which then resulted, however, were not designed to create a uniform and generally applicable rehabilitation system. The preconditions for integration assistance, and its type and extent, depended largely on the individual problem to be solved and the objectives set.

The foundations for war victims' pension funds and war victims' welfare were laid by the Reichsversorgungsgesetz (Reich Insurance Code) of 12 May 1920. This provided war-wounded persons and dependent survivors not only with a pension to ease their financial hardship but also with therapeutic treatment and social welfare which had the objective of reintegrating the handicapped persons into working life. As part of the social welfare provisions, the disabled person had a right to free occupational training to enable him to obtain or regain the capacity to earn an income, provided that the training for or practice of his occupation had been made significantly more difficult as a result of the disablement. In addition, the welfare centres responsible for war victims' welfare were to give them assistance in selecting an occupation, in training for it and in taking it up. For at least a portion of the handicapped persons, this was the first time that a legal right to rehabilitation had been granted. After different developments in the various Länder, the Bundesversorgungsgesetz (Federal Pensions Act) of 1 October 1950 once again created a uniform law for the whole of the Federal Republic. The rehabilitation benefits, which have to be matched to the characteristics of each individual case, were improved. They are

given in the form of personal assistance, both as monetary benefits and as services, and are intended to help the handicapped person to reach or to maintain an appropriate position in life. As well as comprehensive therapeutic treatment, assistance with integration into normal life is provided in the form of academic training, occupational training and further training, retraining, and the procuring and securing of an independent existence.

Direct and undelayed integration or reintegration was furthered from the beginning of 1919 onwards by several orders which made it compulsory to employ severely disabled persons in certain circumstances and gave them special protection against dismissal. By means of the Gesetz über die Beschäftigung Schwerbeschädigter (Severely Disabled Persons Employment Act) of 6 April 1920 and the amendment of 23 December 1922 the improved occupational protection was retained beyond the period of demobilization, and was extended ; private employers and public undertakings were obliged to man 2% of their workplaces with severely disabled persons; when workplaces suitable for the severely disabled were remanned, the latter were to be given preferential consideration; dismissal was only possible with the agreement of the main welfare centre. The severely disabled were defined as war-wounded persons whose capacity to earn an income had been reduced by at least 50%. In the same category came persons drawing an accident pension of at least 50% because of an occupational accident. Other persons, for example, blind civilians, could be included in the category.

Indisputably, the legislation on severely disabled persons has fully proved its worth in practice. The diversity of laws which came into being after 1945 was eliminated by the Severely Disabled Persons Employment Act of 16 June 1953. As before, the foundations of this Act were the obligation to employ severely disabled persons, so that they would be provided with a job, and protection for them against dismissal, so that wherever possible they would keep it. New features were the introduction of a levy on every such workplace left unfilled and a right to extra paid holiday. Since the Gesetz zur Sicherung der Eingliederung Schwerbehinderter in Arbeit, Beruf und Gesellschaft (Act to guarantee the Integra-

tion of Severely Disabled Persons in Work and Society) came into effect on 1 May 1974, the legislation respecting severely disabled persons has been brought into line with the latest thinking on rehabilitation. In terms of verbal usage, the expression 'Schwerbeschädigter' (severely disabled person) is replaced by the expression 'Schwerbehinderter' (severely handicapped person). The Act has finally lost its character as legislation resulting from the war, in that it applies to all severely handicapped persons, regardless of the type or cause of their handicap.

The national welfare system has applied itself to the problem of the integration of handicapped persons ever since the first world war. The first steps towards this problem are found in the Prussian Krüppelfürsorgegesetz (Cripples' Welfare Act) of 6 May 1920, which makes it a duty of the public welfare system to assist cripples under the age of 18 years to obtain the capacity to earn an income. The question is regulated more comprehensively by the welfare legislation drawn up in 1924 and consisting of the Verordnung über die Fürsorgepflicht (Order respecting the Obligation to Provide Welfare) of 13 February 1924 and the Reichsgrundsätzen über Voraussetzung, Art und Mass der öffentlichen Fürsorge (Basic Principles governing the Conditions, Type and Extent of Public Welfare) of 4 December 1924. Assistance provided by the public welfare system expressly includes assistance to invalids and help in regaining the capacity to earn an income, assistance in the education of minors and in giving them the capacity to earn an income, as well as assistance in giving this capacity to blind, deaf and dumb and crippled persons. The possibility of promoting institutions for the employment of the disabled was also provided for at this early date. Two decisive criteria are already clearly in evidence : the basic principle of the subsidiary status of public welfare and the basic principle that benefits should be individually applied. Both of these principles still hold good today. The war victims' welfare system, which already during the first world war tried to achieve the occupational integration of war-wounded persons, was also covered in the new regulations, under the title 'Social Welfare'. To a certain extent special criteria were applied to war-wounded persons and survivors, with regard to their needs and to the type and extent of help provided.

The revision of the legislation on social benefits in the 1950s further extended the assistance given in the occupational and social integration of handicapped persons. By the Gesetz über die Aenderung und Ergänzung fürsorgerechtlicher Bestimmungen (Act respecting the Modification and Extension of Legal Provisions on Welfare) of 20 August 1953, the benefits provided in particular for education, occupational training and provision of the capacity to earn an income were further extended. Further improvements in benefits were brought about by the Gesetz über die Fürsorge für Körperbehinderte und von einer Körperbehinderung bedrohten Personen (Act respecting Welfare for Physically Handicapped Persons and Persons Threatened by a Physical Handicap) of 27 February 1957 and the Gesetz über die Tuberkulose-Hilfe (Tuberculosis Assistance Act) of 23 June 1959. The regulations laid down in the Physically Handicapped Persons Act later significantly influenced the rules on integration assistance for handicapped persons under the Federal Social Assistance Law. By means of this Act, of 30 June 1961, the legislation on welfare, and thus also the legal provisions on rehabilitation, were unified. The law combined the Acts and Orders which had previously been passed, complemented them and placed the welfare legislation on a new footing, also from the standpoint of its objectives. Visible expression was given to the new order by the alteration of the term 'Oeffentliche Fürsorge' (public welfare) to 'Sozialhilfe' (social Assistance). The handicapped person needing assistance is no longer the object of national welfare, but is a legal entity with his own rights and duties. There is a legal right to integration assistance, comprising therapeutic treatment and the measures necessary for occupational rehabilitation. The categories of persons protected have been extended and are described individually according to the types of handicap. The social welfare provided for war victims and survivors has been included in the Federal Pensions Act in the form of 'Kriegsopferfürsorge' (War Victims' Welfare). Two amending acts (1965 and 1969) reinforced the integration assistance. The Federal Social Assistance Act now applies in the 18 September 1969 version, most recently amended by the Gesetz über die Angleichung der Leistung zur Rehabilitation (Act respecting Standardisation of Rehabilitation Benefits) of 7 August 1974.

Within the social insurance system, it is the Zweite Gesetz über Aenderungen in der Unfallversicherung (Second Act respecting Modifications in Accident Insurance) of 14 July 1925 which first laid down legal provisions on rehabilitation measures and benefits. Occupational welfare was made an obligation, in addition to medical treatment. The benefits provided by occupational welfare extend from vocational guidance, through vocational training, including the guaranteeing of the requisite subsistence expenses, to assistance in finding a job. These provisions still exist in essence today. The value of medical, occupational and social rehabilitation was particularly emphasized once again by the Unfallversicherungs-Neuregelungsgesetz (Accident Insurance Revision Act) of 30 April 1963, which brought about an effective improvement in the legal obligations in this area.

The pension insurance funds were not included among the institutions legally responsible for rehabilitation until the Reform Acts of 1957. As a result of these reforms, measures to maintain, improve and recreate the capacity to earn an income count as standard benefits to be provided by the pension insurance funds and take precedence over the provision of pensions. The measures cover therapeutic treatment, vocational assistance and social care.

The employment administration system initially acted only in the vocational guidance and placement of handicapped persons. The basis of these activities was the Gesetz über Arbeitsvermittlung und Arbeitslosenversicherung (Act on Job Placement and Unemployment Insurance) of 16 June 1927. Not until the amendment of 3 April 1957 was the employment administration system also made responsible for providing assistance in the occupational field, in so far as 'measures were necessary to maintain, improve and re-establish the capacity of mentally and physically handicapped persons to earn an income, in order to integrate persons seeking to enter employment or professions'. The responsibilities of the employment administration system in the field of occupational rehabilitation of handicapped persons are discharged by the Federal Ministry of Labour

or by its subordinate offices. The legal basis for this is the Arbeitsförderungsgesetz (Promotion of Employment Act) of 25 June 1969, which took the place of the Act respecting Job Placement and Unemployment insurance.

The progressive development of rehabilitation in Germany within a compartmentalized social security system on the one hand caused the regulations on rehabilitation assistance to be contained in different laws and on the other hand caused the implementation of rehabilitation and the provision of rehabilitation benefits to come under the control of different offices. On 1 October 1974 the Gesetz über die Angleichung der Leistungen zur Rehabilitation (Standardization of Rehabilitation Benefits Act) (Appendix 2) came into force. As a result of this Act the rehabilitation measures taken by the various responsible institutions in the medical and occupational areas are standardized and the supplementary rehabilitation benefits are given a unified form.

The monetary benefits are unified and are calculated according to standard criteria. The legally compulsory sickness insurance system, hitherto only subsidiarily responsible for medical rehabilitation measures, is now included among the institutions actually responsible for rehabilitation. This extension is particularly to the benefit of jointly-insured members of the insured's family, who thereby receive their own legal rights to rehabilitation benefits. The standardization extends to the rehabilitation benefits of the legally compulsory sickness and accident insurance systems, the pension insurance funds, the war victims' pension funds and the war victims' welfare system, as well as to the labour administration. The Federal Government must report by 31 December 1975 to the legislative bodies on the possibility of including benefits under the Federal Social Assistance Act in the Rehabilitation Standardization Act, and will then have to make proposals for the measures which will then be necessary.

1.22 Organization of rehabilitation

Social security in Germany is based on the compartmentalized system of rehabilitation, with its six legally responsible groups, namely

- The Sickness Insurance Funds
- The Accident Insurance Funds
- The Pension Insurance Funds
- The War Victims' Pension Funds including War Victims' Welfare
- The Federal Labour Office
- Social Assistance

In passing the Rehabilitation Standardization Act, the German Bundestag (Lower House) recognized the achievements of this system; nevertheless, for a considerable time past, a large amount of effort has been expended - also in the direction laid down by ILO Recommendation No. 99 of 22 June 1955 - in attempting to harmonize the institutions and bodies active in the field of rehabilitation. Maximum coordination of rehabilitation measures undertaken by the various responsible bodies is the major point of the Federal Government's action programme to promote the rehabilitation of handicapped persons, of 14 April 1970 (see Appendix 3). With the passing of the Rehabilitation Standardization Act, significant portions of this action programme were achieved. As well as harmonizing the benefits in cash and in kind, the new Act also coordinates the rehabilitation process as such by the following regulations ⁺:

The institutions responsible for rehabilitation are to provide the population with adequate information assistance and measures

+) The paragraphs referred to in the following list are those of the Rehabilitation Standardization Act.

(§ 3 section I). The Bundestag Committee responsible for this feature has stated : 'As regards the task of providing information, the widest possible dissemination will be achieved through joint action by the bodies responsible for rehabilitation, or by their associations'.

Provision of information and counselling for handicapped persons

The institutions responsible for rehabilitation are to provide the handicapped persons with relevant information on the possibilities for rehabilitation measures and benefits, and to advise them, within the limits of their competence, at the appropriate time and comprehensively (§ 3 Section II). This information and advice may be given either in writing or orally. The distinction made between the two concepts results from the Vereinbarung über Zusammenarbeit und Verfahren bei der Arbeits- und Berufsförderung Behinderter (berufliche Rehabilitation) (Agreement on cooperation and procedures for the occupational promotion of handicapped persons) (occupational rehabilitation) - the "Frankfurt Agreement" - of 1 October 1971. Appendix 4 gives the names of the partners to the Agreement and its text.

Provision of the requisite information and advice centres

The institutions responsible for rehabilitation - as far as possible in cooperation with one another - are to set up an adequate network of information and advice centres (§ 5 Section I, p. 2). The Frankfurt Agreement lays down guidelines on rehabilitation information and advice centres.

Introduction and implementation of rehabilitation measures

The institutions responsible for rehabilitation must make efforts to ensure that the requisite measures are started at the right moment and implemented without delay. Where they are not themselves responsible, they are to inform the appropriate institution of any case coming to their notice where rehabilitation is required. Applications from handicapped persons are to be passed on to the appropriate institutions

without delay, and for the purposes of any calculations of periods or durations count as if made directly to the appropriate institution (§ 4 Section II). While medical rehabilitation measures are being carried out, attention must constantly be paid to whether occupational measures also seem advisable, and if necessary the appropriate institution is to be informed (§ 4 Section III).

Principle that one institution shall be responsible for rehabilitation

It must be ensured that the appropriate institution in each case remains competent, and therefore responsible, from the beginning to the end of the procedure (§ 5 Section II).

Changes in responsibility are to be avoided wherever possible, at least in so far as the competence of the individual institution permits.

Production of an overall plan

In all suitable cases, in particular where the rehabilitation process comprises several measures, or where other offices are involved, the competent institution is to draw up an overall plan (§ 5 Section III). This guarantees that the procedure will go smoothly and without interruptions and gives the handicapped person a comprehensive view of the measures to be undertaken.

Involvement of the Federal Labour Office

Before occupational measures are started, in particular in the case of initial counselling, the Federal Labour Office must be approached in good time - if necessary while the handicapped person is still in his sickbed (§ 5 Section IV).

Provision of temporary benefit where competence is not clear

If it is not yet clear which of the responsible institutions is competent under the Rehabilitation Standardization Act, or if other factors prevent the required action from being taken immediately, the legal pension

insurance funds, in cases of medical rehabilitation measures, and the Federal Labour Office, in cases of occupational measures, are to provide temporary benefits (§ 6).

Under the Federal Social Assistance Act, there are three main regulations whose function is to coordinate the various rehabilitation areas :

- a) The health authority is to give counselling on 'medical and other integration measures' (§§ 64, 126 FSAA). At the counselling stage the applicant is to be provided with an official memorandum (cf. Allgemeine Verwaltungsanordnung des Bundes (General Federal Administrative Order) of 21 June 1970, GM (Joint Ministerial Order) 1 p. 364). The same obligation applies to doctors. As an alternative to providing this counselling in person, however, they may indicate the possibility of counselling by the health authority or, if occupational integration measures are also involved, by the labour office.
- b) The institution responsible for social assistance draws up an overall plan - in the case of tuberculosis assistance an integration plan - for the handicapped person, on the basis of which the individual measures will be carried out, and then contacts the various offices - medical, occupational or social - which must be involved in each individual case (§§ 46, 50 section II FSAA).
- c) Four weeks at the outside after being informed of a case requiring rehabilitation, the institution responsible for social assistance must itself take such integration assistance measures as cannot be postponed, if the question of which institution is responsible for providing assistance has not yet been resolved (§ 44 FSAA). In the case of tuberculosis assistance, it must take the requisite action without delay (§ 59 Section I FSAA).

For the purposes of social insurance, the costs of rehabilitation are generally borne in full by the insurance funds. At present no information

can be given on the amounts paid out by the sickness insurance funds, since as far as can be ascertained, expenditure on medical rehabilitation measures is not yet shown separately in the appropriate publications.

The breakdown of expenditure of the accident insurance funds for rehabilitation purposes in 1973 was as follows :

Out-patient therapeutic treatment	DM 316 484 000,-
In-patient therapeutic treatment (hospital care)	DM 388 134 000,-
Injury compensation	DM 393 475 000,-
Occupational assistance	DM 50 641 000,-
Total	<u>DM 1148 734 000,-</u>

(Source : Arbeits- und sozialstatistische Mitteilungen des Bundesministeriums für Arbeit und Sozialordnung (Labour and Social Statistical Information of the Federal Ministry for Labour and Social Affairs) 1974, p. 226).

The statutory pension insurance funds (workers', employees' and miners' insurance funds) spent DM 3 170 000 000 on rehabilitation in 1973. This sum was divided up as follows :

Out-patient therapeutic treatment	DM 12 000 000,-
In-patient therapeutic treatment	DM 1920 000 000,-
Occupational promotion	DM 196 000 000,-
Transitional cash payments	DM 396 000 000,-
Follow-up measures	DM 80 000 000,-
Other promotion measures	DM 567 000 000,-
	<u>DM 3170 000 000,-</u>

(The individual totals are still subject to adjustment, but the final total is definite).

The budgetary year 1973, the Federal Labour Office spent

DM 314 607 000,-

on the rehabilitation of handicapped persons. The final result and the exact breakdown of this total will be published shortly.

For the purposes of promoting occupational rehabilitation facilities, the Federal Ministry for Labour and Social Affairs made available in 1973 an additional sum of approximately DM 40 000 000. To this sum there may be added considerable amounts from the Länder, the actual extent of which being as yet unknown.

Expenditure on rehabilitation under the war victims' pension and war victims' welfare systems is financed from public funds. The level of this expenditure has still to be ascertained.

The Federal Social Assistance Act is implemented by the Länder independently, and accordingly the Land authorities bear the costs. Expenditure by the institutions responsible for social assistance is also not yet known. A number of other laws also provide rehabilitation benefits and measures for specific groups. For the preconditions, type and extent of the benefits these laws refer to the Federal Pensions Act or the Promotion of Employment Act. There are accordingly no legal peculiarities. Expenditure arising from these laws is insignificant in percentage terms.

The churches and religious societies under public law also concern themselves with the rehabilitation of handicapped persons, as do the private charitable associations, which are responsible for their own social activities. The amount spent by them, which is not inconsiderable, is not known. The institutions responsible for social assistance and the private charitable associations work in close cooperation, the intention

being that their activities should effectively complement one another to the benefit of those seeking assistance.

The coordination of the various aspects of rehabilitation at different levels does not affect the financial responsibility of the institutions and authorities involved. Budgetary difficulties - in particular for the social assistance area - have not resulted.

13 Statistics

- 13.1 The most comprehensive statistical survey to date of the total number of physically and mentally handicapped persons took place as part of the sample census taken for official statistics. The estimate gave a result for the year 1966 of about 4.1 million handicapped persons (see 'Mikrozensus vom April 1966', Wirtschaft und Statistik, volume 7, 1968, p. 348). This census will be complemented in 1974 by a survey of the physical, mental and emotional handicaps of children. It is anticipated that this census will produce data of importance for the planning of medical and occupational rehabilitation facilities.
- 13.2 The Federal Working Party on Rehabilitation published for the years 1971 and 1972 a statistical summary on rehabilitation, which in addition to extensive statistical material also contains a detailed analysis of the rehabilitation cases concluded in the years respectively covered by the two reports. This overall statistical survey covers the following areas : pensions insurance, including old-age assistance for farmers, accident insurance, war victims' welfare and the Federal Labour Office, together with surveys of the areas of social assistance and war victims' pensions.

13.2.1 In 1972, 945 812 cases of rehabilitation were finally settled, the figure in 1971 being 901 258.

Of these

637 951 (608 720)⁺ = 67.4 % (67.5 %) were male rehabilitees
and

307 861 (292 538) = 32.6 % (32.5 %) were female rehabilitees.

About 55 % of the cases came from the 40 to 60 age group.

Medical rehabilitation in 1972

Of the rehabilitation cases settled by the institutions surveyed, 795 707 (761 436) = 84 % (84.9 %) were medical.

Once medical rehabilitation was over - in the case of short-term (three months and under) in-patient therapeutic treatment - about 88 % (89 %) of the patients were able to resume their previous activity or to start a new one. As the duration of the in-patient treatment increased, however, the proportion of those returning to working life dropped, though in absolute terms the figures are low. In the case of the male rehabilitees, diseases of the supporting apparatus and locomotor system, the circulatory system and the respiratory organs predominated, together making up 52 %. The high proportion of diseases of the skeleton, muscles and the fibrous tissue shows a rising tendency compared with the previous year. In the case of the female rehabilitees, diseases of the locomotor system and supporting apparatus, accounting for 30 % of cases, were even higher than in the men, and show a slightly rising trend compared with the previous year.

⁺) Figures in brackets refer to the previous year.

Occupational rehabilitation in 1972

Of the cases of rehabilitation settled by the institutions surveyed, 150 105 (135 301) = 16 % (15.1 %) were occupational. The proportion of men was higher than that of women. Of the occupational rehabilitation measures, 24 185 were cases of training and retraining, 1 675 were cases of introductory training and induction and 308 were cases of advanced training.

Duration of occupational rehabilitation

About 60 % of the measures lasted less than a year. The duration of the measures differed, however, varying with the type of promotion. In the case of training and retraining, measures lasting a year to 18 months predominated; in the case of induction and further training, on the other hand, short-term measures predominated.

Results of occupational rehabilitation

For technical reasons connected with the mechanics of the census, the results for 1972 cannot yet be given in detail. The statistical information so far available indicates that 88.3 % of patients were able to continue with their previous activity or to take up a new one, in most cases in a different kind of occupation.

13.2.2 The following figures can be quoted for accident insurance :

In 1972, 84 451 (85 161) of the rehabilitation cases concluded were cases covered by accident insurance⁺⁾ . The number of men was 65 968 (66 335), that of women 18 483 (18 826). Expenditure on

⁺⁾ These statistics cover only accidents which also resulted in a pension being paid.

occupational assistance by the industrial mutual accident insurance associations in 1973 amounted to DM 46 280 073. This amount is DM 10.3 million or 28.7 % higher than in the year before. (Source : Uebersicht über die Geschäfts- und Rechnungsergebnisse der gewerblichen Berufsgenossenschaften im Jahre 1973, (Survey of the Business and Financial Results of the Industrial Mutual Accident Insurance Associations in 1973) published by the Hauptverband der Gewerblichen Berufsgenossenschaften, Bonn 1974, Part 38). Occupational assistance is provided to enable accident and illness victims to be reintegrated into the working process. To this end not only are measures taken to provide a capacity to follow an occupation and earn an income, but training programmes are also carried out.

13.2.3 The following figures may be given on the activities of the Federal Labour Office in 1972 :

Altogether 107 300 cases of occupational rehabilitation of handicapped persons were processed and completed. Of these 82 100 = 76.5 % were men and 25 200 = 23.5 % were women. This was 18 000 = 20 % more than in 1971. Compared with 1965, the number has almost doubled. The expenditure of the Federal Labour Office on individual occupational rehabilitation measures in 1972 was DM 154 200 000 (107 700 000). A total of DM 72 700 000 was approved for rehabilitation facilities, of which DM 25 million went for 41 workshops for handicapped persons, and DM 47 700 000 for occupational training and promotion facilities. The Federal Labour Office also guaranteed 21 300 000 DM for financings which fell due. Of the funds approved, DM 43 700 000 were paid out by the end of 1972.

Source : Amtliche Nachrichten der Bundesanstalt für Arbeit (Official Information of the Federal Labour Office) 1974, p. 87 ff).

13.2.4 In 1972 the numbers⁺ of persons receiving social assistance were as

+) Persons receiving assistance of several types were counted under each type of assistance (Source : Total statistics on rehabilitation for 1972, Federal Working Party on Rehabilitation, 1974, p. 101).

follows :

	Total	male	female
Integration assistance for handicapped persons, for academic and vocational training	42 748 (38 083)	25 705 (22 884)	17 043 (15 199)
Tuberculosis assistance with academic and vocational training	876 (593)	475 (349)	331 (244)
Assistance to the blind	11 941 (22 600)	5 079 (9 670)	6 862 (12 930)

13.2.5 The number of persons recognized as entitled to a pension in the Federal Republic, including West Berlin, in 1972 was 2 449 286 (2 506 992). (Source : Gesamtstatistik der Rehabilitation für das Jahr 1972, (Total Statistics on Rehabilitation for 1972) 1974, p.115).

13.2.6 Of the total of cases of rehabilitation settled in 1972, 750 782 = 79.4 % were cases covered by the pension insurance institutions. During the same period 8 989 cases of retraining were dealt with. The Verband Deutscher Rentenversicherungsträger (Association of German Pension Insurance Associations) reports 10 975 cases of retraining of handicapped persons in 1973, an increase of 22 %. (Source : Total Statistics on Rehabilitation, 1974 p. 9; Sozialpolitische Umschau (Social Policy Review) of 12.7.1974, No 117/74).

13.3 - 4 Documentation

The Federal Government, together with the bodies involved in rehabilitation, is engaged in laying the groundwork for an overall documentation system. Surveys of the success of occupational rehabilitation measures are also to be made in order to ascertain whether the current structure of the facilities and the procedures used to date provide the best guarantee of successful rehabilitation.

14 Legal requirements relating to monetary benefits and credits

This point is also dealt with in paragraph 15 below. The institutions responsible for carrying out rehabilitation are expected to provide all measures and benefits within their scope which are likely to further the occupational and social integration of handicapped persons, to the extent of their inclinations and capabilities, and wherever possible for the longer term. Services, benefits in kind and monetary benefits to be provided in each individual case are laid down in the appropriate legal provisions. As paragraphs 14 and 15 thus deal with the same laws, it is unnecessary to list them here.

15 Legislation on rehabilitation

A Contributory systems

System : Statutory sickness insurance

Basic legal text : 2. Buch der Reichsversicherungsordnung RVO
(Second book of the Reich Insurance Code (RIC)) in the
version of the RIC reissued on 15.12.1924 (Reichsgesetz-
blatt (Reich Gazette), Part 1, p. 779), and amending acts,
the latest being the Rehabilitation Standardization Act.

Persons covered : The insured persons and jointly insured spouses
and children.

Bodies responsible for implementation : Statutory sickness
insurance funds (local, works or guild sickness insurance
funds), private sickness funds for employees and labourers,
other occupational sickness insurance funds.

Benefits :

1. Sickness benefit to the insured : cf § 182 RIC in version of § 21 No 5 Rehabilitation Standardization Act.

2. 15.1 - 15.3⁺

3. Examination for stress capacity, occupational therapy and other medical measures.

Re 2 and 3 cf §§ 182, Section 1 No 1, 182 b to 182d RIC in the version of § 21, No 5 and 7 Rehabilitation Standardization Act.

System : Sickness insurance for farmers

Basic legal text : Gesetz über die Krankenversicherung der Landwirte (Farmers' Sickness Insurance Act) of 10.8.1972, last amended by the Rehabilitation Standardization Act.

Persons covered : The insured person, and, under certain circumstances, jointly insured spouses and children.

Bodies responsible for implementation : Agricultural sickness funds, set up within the agricultural mutual insurance associations.

Benefits :

1. Sickness compensation to the insured : cf § 12 FSIA in the version of § 24 No 2 Rehabilitation Standardization Act.

2. 15.1 - 15.3 : cf §§ 12, 13 FSIA in the version of § 24 Nos 2 and 3 Rehabilitation Standardization Act.

⁺) The figures 15.1 - 15.9 in the following correspond to the list of benefits drawn up under point 15 of document No 1302/2/71 D.

System : Statutory compulsory accident insurance

Basic legal text : 3rd book of the RIC in the version of the Unfallversicherungsgesetz (Accident Insurance Revision Act) of 30.4.1963 (Federal Gazette Part 1 p. 241) and other amendments, as last amended by the Rehabilitation Standardization Act.

Persons covered : The insured

Bodies responsible for implementation : Industrial, agricultural and maritime mutual insurance associations, executive bodies of the Republic or the Länder, local authority accident insurance associations.

Benefits :

1. Interim monetary payments (cf § 568 RIC in the version of § 21 No 51 Rehabilitation Standardization Act
2. 15.1 - 15.3
3. Examination for stress capacity, occupational therapy and other medical measures.

On 2 and 3 cf § 556 and § 557 RIC in the version of § 21 No 41 and 42 Rehabilitation Standardization Act.

4. 15.4 - 15.8 : cf §§ 567, 568 RIC in the version of § 21 No 49 and 50 Rehabilitation Standardization Act.

5. Pensions and compensation to injured persons : cf §§ 580-588 RIC.

System : Statutory pension insurance

Basic legal text : 4th Book of the RIC) in the version of the Re-
Employees Insurance Act) vision Act of 23.2.1957
Reich Miners' Insurance Act) (Federal Gazette 1, p.45)
) and other amendments, as
) last amended by the Rehabi-
) litation Act.
)

Bodies responsible for implementation : Federal insurance institution for employees, Land insurance institutions, miners' pension insurance funds, railways insurance institution, seamens' insurance fund.

Persons covered : The insured person and, under certain circumstances, the spouse and children of the insured (medical rehabilitation in all cases for the last two categories).

Benefits :

1. Interim payments : cf § 1240 RIC in the version of § 21 No 71 Rehabilitation Standardization Act.
§ 17 EIA in the version of § 22 No 9 Rehabilitation Standardization Act.
§ 39 RMIA in the version of § 23 No 10 Rehabilitation Standardization Act.
2. 15.1 - 15.8 : Cf §§ 1236 - 1244 RIC in the version of § 21 No 67 - 73 Rehabilitation Standardization Act;
cf §§ 13 -21 EIA in the version of § 22 No 5-11 Rehabilitation Standardization Act;
cf §§ 35-43 RMIA in the version of § 23 No 6-12 Rehabilitation Standardization Act.
3. Pensions for occupational disability and incapacity to earn an income, to the insured : cf § 1245 ff. RIC, § 22 ff. EIA, § 44 ff. RMIA.

In addition insured persons, pensioners of the statutory pension insurance and under certain circumstances their spouses and children have a right, on the grounds of active tuberculosis requiring treatment, to medical, occupational and other rehabilitation benefits (cf §§ 1244a RIC, 21a EIA and 43a RMIA). The individual measures are essentially the same as those listed under 1 and 2.

System : Old-age assistance for farmers

Basic legal text : Gesetz über eine Altershilfe für Landwirte (Farmers' Old-Age Assistance Act) in the version of 14.9.1965 (Federal Gazette, Part I, p. 1443). Last modified by the Rehabilitation Standardization Act.

Persons covered : Previous agricultural entrepreneurs, their widows or widowers and under certain circumstances their spouses.

Bodies responsible for implementation : agricultural old-age pension funds, set up by the agricultural mutual insurance associations.

Benefits :

1. 15.1 - 15.3 : of §§ 6-9 FOAA in the version of § 25 No 1 and 2 Rehabilitation Standardization Act.
2. Replacement benefits (provision of replacement labour or granting of replacement payments of an appropriate level).

System : Federal Labour Office.

Benefits for the occupational rehabilitation of handicapped persons are funded from the contributions to the Federal Labour Office. It is not necessarily the case, however, that handicapped persons will receive benefits only if they have previously paid contributions.

Basic legal text : Promotion of Employment Act (PEA) of 25.6.1969, last modified by the Rehabilitation Standardization Act and the Anordnung des Verwaltungsrats der Bundesanstalt für Arbeit über die Arbeits- und Berufsförderung Behinderteter (Directive of the Administrative Council of the Federal Labour Office on the occupational promotion of Handicapped Persons) of 2.7.1970 and directives 1-4 amending it. This latter Act and the amending directives 1-4 are attached in Appendix 5 a-e.

Persons covered : Physically, mentally or emotionally handicapped persons or persons under the threat of such a handicap (regardless of whether or not contributions have previously been made).

Bodies responsible for implementation : Central Office of the Federal Labour Office, Nürnberg, Land Labour offices, local labour offices.

Benefits :

1. Interim payments : cf § 59 PFA in the version of § 36 No 7 Rehabilitation Standardization Act
2. 15.4 - 15.8 : cf § 56 PFA in the version of § 36 No 4 Rehabilitation Standardization Act together with §§ 23-22 PFA (the text of these provisions are attached as Appendix 6).

Responsibility for vocational counselling and job placement is basically borne by the Federal Labour Office (cf § 3 PFA). In § 3 Section 4 of the Rehabilitation Standardization Act 1974 is also laid down that the institutions responsible for rehabilitation are to approach the Federal Labour Office as soon as questions of work and occupational promotion arise. In individual cases, insofar as they have to provide occupational promotional benefits in accordance with the schedule in § 23 of the Rehabilitation Standardization Act, the institutions responsible for rehabilitation may undertake job placement activities on the basis of special legal provisions. Normally, however, this is done by the competent Labour Office, but in close cooperation with the competent institutions and naturally with the handicapped person. For those handicapped persons who because of the type or severity of their handicap cannot, cannot yet or cannot once again be active on the open labour market, efforts are made to provide a workplace or an opportunity to carry out a suitable activity in a protected workshop (workshop for handicapped persons) (see § 52, Severely Disabled Persons Act). The construction, extension and equipping

of these workshops are financially supported by the Federal Labour Office (cf § 61 PEA and the Directive of the Administrative Council of the Federal Labour Office on the Occupational Promotion of Handicapped Persons of 2.7.1970) (Appendices 5 and 6). In such cases, under the head of occupational promotion, the institutions responsible for rehabilitation must provide assistance enabling the handicapped person, if necessary, to carry out a suitable activity in a protected workshop. Thus, at the least, action must be taken to prepare persons for work in such places. Assignment of persons to such workshops generally take place in contact and in close cooperation with the Labour Office.

Assistance of the same degree and extent as the benefits under the Promotion of Employment Act is also provided for handicapped persons having a right to occupational welfare under the Heimkehrergesetz (Repatriated Prisoners of War) of 19.6.1950 (Federal Gazette, 1; p. 221).

B Non-contributory systems

System : a) War victims' pension

Basic legal text : Federal Pensions Act in the version of 20.1.1967 (Federal Gazette, Part I, p. 141, 180), last amended by the Rehabilitation Standardization Act, and Directive on War victims' Welfare in the version of 27.8.1965 (Federal Gazette, 1, p. 1031). The latter Directive is attached as appendix 7.

Persons covered : Military victims (1914/18, 1939/45 wars).

Bodies responsible for implementation : Land pension offices, local pension offices, orthopaedic pension bodies, sickness insurance funds.

Benefits :

1. Interim payments in accordance with the criteria of § 16 EPA in the version of § 27 No 5 Rehabilitation Standardization Act.

2. 15.1 - 15.3

3. Examination for stress capacity, occupational therapy and other medical measures.

Pe Nos 2 and 3 of § 11 EPA in the version of § 27 No 3 Rehabilitation Standardization Act.

4. Pensions to disabled persons and survivors.

b) War victims' welfare

Basic legal text : Federal Pensions Act in the version of 20.1.1967 (Federal Gazette, Part I, p. 141, 180), last amended by the Rehabilitation Standardization Act, and Directive on War victims' Welfare in the version of 27.8.1965 (Federal Gazette, Part I, p. 1031); this Directive is appended as Appendix 7.

Persons covered and scope : Disabled members of the Armed Forces.

Assistance to attain or maintain an appropriate position in life.

Bodies responsible for implementation : central welfare offices (commune or state regional offices), war victims' welfare offices in rural districts and towns administered as independent districts.

Benefits :

1. Interim payments.

2. 15.4 - 15.8

On Nos 1 and 2 of §§ 26, 26a, FPA in the version of § 26
Nos 17 and 18 Rehabilitation Standardization Act.

3. 15.9. : cf §§ 27-27e FPA together with §§ 20-27 War Victims'
Welfare Directive.

The following laws provide for pensions in accordance with the provisions
of the Federal Pensions Act :

- Soldiers' Pension Act in the version of 1.9.1971 (Federal Gazette,
Part 1, p. 1481).
- Bundesgrenzschutzgesetz (Federal Border Guards Act) of 18.8.1972
(Federal Gazette, Part 1, p. 1834) together with the Soldiers' Pensions
Act.
- The Zivildienstgesetz (Civilian Services Act) in the version of 9.8.1973
(Federal Gazette, Part 1, p. 1015).
- The Häftlingshilfegesetz (Prisoners Assistance Act) in the version of
29.9.1969 (Federal Gazette, Part 1, p. 1793).
- The Gesetz zur Wiedergutmachung nationalsozialistischen Unrechts in der
Kriegsopferversorgung für Berechtigte im Ausland (Act on Reparation for
Nazi Injustice through the War Victims Welfare Scheme for Entitled
Persons abroad) in the version of 25.6.1958 (Federal Gazette, Part 1,
p. 414).
- The Bundesseuchengesetz (Federal Plague Law) of 18.7.1961 (Federal
Gazette, Part 1, p; 1012, 1300).

The persons covered by these instruments have the same right to rehabili-
tation benefits as those entitled under the Federal Pensions Act.

System : Social assistance.

Basic legal text : Federal Social Assistance Act in the version of
18.9.1969 (Federal Gazette, Part 1, p. 1688),
and Directive in accordance with § 47 of the Federal Social

Assistance Act (Integration Assistance Directive) in the version of 28.5.1971 (Federal Gazette, Part 1, p. 731). These legal provisions are attached as Appendices 8 and 8a.

Bodies responsible for implementation : local and regional institutions responsible for social assistance (rural districts and towns administered as independent districts, Federal Länder or regional associations of communes.

Benefits:

- a) Integration assistance for handicapped persons (assistance for persons in particular circumstances)

The following benefits are provided :

- 1. Assistance with subsistence expenses : cf § 41 FSAA.
- 2. 15.1. - 15.9. : cf § 40 FSAA.

- b) Integration assistance under the tuberculosis assistance (assistance for persons in particular circumstances).

The following are provided :

- 1. Assistance with subsistence expenses : cf §§ 51-55 FSAA.
- 2. 15.1. - 15.3. : cf § 49 FSAA.
- 3. 15.4. - 15.9. : cf § 50 FSAA.

- c) Assistance to the blind to compensate for extra expenditure caused by their blindness : cf § 67 FSAA.

- d) Assistance with overcoming particular social difficulties : cf § 72 FSAA. This includes in particular welfare measures required for the prevention, removal or reduction of particular social difficulties or the prevention of their deterioration.

§ 12 of the Rehabilitation Standardization Act contains a concluding catalogue of the benefits, other than medical and occupational, which are possible, summarized under the heading "Supplementary Rehabilitation Benefits". Their extent depends on the requirements of the individual case,

unless it is laid down by law. The catalogue of benefits applies to the social insurance sector (i.e. the statutory sickness, accident and pension insurances and the Federal Labour Office) and to the war victims' pensions sector. These supplementary assistance measures are listed once again in the appropriate laws. In the main, however, they correspond to what is laid down by § 12 of the Rehabilitation Standardization Act. This section does not cover the social assistance area. However, the Federal Social Assistance Act provides corresponding benefits, with the result that significant differences do not occur.

C Other legal provisions

System : Severely handicapped persons' welfare

Basic legal text : Gesetz zur Sicherung der Eingliederung Schwerbehinderter in Arbeit, Beruf und Gesellschaft (Act to Guarantee the Occupational and Social Integration of Severely Handicapped Persons, or Severely Handicapped Persons Act) in the version of 29.4.1974 (Federal Gazette, Part I, p. 1005). This Act is attached as Appendix 9.

Persons covered : persons who are physically, mentally or emotionally handicapped and who as a result of their handicap suffer a reduction which is not merely temporary of at least 50 % in their capacity to earn an income (legal definition according to § 1) and equivalent persons in accordance with § 2.

Benefits :

1. Obligation to employ : public and private employers having at least 16 workplaces at their disposal must employ severely disabled persons in at least 6 % of them. For each such workplace not so manned a monthly levy of DM 1.00 must be paid.

Payment of this levy does not waive the obligation to employ handicapped persons : cf §§ 4-8.

2. Dismissal of severely disabled persons under normal or extraordinary circumstances is possible only with the agreement of the principal public welfare office : cf §§ 12-19.
3. Right to extra holiday amounting to 6 working days :cf § 44.
4. Extension of the welfare and promotional obligations of the employer : cf § 11.
5. Inclusion of workshops for handicapped persons within the scope of this Act : cf §§ 52-56.

Part II Systematized study

21 Handicapped children

21.1 Under the law on population movement statistics and keeping of population figures, in addition to sex, body weight and length, the birth certificate must mention any recognizable deficiencies. By the amendment to the Federal Social Assistance Act, a qualified compulsion to register handicapped persons was introduced. Under § 124 FSAA, parents and guardians are obliged to take a person entrusted to their care to a doctor or to the health office without delay if they observe a handicap in him or if one is pointed out to them. Certain groups of persons (midwives, medical staff other than doctors, teachers, social workers, charitable workers, youth leaders, kindergarten staff, day-home and residential home staff) have an obligation to point out a handicap to parents and guardians. Under § 125 FSAA doctors are obliged to report handicapped persons coming to their knowledge to the health office, but without stating the handicapped person's name. § 126c FSAA obliges the Federal Government to present to the Lower House in each legislative period a report on the implementation and success of the reporting procedure, the counselling of handicapped persons and the information of the community. The first report was published on 1 June 1973 under Bundestag document No. 7/654. This report gives only partial information, since the time available was too short to permit the receipt of adequate data. The report suggests that a conclusive examination should not be undertaken until another report as specified in § 126c is available.

Under the second Krankenversicherungs-Aenderungsgesetz (Sickness Insurance Amendment Act), the statutory sickness insurance funds have been obliged since 1 July 1971 to carry out preventive examinations of infants. In all, seven

examinations are involved, between birth and the 4th year. Appendix 10 contains guidelines on the medical measures to be taken. In addition, parents are generally able to take their children to a specialist if abnormalities are discovered. They can also visit the health authority's advice centres and obtain during the regular survey hours advice of the regional doctors. Furthermore they may take their children to maternity advice occasions, times and dates of which are generally given in the daily press. Regular examinations are also carried out by school doctors.

- 21.2 Efforts are directed towards early treatment, so that the children can be sent to normal schools. The training of special school teachers is being promoted with the objective of employing them not only in special schools but also in normal schools. When special day schools are set up every attempt is made to match the teaching programme to that of the normal schools.
- 21.3 Educational matters are the concern of the Länder, who have passed laws on compulsory schooling, and on the construction, administration and maintenance of public and private schools. The education ministries of the Länder maintain lists of the special schools in their areas. A list of the public and private special schools in the Federal Republic is contained, with other information, in 'Die sonderpädagogischen Einrichtungen in der Bundesrepublik Deutschland und in West-Berlin' (Special Educational Establishments in the Federal Republic of Germany and West Berlin) by S. KUBALE. The education ministries of the Länder are responsible for supervising schools.
- 21.4 The relevant provisions are to be found in particular in the school administration acts of the individual Länder. A list of the school acts currently in force is contained in the 'Handbuch des gesamten Jugendrechts' (Comprehensive Manual of Law relating to Young Persons), Herrmann Luchterhandverlag, Neuwied/Rhein. Compulsory schooling also applies to handicapped children. It comprises the obligation to attend

a basic educational establishment (junior and secondary school) and to attend a trade school. Provision of educational training is one of the responsibilities of the school. According to the Land legislation, children who are unable to receive education in the basic or trade school with any prospect of success, as a result of a handicap, are obliged to attend a special school suitable to them or to receive special education.

With regard to hospital special schools, a preliminary critical assessment of the present situation is given by the article by B. FLAESSIG and W. BERNDT 'Auswertung einer Erhebung zum Stand der pädagogischen Betreuung von Kindern in Krankenhäusern in den Ländern der Bundesrepublik Deutschland and Berlin (West)' (Evaluation of a Survey on Paedagogic Care of Children in Hospitals in the Länder of the Federal Republic of Germany and West Berlin), which appeared in 'Die Rehabilitation', 1971, vol. 3, p. 174, Georg Thieme-Verlag, Stuttgart.

Financial assistance may be given under the Federal Social Assistance Act. According to § 43 Section 2 FSAA, handicapped children, even of pre-school age, have a right to therapeutic training. In addition, from the time compulsory schooling begins, integration assistance must be provided to give appropriate scholastic education and training for a suitable vocation or for some other suitable activity. The type and extent of this integration assistance is described in greater detail in §§ 12 and 13 of the Integration Assistance Order. The texts of § 43 FSAA and §§ 12 and 13 Integration Assistance Order are given in Appendices 8 and 8a. Assistance under § 43 Section 2 FSAA is given regardless of income or personal wealth. Only subsistence expenses have to be borne by the parents themselves. If the child is accommodated in some form of institution, the parents must be charged no more than the expenditure on subsistence expenses. Parents are called upon to contribute these costs only if their income exceeds the limits set by the Federal Social Assistance Act.

Under the war victims' welfare scheme and in accordance with § 27 FPA, orphans and children of handicapped persons are given support towards educational and occupational training. Details will be found in §§ 21, 20 of the directive on war victims' welfare (see Appendix 7).

Under the statutory sickness insurance scheme, the assistance to be given is decided on the basis of the regulations on family assistance, according to which the insured also receive benefits for entitled dependent children, and the relevant articles of the sickness pension funds. Under the statutory pension insurance scheme, the terms of reference are the insurance institutions' guidelines on benefits to handicapped children, for example those with speech deficiencies and postural defects.

22 Rehabilitation and employment of handicapped persons

22.1 There is no uniform law on rehabilitation and no uniform responsibility or competence. The German social security system has been developed progressively and has become institutionalized in several branches. It follows that the regulations on rehabilitation have also developed in stages, and that their implementation has been assigned to different institutions. The Rehabilitation Standardization Act has now created the decisive precondition to ensure that at least the institutions responsible for social insurance will provide rehabilitation benefits on a standardized basis. The Act also contains regulations intended to guarantee prompt introduction of rehabilitation measures, an uninterrupted and rapid rehabilitation process and the provision of comprehensive information to the handicapped person, even where it has not yet been decided which body is responsible for a particular case. It is the intention that rehabilitation benefits under social assistance should later be included in the area of applicability of this law. At present rehabilitation is implemented by the following institutions or groups of institutions :

- medical insurance
- pension insurance
- accident insurance

- war victims' pension, war victims' and severely disabled persons' welfare
- social assistance
- the Federal Labour Office.

The bodies responsible for statutory sickness insurance provide their members and the latter's jointly insured wives and children with curative medicine from the point of view of rehabilitation and are obliged to ensure that medical measures called for in the interests of rehabilitation are started in time. The benefits involved comprise comprehensive care, including remedies and adjuvants, handicapped persons' sport, examinations of stress capacity, occupational therapy and treatment in hospitals, sanatoria and special institutions, including food and accomodation.

The pension insurance funds provide rehabilitation measures for the persons insured with them and persons receiving a pension because of incapacity to work or earn an income, or early retirement payments for farmers. Uninsured spouses and children of insured persons and pensioners receive rehabilitation benefits if they contract tuberculosis.

The accident insurance funds provide the persons insured with them with rehabilitation in the event of an occupational accident or illness.

The war victims' pension funds and war victims' welfare provide rehabilitation to war-wounded persons and survivors and to persons who as a result of special regulations have a right to a pension under appropriate application of the Federal Pensions Act.

The social assistance system provides rehabilitation to all persons who are unable to help themselves - for example through lack of sufficient funds - and who do not receive assistance from other persons, in particular from relatives or from the other institutions providing

social benefits. Social assistance has on principle a subsidiary status.

The Federal Labour Office provides occupational and supplementary rehabilitation benefits to physically, mentally or emotionally handicapped persons, where no other institution is competent. If another institution is competent, the Labour Office must propose to it the occupational measures which are required (see § 57 PEA). In questions of competence the Federal Labour Office takes precedence over the institutions responsible for social assistance.

The institutions responsible for the welfare of severely handicapped persons supplement the measures taken by the other institutions, under the Severely Disabled Persons Act. The Federal Labour Office must set up special counselling and job placement centres in its offices, to be responsible for the placement and occupational promotion of severely handicapped and other handicapped persons (see § 30, Section 2, SDPA in Appendix 9).

Section 15 has already set out in greater detail the Acts laying down the benefits to be provided by the various institutions responsible for rehabilitation and also the type and extent of these benefits. This list will therefore be referred to in the detailed discussion below.

A right to rehabilitation benefits also vests in Federal, Land and local civil servants. The obligation placed on the principal to ensure the well-being of his officials and their families implies that he must undertake all necessary efforts in order at least to maintain the social position of the civil servant. The legal bases are the Bundesbeamtengesetz (Federal Civil Servants Act), the Land civil servants acts and the numerous directives on grants for illness, births and deaths. In the event of an occupational accident, for example, the civil servant has a right to accident benefit. This includes medical treatment in accordance with items 15.1 - 15.3. A catalogue and evaluation of the

relevant legal provisions and other directives would exceed the scope of this study, and is in any case superfluous, dealing as it does with the particular conditions of public service. Basically, civil servants and others in the public service entitled to pensions also have a right to rehabilitation.

There are several publications on rehabilitation facilities in Germany. The following catalogues may be mentioned, without attempting an evaluation :

- a) Catalogue of the professional association of orthopaedic surgeons 'Wegweiser für ärztliche Orthopaedie' (Guide on Orthopaedic Surgery), 7500 Karlsruhe 1, Stephanienstr. 88,
- b) Meinecke, 'Behandlungsmöglichkeiten für Querschnittgelähmte in der Bundesrepublik Deutschland' (Treatment Opportunities for Paraplegics in the Federal Republic of Germany), Deutsches Aerzteblatt 1970, vol. 6, 7, Deutscher Aerzterverlag, Loevenich;
- c) Kulenkampff-Siebecke, 'Gesamtverzeichnis aller Einrichtungen in der Bundesrepublik Deutschland auf den Gebieten der Psychiatrie, Kinderpsychiatrie, Jugendpsychiatrie, Neurologie usw.' (General List of All Installations in the Federal Republic of Germany in the areas of Psychiatry, Child Psychiatry, Youth Psychiatry, Neurology, etc.), loose-leaf, Kohlhammer-Grothe-Verlag 1970;
- d) the 'Lebenshilfe' Federal Association for the mentally handicapped, 3554 Cappel : 'Verzeichnis der Tageseinrichtungen für geistig Behinderte in Bundesgebiet sowie ein Verzeichnis der Werkstätten für Behinderte' (Catalogue of Daytime Installations for the Mentally Handicapped in the Federal Republic and Catalogue of Workshops for the Handicapped);
- e) 'Deutsche Vereinigung für die Rehabilitation Behinderter' German association for the rehabilitation of the handicapped), Heidelberg : 'Verzeichnis der Werkstätten für Behinderte in der Bundesrepublik Deutschland einschliesslich West-Berlin' (Catalogue of Workshops for the Handicapped in the Federal Republic of Germany including West Berlin), 1968;
- f) Bundesarbeitsgemeinschaft für Rehabilitation (Federal Working Party on Rehabilitation), Frankfurt : 'Verzeichnis der Werkstätten für

- Behinderte' (Catalogue of Workshops for the Handicapped), 1974;
- g) Verband der deutschen Rentenversicherungsträger (Association of German Pension Insurance Institutions) : Kurkliniken, Sanatorien, Berufsförderungswerke' (Sanatoria, Occupational Promotion Installations), loose-leaf edition, Broenner Druckerei, Frankfurt, 1974;
- h) Federal Ministry for Labour and Social Affairs : rehabilitation action programme : 'Berufsförderungswerke, Einrichtungen zur beruflichen Eingliederung erwachsener Behinderten, Verzeichnis über Leistungen und Beginnstermine' (Occupational Promotion Installations, Installations for the Occupational Integration of Handicapped Adults, Catalogue of Benefits and Starting Dates), 1973/74. This catalogue is attached as Appendix 11. A new edition is being prepared.
- 22.2 The regulations under which rehabilitation measures in hospitals can be promoted are largely identical with those quoted under sections 22.1 or 15.

So that a record may be kept of cases of rehabilitation in hospitals, § 5 Section 4 of the Rehabilitation Standardization Act also subjects the Federal Labour Office to the following obligations : '(4) Before occupational rehabilitation measures are started, in particular at the stage of preliminary counselling of the handicapped person, the Federal Labour Office must be approached by the other institutions responsible for rehabilitation, so that decisions can be made in time on the necessity, type and extent of the measures. This also applies when the handicapped person is in a hospital, a sanatorium or special installation or some other installation for medical rehabilitation'.

§ 137 section 2 sentence 1 of the Federal Civil Servants Act provides that a civil servant or retired civil servant who has suffered an occupational accident may be hospitalized instead of receiving treatment from a doctor and supplies of medicines and other necessities. For this purpose the official is admitted to suitable public hospitals or sanatoria.

In the Federal Republic of Germany the special wings of the hospitals operated by the mutual accident insurance associations should be

regarded as special rehabilitation departments within hospital complexes. In addition to these, efforts are under way to provide an extensive network of rehabilitation hospitals meeting modern requirements. As part of its efforts to make the rehabilitation process as smooth as possible, the Federal Government has provided for six model installations for illnesses which are significant from the socio-medical point of view, in which, alongside medical follow-up treatment, occupational rehabilitation is started at the bedside itself. The intention is to use occupational adaptation methods to prepare the handicapped persons for their future workplace in such a manner that as soon as they have recovered they may return directly to working life. In cases where the handicap makes it impossible for the patient to return to his previous occupation, or a related one, it is intended to prepare him while he is still in his sick bed for his retraining in an occupational promotion workshop. The first of these installations are already operational; heart and circulation patients are catered for in Bad Krotzingen, young persons with brain injuries in Gailingen, and sufferers from internal diseases in Ippoldsberg.

Preliminary evaluation of the experience gained indicates that it is appropriate to construct such installations not as autonomous centres but rather in close cooperation with effective rehabilitation clinics and hospitals.

- 22.3 If health reasons make it necessary for an adult to change his occupation, the requisite vocational counselling is carried out at the labour offices and the training (retraining) generally in special installations for handicapped persons.

Since vocational counselling, placement in a workplace and job placement are basically functions of the Federal Labour Office, this body must be contacted by the competent advisory bodies of the other responsible institutions every time it is intended to take occupational promotion measures, and must provide an assessment taking into account the situation on the labour market, this assessment then becoming one component in the overall plan to be drawn up.

Depending on the severity of the handicap, the occupational training is carried out either in special installations for the handicapped (occupational promotion centres) or in installations open to all adults. Accident victims are often also retrained in industrial or commercial undertakings.

Appendix 11 contains a list of the existing occupational promotion centres, the number of places available in them and the occupations for which they provide training, and describes their organisation or structure. A revised version of the list is due to appear in a few months.

- 22.4 A further source of opportunities for training and retraining is to be found in the occupational promotion centres and occupational training centres for handicapped persons, extending from occupations for which basic training is required, through skilled occupations up to university level education.

These rehabilitation facilities are set up, extended or equipped with Federal Labour Office funds in addition to other resources. Thus the Federal Labour Office also has an influence on details of the individual teaching courses.

In determining which occupational rehabilitation measures are to be undertaken, the prime considerations must be the capabilities and inclinations of the handicapped person. In addition, due attention should be paid to labour market considerations. The provision that the Federal Labour Office must always be approached before occupational measures are started is an attempt to meet this objective. The labour office specialists on occupational promotion and labour market questions are thereby involved, to the benefit of the handicapped person.

Job counselling, which takes place before completion of training in the installation, provides the local labour offices with an opportunity to make a timely beginning with placement activities aimed at settling the rehabilitated person in his new occupation.

Contacts are also made with industry and trade, but such contacts cannot be enforced by law.

22.5 Owing to the compartmentalized system of rehabilitation, the final decision lies with the institution responsible for the costs. The Federal Labour Office, or the competent labour office, however, does have a privileged position. The institution responsible for the costs may not reject the Labour Office's proposal for professional integration unless a prior attempt to reach agreement, involving the Land labour office, has been made and has failed.

The rehabilitation officer of the employment exchange at the disabled person's place of residence is the person initially responsible for deciding whether a change of occupation is necessary or advisable, and what is the best course of action, and he should therefore always be referred to by the other institutions responsible for the costs.

The rehabilitation officer bases his decision on the doctor's report which normally indicates whether a handicap necessitating a change of occupation is present. The doctor in question may be the disabled person's family doctor, the hospital doctor, sanatorium doctor, medical adviser or the employment exchange doctor; in view of the stress factor inherent in certain jobs, the latter's report is frequently decisive. In the case of mental disorders, the occupational psychologist should also be consulted.

22.6 The employment exchange is the body chiefly responsible for placement after rehabilitation has been completed. By way of exception, the rehabilitation centres may occasionally undertake placement where called for by a particular case, provided this has in no way been

influenced by the prevailing conditions on the open labour market.

After placement has been effected, the body responsible may help the worker to retain his employment by such after care at the workplace as may be necessitated by the circumstances.

Supplementary assistance to facilitate resumption of work may be granted under §§ 65-98 of the Order of the Advisory Board of the Federal Labour Office relating to the Industrial and Vocational Rehabilitation of Disabled Persons (see annex 5).

According to § 26 Federal Pensions Act (see § 27 No. 17 of Appendix 2) the main welfare centres are responsible for follow-up welfare for disabled ex-servicemen (regional institutions responsible for war victims' welfare). They examine whether the consequences of the injury are such that the guaranteeing of a workplace, the provision of a dwelling or of a motor vehicle would contribute to job security. In cooperation with the handicapped person and taking into account his financial situation, they decide the extent to which grants and mainly interest-free loans are to be provided. The alternative benefits (approx. DM 3 000) paid under orthopaedic pension arrangements in place of an invalid vehicle to which the injury may entitle the patient are, where appropriate, taken into account when a motor vehicle is procured. In addition, grants to help maintain and run a vehicle are also paid, taking into account the handicapped person's financial situation.

Once a handicapped person has resumed work, he is looked after by the appropriate institution responsible for rehabilitation. In cases of severe handicaps the institutions offer follow-up assistance in the forms of extra grants.

The accident insurance institutions provide assistance towards the purchase of a dwelling, by means of loans, advances or pension capitalization, they give persons with locomotor handicaps advances or loans for vehicles purchase, and bear the cost of extra equipment such as automatic transmission.

23 Employment in a normal environment

23.1 The presence of a handicap is generally not a valid ground for refusing employment, in particular in undertakings which do not employ their full imposed quota of handicapped persons. Under § 11 section 1, Severely Handicapped Persons Act, wherever a job becomes available employers are even bound to examine whether a severely disabled person can be employed in it. This obligation still obtains even when the compulsory percentage of handicapped persons is employed. Applications from severely handicapped persons must always be discussed with the person's representative. Nevertheless, the decision whether or not to offer a job to a handicapped person rests largely with the employer. The determining factors here are the social attitude of management and also, to a considerable extent, the economic situation.

Safety questions must be considered whenever a handicapped person is employed, and under certain circumstances the technical adviser from the labour office will give advice on how to make the workplace safer.

23.2 Under the Severely Disabled Persons Act, employers are subject to certain obligations. The points made in paragraph 23.1 apply here also, although some coercive power is vested in the labour office through the levy on unattained quotas.

The employer's obligations are laid down in detail in §§ 4-11 of the Severely Disabled Persons Act (see Appendix 9).

Every employer with at least 16 workplaces must fill 6 % of them with severely disabled persons. This obligation applies equally to public administrations, public undertakings and private undertakings.

23.3 For persons who are severely handicapped within the meaning of the Severely Handicapped Persons Act, § 11 of this Act lays down the following provisions :

" (2) Employers must occupy the severely handicapped persons in such a way that the latter may take the fullest possible use of their capabilities and knowledge and develop them further. In order to promote the occupational advancement of severely handicapped persons, they must give them prior consideration for in-plant training. As far as is reasonably possible, their participation in out-of-plant training must be facilitated.

(3) Employers have an obligation to equip and maintain the working areas, equipment, machinery and plant (with particular attention to accident risks) and to turn their undertaking in such a way that the largest possible number of severely handicapped persons can find permanent employment in their undertakings; the installation of part-time workplaces must be promoted. Employers are also obliged to equip such workplaces with the requisite technical working aids. The obligations laid down in sentences 1 and 2 do not apply if their implementation would seriously harm the undertaking or would involve disproportionate expenditure, they run counter to safety regulations issued by the State or the mutual accident insurance associations. The Land labour offices and main welfare centres must assist the employers in the implementation of these measures taking into account the characteristics of the handicapped persons

which affect their employment."

The assistance by the main welfare centre referred to in paragraph 3 may also be in the form of financial subsidies, as is made clear by § 28 section 3, sentences 2 and 3 SHPA.

The institutions responsible for accident insurance and pension insurance provide employers with grants towards the installation and technical equipping of workplaces for handicapped persons who are being rehabilitated by them.

23.4 Temporary or part-time work is possible in individual cases, but considerable accommodation difficulties are involved, leading in particular to numerous cases before the social courts, when it is found that a person insured for a pension is incapable of following his profession and only part-time work is available on the open labour market.

24 Employment in a protected environment

24.1 A conceptual definition of 'workshop for handicapped persons' is given in § 52 of the Severely Handicapped Persons Act. The text of this provision is given in Appendix 9. This definition applies to all Acts dealing with workshops for handicapped persons. These are the Labour Promotion Act, the Federal Social Assistance Act and the Bill currently in preparation on the social insurance of handicapped persons.

Labour administration bodies are under no legal obligation to set up special workshops for handicapped persons unable to find an occupation on the open labour market. In accordance with § 61 of the PJA, however, the Federal Labour Office can provide loans and advances for the construction, extension and equipping of workshops in which

the workplaces allow for the particular situation of handicapped persons.

§ 101 of the Federal Social Assistance Act provides that the regional social assistance institutions may set up special workshops. According to § 40 section 2 of this Act, the intention is that persons the type or severity of whose handicap precludes any occupational measures aimed at resettling them in the open labour market may be given an opportunity of carrying out an occupation appropriate to their handicap, in particular in a workshop for handicapped persons.

The legal position of such workshops varies from case to case. Generally they follow the legal status of the institution concerned. The Federal Government is empowered to issue Orders detailing technical specifications for workshops for handicapped persons. In doing so, it must take account of the basic principles already evolved by the Federal Ministry for Labour and Social Affairs. These principles are attached in Appendix 12.

24.2 The conditions under which assistance will be given by the Federal Labour Office are described in greater detail in §§ 51-55 of the Anordnung über die Arbeits- und Berufsförderung Behinderteter (Order on the Occupational Promotion of Handicapped Persons) (see Appendix 5).

The workshops should comprise at least 120 workplaces, and should make it possible for the handicapped persons :

1. to develop, improve or regain their capacity to work,
2. to produce an economically significant output for at least 30 hours per week,
3. to obtain commensurate payment.

The activities undertaken vary from region to region, generally under the influence of labour market factors.

A network of workshops is currently being set up. Several lists of existing workshops for handicapped persons have already been published; see paragraph 22.1.

- 24.3 The degree to which the responsible institutions themselves finance the setting up of these workshops depends on their own capacity. A large proportion of financial assistance is given for construction and initial equipment. It is intended that running costs should be principally covered by production. A contribution towards costs is also derived, however, from the daily rates charged for handicapped persons receiving preliminary or advanced training in the workshops.

The Severely Handicapped Persons Act itself includes two measures intended to strengthen the position of these workshops :

- a) by creating incentives to encourage employers to award contracts for work (see § 53 of the Act)

and

- b) by placing public bodies under an obligation to offer preferentially to workshops for handicapped persons contracts which can be carried out by such workshops (see § 54 of the Act).

Under the Zonenrandförderungsgesetz (Peripheral Areas Assistance Act) for handicapped persons in the area adjoining the German Democratic Republic are also assisted from Federal funds.

- 24.4 The workshops are principally concerned with the production, processing and installation of products.
- 24.5 In view of the considerable need for workplaces, priority is given to the erection, extension, improvement and equipping of workshops, and at present there are only a few opportunities for accommodation.

25 Social rehabilitation of handicapped persons

25.1 In the guidelines of 20 December 1972 respecting the use of Federal funds to assist in the construction of social dwellings it is laid down that DIN 18 025 must be observed when dwellings for severely handicapped persons are constructed. The draft of this DIN standard has since then been superseded by its final version. The draft is attached as Appendix 13. We must point out, however, that this Appendix is intended for your personal use only : copying, photocopying etc. are not possible, for copyright reasons. If further examples are required, they must be ordered from Bauth-Vertrieb GmbH, Berlin 30 and Cologne.

There are no general provisions which must be observed in the construction of all social dwellings in order to make it possible or easier for handicapped persons or their families to use them. All that exists are the planning recommendations for the construction of dwellings for severely handicapped persons, but their observance cannot be made mandatory.

25.2 Although severely handicapped persons have no legal right to preferential treatment in the awarding of social dwellings, special consideration is given to them when public funds are disbursed. Thus, they can claim a special allowance in the calculation of income under § 25 of the Zweites Wohnungsbaugesetz (Second Dwelling Construction Act). In addition, they receive a higher supplementary family loan and a higher repayment bonus if they repay public funds before the due date (§§ 45, 69 of the Act). § 28 of the Act provides that the highest land authorities responsible for housing and settlement questions should pay appropriate attention to the housing requirements of severely handicapped persons and persons in the same categories. The above mentioned special allowance for severely handicapped persons in the income calculation for the purpose of § 25 of the Act also affects the terms

of the certificate of entitlement to a dwelling and the calculation of the permissible dwelling size for the purposes of § 5 of the Wohnungsbindungsgesetz (Social Housing Act) 1974. Under this provision, certain social dwellings can also be reserved for severely disabled persons. In that case such dwellings may only be rented to persons whose housing authorization certificate indicates that they are in the category of severely handicapped persons. Finally, under certain circumstances classification as 'severely handicapped' can be relevant to decisions as to whether a dismissal is socially justified, if this is not the case, the tenant's right to object is applied in accordance with § 556a of the Civil Code.

Under § 18 of the Order on Integration Assistance (see Annex 8a), assistance can also be provided for necessary adaptation to the dwellings of disabled persons when warranted by the particular case.

25.3 For some time past the Länder of Lower Saxony and North Rhine-westphalia have included in their building regulations provisions under which measures to reduce structural and technical hindrances affecting disabled persons and certain other categories may be legally enforced. § 78 of the Land building regulations of the Rhineland Palatinate is worded as follows :

' (1) The installations listed below must be constructed in such a way that they, and also the appurtenant parking spaces and vehicle garages can be appropriately used or visited by mothers with infants and disabled and elderly persons without assistance :

1. Community buildings including those intended for religious services,
2. Public offices and administrative buildings,

3. Counters and general offices of public transport and welfare establishments and banks,
4. Schools,
5. Sports centres, playgrounds and similar installations,
6. Hospitals, old peoples' homes and nursing homes for the aged,
7. Doctors' surgeries and similar medical care establishments,
8. Day centres and homes for disabled persons,
9. Maternity homes, children's and young people's homes and day nurseries,
10. Antenatal Clinics.

(2) Workshops and workplaces in which more than 25 persons classified as severely disabled under the currentli applicable provisions of the *Schwerbeschädigtengesetz* (Severely Disabled Persons Act) are to be employed, must be constructed in such a way that they, and also the appurtenant parking spaces and vehicle garages, can be appropriately used by handicapped persons without assistance.'

§ 49 of the Lower Saxony building regulations contains similar provisions. In a circular of 27 March 1973 to the competent ministries of the Länder concerning building for handicapped persons, the Bundesminister für Raumordnung, Bauwesen und Städtebau (the Federal Minister for Housing and Town Planning) listed the priorities to be observed in connection with the removal of structural and technical hindrances. This circular is appended as Annex 14. The Federal Government intends to give increased attention to the interests of severely disabled persons in its future housing and town planning programmes. In addition, legislation guaranteeing special parking rights for severely handicapped persons is currently being prepared.

The German Federal Railways are also endeavouring to make special provision for handicapped persons in their vehicles and buildings :

Specially designated seats are reserved for handicapped persons in railway coaches. Entry to coaches is being facilitated by the planned replacement on new coaches and on some of the existing coaches of the

hitherto customary three steps, which were sometimes steep, by four steps with a reduced step height. In addition, mobile access ramps are currently being developed for handicapped persons to enable them to get into coaches more easily.

Access ramps without steps, wheel-chair lifts, staircases with built-in ramps, automatic doors and non-slip floorings are already in existence in permanent installations and further similar aids are planned to facilitate greater freedom of movement for handicapped persons.

In the introduction to DIN standard 18 025 it is stipulated that single-person dwellings should be provided for handicapped persons living alone who have to carry out their normal daily routine largely without assistance.

- 25.4 The order on integration assistance provides for financial aid in the form of grants or loans for the acquisition of a motor vehicle if this is likely to facilitate the integration of the handicapped person.

In accordance with the Bundesentschädigungsgesetz (Federal Indemnification Act), war invalides and war victims who are at least 50 % disabled are exempt from motor vehicle tax. Other handicapped persons are granted total or partial exemption from the tax, depending on the degree of their handicap and financial circumstances.

Insurance institutions give a 25 % reduction on third-party insurance to all war invalides who are entitled to special pension provisions under § 27c of the Bundesversorgungsgesetz (Federal Pensions Act); this reduction is also given to severely handicapped persons within the meaning of § 1 of the Severely Disabled Persons Act, and to physically handicapped persons within the meaning of the Bundessozialhilfegesetz (Federal Social Assistance Act) if

- a) their driving licence stipulates that they are required to equip their vehicles with special controls,
- b) a grant or loan was provided for the acquisition of the vehicle,
- c) a grant is given for the purchase of fuel for the vehicle.

These conditions also apply to war invalides who are less than 50 % disabled.

Under the Act of 27 August 1965 (BGB (German Civil Code) 1. I p. 978) relating to free local transport for war invalids, disabled ex-servicemen and other handicapped persons, free local transport must be provided for handicapped persons who are in receipt of pensions under the Federal Pensions Act or under other legislation implementing the relevant sections thereof who are at least 70 % disabled, and also for other handicapped persons who are 50-70 % disabled, but whose locomotor ability is gravely impaired. The expenditure for these groups is met by the Federal Government (approx. annual expenditure DM 36 million).

Other persons entitled to the same assistance are :

- a) persons who, having reached the age of 6, are blind within the meaning of the Severely Disabled Persons Act, provided their income does not exceed the earning limit stipulated in the Federal Social Assistance Act for the provision of assistance for blind persons,
- b) persons who, having reached the age of 6, are 50 % physically disabled within the meaning of the Federal Social Assistance Act, and whose locomotor ability is gravely impaired, provided their income does not exceed the earnings limit stipulated in the Federal Social Assistance Act for integration assistance, etc.

The expenditure for these two groups is met by the Länder.

The Bundesanstalt für Arbeit (Federal Labour Office) and the institutions responsible for the statutory accident insurance and pension schemes provide financial assistance towards the necessary modification of vehicles for particular handicaps. In the case of severe handicaps they bear the purchase cost of a vehicle (car or wheel-chair) in full or in part.

25.5 The public activity of the Federal Government and of the other public and private agencies involved in rehabilitation is directed towards the removal of prejudices against handicapped persons.

25.6 This is done primarily through existing channels. Holidays for handicapped persons are organized by the associations of the independent welfare services, the two major associations for the handicapped - the VDK (Association of War Invalids' and Servicemen's Dependents) and the Reichsbund (National League) - and by the scouts. Arrangements are also made for small party of German children with major physical handicaps to take part in the international holiday schemes. The Deutsche Vereinigung für die Rehabilitation Behinderter (German Association for the Rehabilitation of the Handicapped) is responsible for organizing the German groups for these.

The Deutscher Versehrten Sportverband (German Disabled Persons Sporting Association) frequently organizes sporting activities for handicapped persons which include opportunities for the participation of disabled adults. Pursuant to § 12 of the Reha-Angleichungsgesetz (Rehabilitation Standardization Act) it is now incumbent on persons responsible for rehabilitation to organize sport for handicapped persons in medically supervised groups.

26 Artificial limbs and other individual appliances

26.1 The orthopaedic welfare institutions responsible for war victims' welfare publish annual statistics of the number of orthopaedic appliances required. This is appended as Annex 15.

No such details are available from other institutions.

26.2 Artificial limbs are selected and acquired on the basis of the federal register of such appliances. All orthopaedic appliances to be used in war victims' welfare are evaluated by the Beirat für Orthopädie-Technik (Advisory Council for Orthopaedic Technology). Their proposals then form the basis for recommendations by the Bundesminister für Arbeit und Sozialordnung (Federal Minister of Labour and Social Affairs) to the pension authorities of the Länder.

26.3 As far as can be ascertained, agreement on international and national standards for the sizes of artificial limb parts has not yet been reached; consequently it is not possible to supply any data as to their likely recognition.

26.4 As far as can be ascertained, all imported artificial limbs and their parts are subject to the normal customs regulations.

26.5 The qualifying examination for orthopaedic technicians or truss-makers.

26.6 Technical quality control of the artificial limbs offered for sale through the trade is carried out by orthopaedic medical specialists.

The appliances which have been evaluated by the Advisory Council for Orthopaedic Technology for use under the war victims' welfare scheme and approved by the Federal Ministry of Labour and Social Affairs are

tested by the Forschungsinstitut mit Prüfstelle für künstliche Glieder (Research Institute and Testing Centre for Artificial Limbs) at the Technical University of Berlin.

As war invalids - numbering approx. 444,000 - form the largest group of handicapped persons requiring orthopaedic care, other institutions generally base their policy on decisions taken with regard to the war victims.

27 General aspects

27.1 The exact figures for handicapped persons are not known as there is no general obligation for them to register. However, § 124 and 125 of the Federal Social Assistance Act, which have already been referred to, stipulate that, in particular, parents should seek medical advice about their handicapped children; in addition, the welfare personnel mentioned above in item 21.1 are obliged to point out this duty to parents. The health authorities assess the cases of handicaps referred to them by the doctors. § 368 of the RVO (Reich Insurance Code of 1911) in its revised form in § 21 No. 26 of the Rehabilitation Standardization Act (see Annex 2) lays on the Bundesverbände der Krankenkassen (Federal Associations of Sickness Insurance Institutions) and the Kassenärztliche Bundesvereinigungen (Federal Unions of Insurance Panel Doctors) the obligation to draw up agreements determining for what handicaps, under what conditions and by what procedures doctors should supply information on handicapped persons to the sickness insurance institutions. These agreements, once concluded, are binding in law. To ensure that there is uniformity between them, it is also stipulated that the Bundesausschuss der Aerzte und Krankenkassen (Federal Committee of Doctors and Sickness Insurance Institutions) must concur on guidelines for these agreements.

In 1970 a cost-benefit analysis was carried out using data supplied by the Land social insurance institution in Swabia. Some insurance institutions have assessed the cost of rehabilitation in specific cases. A cost-benefit analysis on the rehabilitation of paraplegics

was also carried out in 1971 in Bavaria by the Institut für freie Berufe (Institute for the Liberal Professions) at the University of Erlangen-Nürnberg. According to an article on page 4 of the April 1974 'Reichsbund', the central organ of the Reichsbund der Kriegs- und Zivilbeschädigten, Sozialrentner und Hinterbliebenen e.V. (the National League of War and Civil Invalids, Social Insurance Pensioners and Surviving Dependents, a recognized association) rehabilitation costs per case averaged approximately DM 15 000; in comparison, the rehabilitation of a 40-year old person with 2 children saves pension payments amounting to around DM 80 000 and permits a contribution of about DM 400 000 to be made to the national product if the disabled person resumes work.

As part of the task of coordination in accordance with § 62 of the Arbeitsförderungsgesetz (Promotion of Employment Act), the Federal Minister of Labour and Social Affairs conducts coordination discussions with all interested parties on the numbers of places required and places available for the training or retraining of handicapped adults and minors.

27.2 Attention may be drawn at this point to the Federal Government's action programme for promoting the rehabilitation of handicapped persons (see Annex 3). With the passage of the third law amending the Federal Social Assistance Act on 25 March 1974, of the law extending the rights of severely handicapped persons on 24 April 1974 and of the law standardizing rehabilitation benefits on 7 August 1974, together with the tabling in the Bundestag of the bill on social insurance for handicapped persons important demands are already in process of being met in practice.

27.3 Research programmes are sponsored by the Federal Government (the Federal Ministry of Labour and Social Affairs and the Federal Ministry for Youth, Family Affairs and Health) and also by universities. The Deutsche Forschungsgemeinschaft (German Research Association) and other foundations promoting research should also be

mentioned here. In addition, the rehabilitation institutions generally conduct their own independent research projects.

27.4. There are no specific institutions for training in rehabilitation work. Instead, knowledge is acquired during training for a specialist field. Consequently, in Germany there is no such thing as a rehabilitation doctor or specialist. Under the heading 'the ecological field' the licensing regulations for doctors (Approbationsordnung für Aerzte) stipulate the inclusion in the second part of the final examination for doctors in training of : 'Medical aspects of the rehabilitation of handicapped persons involving medical, social, educational and professional integration and reintegration into society, home, school and work.' Every practising doctor constantly faces questions connected with rehabilitation. Doctors keep themselves abreast of new methods in this field by attending refresher courses.

In the Order relating to changes in the training and examination system for remedial gymnasts, rehabilitation is now expressly included as a course and examination subject. The situation in the other professions which are primarily concerned with medical rehabilitation is as follows :

There are no Federal regulations on the training of occupational therapists in Germany. However, some Länder, e.g. Bavaria, Berlin, Hesse and Lower Saxony have their own regulations. Land regulations governing the training of speech therapists exist for Berlin, Hesse, Lower Saxony, North Rhine-Westphalia, Rhineland Palatinate and Bavaria, amongst others. The occupation of prosthetic technician - artificial limb (orthotic device) maker - is classified among the crafts in Germany.

Under the present discussions on the reorganization of training for nurses a review is being conducted to assess to what extent rehabilitation training can be incorporated directly into the curriculum of schools of nursing. This also applies to parish nurses (Gemeindeschwestern).

Major changes are currently taking place in the training of social workers or counsellors who are employed principally in social welfare offices (offices of the municipal authorities), but also in the independent associations and even in the institutions responsible for rehabilitation. Whereas this training was previously given in 'Höhere Fachschulen' (advanced technical schools), it will in future be conducted in 'Fachhochschulen' (technical universities), thus coming within the university sphere. The existing channels of aid are dealt with under individual subject heads such as psychology, pedagogics, sociology and also hygiene and pathology. In addition, further training courses for social workers or counsellors are being intensified. Courses of this type are conducted in three spheres; regional and municipal further training courses for which the Länder and the municipalities are responsible, further training courses restricted to their associations conducted by the private employing institutions and courses, some of which are long-term, in central institutes of further training supported by the Federal Government.

All interested parties attach great importance to training in rehabilitation for doctors, psychologists and other specialists. Developments in this field show no signs of slowing-up.

27.5 Initial and further training of rehabilitation specialists

The first attempt to implement a common programme of initial and further training for all specialists in rehabilitation was made at the request of the Federal Ministry of Labour and Social Affairs. In collaboration with the Federal Ministry of Labour, the Beratungsstelle für Rehabilitationseinrichtungen bei der Stiftung Rehabilitation (Advisory Centre for Rehabilitation Establishments of the Rehabilitation Foundation) in Heidelberg has developed a new teaching method, the "Grundseminar" (basic seminar), to be used in the general further training of specialists from all fields of rehabilitation and to assist in bringing specialists up to date with changing circumstances and demands. In these seminars, which were initiated in 1969 and continued in 1970, 1971, 1972, 1973 and 1974 in view of the considerable general interest, the participants are given an overall survey of all aspects of rehabilitation and acquainted with new developments and of the effects of economic and technical changes on rehabilitation, and they are shown how all the specialist departments cooperate as a team in a rehabilitation establishment. The programme of the seminars envisages a list of topics ranging from a basic paper on questions and methods of professional and social integration, rehabilitation medicine, the preparation for integration and social assistance, to problems of rehabilitation psychology, job placement and testing of work suitability. The knowledge communicated in the seminars is certain to be widely disseminated in view of the fact that the participants are drawn from specialist fields in pension and accident insurance, from social welfare agencies and rehabilitation establishments, clinics and hospitals and more recently from the statutory sickness insurance institutions.

Advanced seminars for specialised areas of rehabilitation, e.g. for doctors, educationalists, psychologists and social workers, have been running since 1973. Further basic and advanced seminars are planned

for 1975.

- 27.6 Various systems of documentation covering certain sub-sectors are already being set up by the rehabilitation institutions. This documentation, which has been built up in various centres, is used mostly for practical purposes. It is not to be replaced by an overall system of documentation.

The Bundesarbeitsgemeinschaft für Rehabilitation (Federal working Party on Rehabilitation) is working towards documentation on an institutional basis. Consultations on the development of a documentation system are currently taking place with the Minister of Labour, Health and Social Affairs of North Rhine-Westphalia and the Institut für Dokumentation und Information über Sozialmedizin und öffentliches Gesundheitswesen (Institute for Documentation and Information on Social Medicine and Public Health) in Bielefeld, which comes under him. They are to cover the entire field of rehabilitation, with particular reference to medical, professional, social and educational questions. The objective of the work, which will take the form of a bibliographical documentation, is to create the scientific documentation at present lacking and to provide an overall view of all fields of rehabilitation.

Institute for Documentation and Information on Social Medicine and Public Health in Bielefeld; Federal Labour Office.

In addition, the Rehabilitation Foundation is creating a specific bibliographical documentation in conjunction with "Rehabilitation International" (ISRDI - based in New York). The information service of "Rehabilitation International" has been at the Rehabilitation Foundation since the start of 1973. At present a project in the field of bibliographical documentation is being carried out which should be completed in 1975.

27.7 The Rehabilitation Foundation in Heidelberg is currently supporting the Forschungszentrum für Rehabilitation, Prävention und berufliche Bildung (Research Centre for Rehabilitation, Prevention and Vocational Training).

The Centre is concerned with research, development and teaching in the field of the social and occupational integration of handicapped persons. About 90 scientific assistants are working in conjunction with a larger number of vocational experts and educationalists from the Foundation, who are divided into project groups.

The following problems are currently being tackled :

- The research, development and continuous updating of a modern technology of communication media to meet the high demands by vocational and academic training of handicapped persons; it must be appropriate for use in largely individualized and automated teaching and learning systems and suitable for the implementation of media-based curricula.

This is based on :

- a) Programmes of study in book form
 - b) Programmes of study for computer-aided instruction
 - c) Other audio-visual study aids (e.g. closed-circuit television, etc.)
- Development of programmed and computer-aided examination methods for the vocational training of handicapped persons.
 - Development of a television-based teaching system for the vocational and academic training of handicapped persons in rehabilitation establishments.
 - Development and continuous up-dating of syllabuses with specific objectives for the vocational training of handicapped persons and the development of additional vocational and general training programmes for rehabilitation establishments.

- Research and development in the field of technical integration aids for handicapped persons.
- Planning and development of media-controlled learning systems for university levels at the Rehabilitation Foundation and for centrally placed universities in Germany.
- Planning and development of an educational system to cover the entire spectrum of general and vocational training for handicapped persons.
- Ongoing and basic research in academic and vocational education of children and young people.
- Development of a central information system for rehabilitation establishments.
- Research and development in the sociological sphere (evaluation of results, special categories of handicapped persons, older handicapped persons, handicapped women and girls, social and community integration assistance).
- Research and development in the psychological sphere (diagnosis and therapy, social and community integration assistance).
- Research, development and application of methods for humanizing the working environment and improving the social environment.

The Centre currently offers the following research fields with a practical bias :

- 1st research field : Rehabilitation pedagogics and vocational training research
- 2nd research field : Information
- 3rd research field : Rehabilitation psychology
- 4th research field : Rehabilitation sociology
- 5th research field : Rehabilitation technology (technical rehabilitation aids)

In addition the Rehabilitation Foundation houses the Forschungszentrum für Rehabilitationsmedizin (Research Centre for Rehabilitation Medicine). The objective of this Centre, acting in close cooperation with the medical faculties of Heidelberg University, is to determine, develop and consolidate the tasks, objectives and methods of rehabilitation medicine and also to promote the preliminary and further training of doctors and of specialist medical workers other than doctors.

The following research fields of the Centre are either well established, or at the initial or planning stages :

1st research field : General rehabilitation medicine

2nd research field : Organization and methodology of rehabilitation medicine

3rd research field : Applied rehabilitation medicine, special field : orthopaedics/traumatology

4th research field : Applied rehabilitation medicine, special field : internal medicine

5th research field : Applied rehabilitation medicine, special field : blood disorders

6th research field : Applied rehabilitation medicine for handicapped children and young persons

7th research field : Applied rehabilitation medicine, special field : neurology

8th research field : Applied rehabilitation medicine, special field : social psychiatry

REHABILITATION IN THE
NETHERLANDS

This study represents an attempt to collate the most significant data on rehabilitation in the Netherlands. In order to obtain results comparable with those from other Member States, the survey was based on the question format of Doc. No. 1302/2/71 of the Commission of the European Communities.

Detailed answers to several questions were not included as reference could be made to relevant appended material. In the absence of reliable data, it was not possible to answer a number of questions which were consequently omitted from this document.

Part I Summary of the legal aspects and of the available statistical data

11 Definition of the concept of "handicapped"

Although there is in existence an Act of 1 April 1947 concerning the employment of handicapped workers, the concept of "handicapped" is not defined under the Netherlands legislation. In Article 1, Section 1 of this Act "handicapped workers" are defined as follows : "For the purposes of this Act, "handicapped workers" shall mean persons whose ability to provide for themselves through employment is substantially impaired as a result of mental or physical handicaps, suffering or abnormalities. In any event, "handicapped workers" shall include former military and other persons in receipt of a pension, or assistance equivalent to a pension, from the responsible authorities, as a result of a mental or physical handicap, ailment or abnormality which is assumed to have occurred in conjunction with military service or the resistance movement inside or outside the realm of the Netherlands in Europe."

In the Netherlands there is no pressing need for a definition of the concept of "handicapped". The legislation establishing the handicapped person's right to rehabilitation also describes the context within which that right can be asserted. For example, the Disablement Insurance Act (WAO) defines disablement without elucidating the concept of "handicapped"; the Social Employment Act (WSW) sets out the entitlement to sheltered employment of persons who experience considerable difficulty in finding normal employment. The latter Act applies to handicapped persons and also to older workers from dying occupations who can no longer be retrained.

Appendix 1 contains in Dutch and German the text of the Act of 1 August 1947 on the employment of handicapped workers.

12 Organisation of rehabilitation

Most aid provided for the promotion of rehabilitation or for individual assistance is normally based on statutory regulations. This work is frequently taken over by private institutions. These private bodies or institutions are entitled to receive contributions from funds which have been raised under legislative provisions, for example, from the funds of sickness insurance institutions or from moneys raised under the Disablement Insurance Act (WAO); alternatively these bodies and institutions are entitled to receive sufficient subsidies from public funds to enable them to provide assistance in accordance with current requirements.

In such cases the public authorities normally appear only in a secondary role.

The 'social workshops', in which handicapped persons are given employment, constitute an exception to this. These social workshops are generally financed by the public authorities, the responsibility for them in most cases devolving on the municipalities.

Appendix 2 contains a survey in Dutch and German of the organization of rehabilitation in the Netherlands, which includes an outline of the particular areas of responsibility. It is evident from this that medical treatment clearly lies within the jurisdiction of the sickness insurance institutions.

The sickness insurance institutions are also responsible for medical rehabilitation. The particular entitlement and benefits of insured persons are laid down in the Sickness Insurance Institutions Act. It should be noted that in very many cases technical aids are also provided by the sickness insurance institutions. The period of responsibility of the sickness insurance institutions is unlimited; in the case of continuous hospitalization or nursing-home care, however, it is restricted to one year after the circumstance resulting in 'handicap' or 'illness'. Thereafter the General Act in respect of Special Health Charges (AWBZ) applies.

Psychological aptitude tests are usually carried out if there is evidence of the need for further rehabilitation assistance, particularly in the occupational field. This comes within the scope of the labour exchanges which have recourse to the 'Gemeenschappelijke Medische Dienst' (Common Medical Service) (GMD)) and other psychological research institutes. Attention is drawn to the explanations given in comments C, D and E of the Appendix, with regard to the structure of education for handicapped children. Later in this study we shall return

to these different types of school. With regard to the vocational training of handicapped persons, attention is drawn to comments F, G and H. Vocational training of handicapped persons is followed by placement via the labour exchanges. Supplements to Appendix 2 are enclosed. The position pertaining to the costs of rehabilitation is as follows :

A Cost of medical rehabilitation, borne by the sickness insurance fund; (details currently being ascertained by the Netherlands sickness insurance institutions).

B In 1973, Fl 158 million of public funds were provided for rehabilitation in the broadest sense, of which

Fl 16.5 million came from the budget of the Ministry of Culture, Recreation and Social Welfare, to be used principally for social rehabilitation.

Fl 137.5 million came from the budget of the same ministry, under the general Social Assistance Act (ABW), Art. 11, (TRM Section I and II)

Fl 4.0 million came from the budget of the Ministry of Health.

These figures do not include the medical rehabilitation measures which are entered under A. In addition, a further Fl 600 million were expended on the social workshops. Expenditure from private sources amounted for 1973 to Fl (details of this amount are also being ascertained).

As the cost of rehabilitation is largely borne by bodies set up by Act of Parliament, and because of the existence in the Netherlands of a general Social Assistance Act (ABW) in addition to the social insurance Acts, the direct contribution to rehabilitation from public funds is

relatively small. All wage earners are covered by the Disablement Insurance Fund (WAO) and any persons who have undergone a period of hospitalization or nursing-home care of more than one year are entitled to this treatment and care under the General Act in respect of Special Health Charges (AWBZ); wherever there is no entitlement to benefits under these Acts, each resident of the Netherlands may apply to his municipality if he is unable to earn his living without assistance. Under these Acts, assistance is in many cases forthcoming from private bodies, whereas the institutions and organizations named above and the municipalities are liable for the cost of this assistance. This assistance does not appear in the statistics as assistance for handicapped persons because it was given under the general legislation which applies to every citizen in the Netherlands.

13 Statistical data

No answer can be given to 13.1, 13.2 and 13.4 as there are no relevant reliable figures. The number of handicapped persons seeking employment was approximately 15 000 at the end of 1973. This figure was supplied by the Directorate General of Employment of the Ministry of Social Affairs.

However, this figure represents only the numbers of handicapped men and women who were registered with the labour exchanges at the end of 1973 as seeking employment. The actual total is many times higher.

14 Legislation on compensation

The relevant Acts are summarized in Appendix 3a. This is in the form of an exposé of the German and Netherlands social insurance schemes, published by the Euregio-Mozer Commission.

- 14.1 A Sickness Insurance Act of 5 June 1913, with amendments and supplementary clauses.
- B Sickness Insurance Institution Act of 15 October 1964, with amendments and supplementary clauses.
- C Act relating to General Insurance for Special Health Charges (AWBZ) of 14 December 1967, with amendments and supplementary clauses.
- D Disablement Insurance Act (WAO) of 18 February 1966, with amendments and supplementary clauses.
- E Social Employment Act (WSW) of
- F General Civil Pensions Act (Algemene Burgelijk Pensioenswet/ABPW) of

The latter Act deals partly with disablement insurance for officials and civil servants.

- 14.2 A War Victims Act. Refer to Appendix 3b, index number 117.01 (the Council of Europe's list of rehabilitation legislation, in English).

- B General Social Assistance Act (ABW) of

The Act relating to General Insurance for Special Health Charges also applies whenever the assistance provided by contributory insurance funds is insufficient. Supplementary benefits can then be

claimed under the General Social Assistance Act.

15 Legislation on rehabilitation

15.1 Normal therapeutic assistance :

This assistance is provided under the Sickness Insurance Institution Act or under the AWBZ (Algemene Wet Bijzondere Ziektekosten, i.e. General Act in respect of Special Health Charges). The Sickness Insurance Institution Act applies for one year from the commencement of illness and covers persons whose income lies within the earnings limit. The limit of one year on validity applies only to hospitalization, after which time the AWBZ comes into force. The earnings limit is regularly adjusted to changing circumstances. Persons not covered by the Sickness Insurance Institution Act are covered for therapeutic assistance by private insurance schemes. However, the AWBZ and the WAO, Art. 60 (see p. 5, 14.1) also apply to this section of the population after one year.

15.2 Medical assistance for rehabilitation.

The comments under 15.1 also apply in this context.

15.3 Provision of artificial limbs and appliances.

The comments under item 15.1 also apply in this context.

15.4 Occupational guidance.

This service is provided in the main by the specialist departments of the labour exchanges. Where vocational counselling is given in rehabilitation centres it is provided as part of the multidisciplinary treatment followed in each case.

15.5 Occupational training.

For occupational training refer to Appendix 2. In the section on specialist training relevant comments are included under F, G and H. The legal basis for vocational training as an element in rehabilitation is provided by the Disablement Insurance Act (WAO). The training of adults, including handicapped adults, is primarily the responsibility of the Directorate General of Employment of the Ministry of Social Affairs (see also Appendices 2a and 2b).

15.6 Occupational rehabilitation.

For the concept of "occupational rehabilitation", reference should first be made to the comments under 15.5. If, however, the concept of "occupational rehabilitation" is restricted to the occupational rehabilitation of handicapped persons, a range of other possibilities arises. Reference should in this case be made to comment B in Appendix 2. Furthermore, it should be pointed out that certain assistance provided in the "social workshops" may be viewed as occupational rehabilitation assistance if it entails the application of the principle of free change of occupation, under which handicapped persons can be reintegrated following a period of training (see also Appendices 2a and 2b).

A distinction must of course be observed between the rehabilitation of young persons and the rehabilitation of adults who have incurred a handicap during their working life. The attempt is made to give young persons their occupational training together with non-handicapped persons, and where this proves impossible, a range of occupational training facilities restricted to handicapped persons (special centres) is available.

15.7 Placement

Placement is in principle the responsibility of the labour exchange

and is usually effected by the responsible labour exchange acting in consultation with the Common Medical Service (GMD).

- 15.8 If employment cannot be found on the open labour market the normal procedure is to attempt to secure employment in a social workshop (sheltered workshop).

Part II Systematized study

21 Handicapped children

- 21.1 The extensive antenatal and postnatal care programmes in the Netherlands facilitate prompt detection of handicaps and the taking of appropriate steps. Expert opinion consulted was unanimous that 90 % of newborn children and infants were covered by this method. The programme is voluntary and comprises three different phases :

- a) Antenatal care (examinations during pregnancy),
- b) Perinatal care,
- c) Postnatal care.

In the Netherlands, examinations during pregnancy are normally carried out by the general practitioners who have all received appropriate training. Postnatal care is administered through "baby clinics" composed of suitable specialists (doctors, nursing staff, paediatricians, etc.). Infants and very young children are examined at regular intervals in these clinics. This system

results in the detection in early childhood, or even shortly after birth, of any handicaps, and enables the taking of appropriate corrective measures. A second stage in the detection of handicaps amongst children occurs with the commencement of attendance at school. All children not already examined under the programmes mentioned above are covered by examination at this stage. Commencement of schooling therefore provides the only legally stipulated opportunity for the detection of handicaps amongst children.

21.2 The basic principle is that handicapped children should be integrated into the normal school system as far as possible. Attendance at a special school is determined exclusively on the grounds of the degree of the handicap. This decision is taken by an approval committee consisting of specialists. The Netherlands has a wide variety of special schools.

21.3 Appendix 4 contains a survey of the school facilities for handicapped children in the Netherlands. School studies may be continued to a higher level at St. Maartens-Kliniek in Nijmegen and at the rehabilitation centre of "Heliomare" in Wijk aan Zee. Schools and school facilities for handicapped persons come under the relevant ministry in The Hague (Ministerie van Onderwijs en Wetenschappen/Ministry of Education and Science).

22 Rehabilitation and employment of handicapped persons

22.1 The concept of "functional or occupational rehabilitation centre" is not defined by law.

There is a list of rehabilitation centres in the Netherlands (on this point see Appendix 5).

22.2 A new act concerning the promotion of rehabilitation work in hospitals is currently being drafted in the Netherlands.

In the Netherlands there are a number of hospitals with a rehabilitation department. These are general hospitals which have specialist departments for physiotherapy, sometimes ergotherapy and speech therapy, and some of which also have a social welfare department. In addition, there are a number of larger hospitals with rudimentary rehabilitation departments. In general, the rehabilitation centres and hospitals function independently of each other. Appendix 6 contains a survey of the hospitals or special clinics where rehabilitation work is undertaken.

As a rule, rehabilitation centres in the Netherlands are viewed as hospitals. Transfer from a hospital to a rehabilitation centre is therefore normal practice.

22.3 If a handicapped person is obliged to seek a new occupation, vocational counselling, the selection of a job and also occupational retraining can be conducted in the first instance using the facilities provided for all adults. This applies particularly to the guidance offered by the specialist departments of the Labour Exchanges; it is intended for all adults, handicapped and non-handicapped alike. Training of handicapped persons in the Netherlands may take place :

- a) in centres for the specialist training of adult workers;
- b) within a particular enterprise;
- c) in apprenticeship schemes for which study and other costs are met (Regulation Governing Study Costs);
- d) in special establishments for the handicapped.

In the Netherlands such establishments only exist for young people. There are almost no special facilities for the training of handicapped adults.

e) In addition, it is possible to follow any of the normal avenues of training open to non-handicapped persons. However, this solution is not feasible for many severely handicapped persons, despite the existence of generous financial arrangements, including continued payment of disability pension during training.

The last available method of occupational training is training in new skills or adaptations in a sheltered workshop, also known as a 'social workshop'. All social workshops in the Netherlands are based on the principle of free transfer. It must be the abiding objective of any workshop to train or retrain the handicapped person in such a way that he can be reintegrated into the open labour market, and thus into society, whenever possible. In the view of the specialists involved, this principle has hitherto been of relatively slight importance in terms of numbers.

22.4 As indicated, there are at present no special centres in the Netherlands for the occupational training of handicapped adults. The exceptions in the case of handicapped young persons mentioned above are basically concerned with training for the same occupations as in training institutes for the non-handicapped. Allowance is of course made for the capacities and potential of the handicapped person. Planning is in hand with the objective of adapting the system used in Heidelberg, for instance, to the Netherlands.

22.5 Under the Disablement Insurance Act (WAO), i.e. normally not until 52 weeks after the occurrence of the illness/handicap, a decision on the possibility of taking up a new occupation is taken by the GMD in cooperation with the Directorate General of Employment. Under the Sickness Act (Ziektewet), the insurance doctor decides on the need for or benefit to be expected from a change of occupation. In such cases, the insurance doctor reports to the Common Medical Service (GMD). The GMD, in consultation with

the Directorate General of Employment of the Ministry of Social Affairs, then takes the necessary steps. The Directorate General of Employment has the labour exchange structure at its disposal, since in the Netherlands the labour exchanges come under the Directorate General of Employment.

22.6 Sole responsibility for the placement of handicapped persons lies with the labour exchanges. Responsibility for determining whether any adjustments are required after the resumption of employment is also shared by the relevant labour exchange and the GMD. Article 60 of the Disablement Pensions Act (WAO) stipulates the assistance to which the handicapped person is entitled in specific cases. However, this Act applies exclusively to the categories of wage or salary earners. The relevant legislation for persons with no income is the General Social Assistance Act (= Alg. Bijstands Wet). Under this Act, the latter group are covered by the 'TRM Regulation' (Tijdelijke Rijksgroepsregeling Mindervaliden/Temporary Government Regulation on Disabled Persons). Section 2 of the TRM Regulation gives details of the special assistance available to this group.

23 Placement on the open labour market

23.1 In the Netherlands there is no legislation to prevent an employer from refusing to employ handicapped persons. Therefore, employers are perfectly at liberty to refuse employment to handicapped persons. In a case of this nature, the presence of a handicap could be a sufficient reason for refusing to offer employment, although this

would certainly not be stated quite as bluntly.

23.2 Enterprises employing 20 or more persons are obliged to ensure that handicapped persons make up 2% of their workforce. This obligation applies to the private sector and also to the public sector. In the opinion of experts, however, this regulation is not very relevant in practice.

23.3 A variety of measures are being implemented to integrate handicapped persons into the working process to the fullest possible extent. These of course include modification of workplaces to suit handicapped persons, educating employers and retraining and further training of handicapped persons. These services are provided by the Directorate General of Employment of the Ministry of Social Affairs, if the services come within the provisions of the Disablement Insurance Act (WAO).

23.4 In the Netherlands there is a foundation which for about the past two years has been concerned with securing part-time employment for handicapped persons. This foundation is based in Arnhem, and the public and private sectors cooperate together in its activity. The foundation is known as :

Stichting Uitzendbureau Gehandicapten
Arnhem (SUGA).

The objective of this Foundation is to convince employers by experience of the potential of handicapped persons. To achieve this, the foundation avails itself of the specialist services of the labour exchanges.

In addition, part-time work is always possible for those who are employed in a social workshop. Part-time employment in other enterprises can be made possible through the payment of supplement-

ary financial benefits under the Disablement Insurance Act (WAO) or under the General Social Assistance Act (ABW).

24 Employment in a sheltered environment

- 24.1 The Social Employment Act (Wet Sociale Werkvoorziening/WSW) regulates the employment of handicapped persons for whom integration into the free labour market is temporarily, provisionally or definitely impossible. A network of sheltered workshops exists to provide employment for these handicapped persons. Overall responsibility for the workshops is normally borne by the public authorities, the local municipalities being in most cases responsible for the establishments. It should be added that the workshops are not open exclusively to handicapped persons but to all persons who, because of some circumstance or other, experience difficulty in finding a job on the free labour market.
- 24.2 There are in the Netherlands approximately 180 sheltered workshops (social workshops) with around 50 000 places. Their industrial orientation varies greatly and depends on the demand situation on the free market. The vast majority of social workshops receive orders of different types from the free market. The industrial orientation of a workshop also varies with its geographical situation and the industrial character of the region. Only a very small proportion engage in independent production, which then depends normally on the labour market situation of the region.
- 24.3 Hardly any of the social workshops are self-funding. 75-90% of the wages bill is borne from public funds.

It should be noted that the wages bill is not met by the municipality, but by public funds on a national basis. In addition, 50 % of the cost of the installations is also borne out of public

funds at national level; everything else is financed from public funds at a lower level (municipality level).

- 24.4 In general the social workshops are almost exclusively concerned with production. The sale of their products is normally undertaken by other bodies and institutions.

The efforts of the social workshops are in the main directed towards finding the most suitable jobs in terms of the individual potential of persons requiring sheltered employment. In practice, the easiest solution is therefore to accept commission orders for work from enterprises or private institutions. The social workshops normally have a department which obtains these orders. Since, as just mentioned, this generally involves commission orders, there is no need for sales machinery.

- 24.5 The social workshops normally only offer employment, without accommodation facilities. The provision of accommodation is only possible in a few special cases.

25 Social rehabilitation of handicapped persons

- 25.1 For question 25.1 refer to Appendix 7. It may be added that as a rule, no construction standards which make special allowance for the requirements of handicapped persons are laid down for the construction of dwelling accommodation. However, financial assistance can be obtained from public funds, in this case from the Ministry of Housing and Town and Country Planning.

- 25.2 There are no provisions or acts in the Netherlands conferring priority in particular cases of handicap in the allocation of accommodation that is modified and adapted for handicapped persons.

There is no priority for particular handicapped groups.

- 25.3 In this case as well, there are no construction standards or other requirements for public means of transport and public buildings with regard to ease of access for handicapped persons. However, there are a number of recommendations which have been worked out by various organizations and institutions and which have already produced considerable improvements : on this point see Appendix 7.
- 25.4 There is a range of handicapped persons' aids, for motor vehicles in particular, which are common throughout the Netherlands. These aids are normally financed for handicapped persons who, because of their handicap, require vehicles on which they are incorporated.
- In Holland there are approximately 4 000 handicapped persons who have the use of a modified vehicle. This figure is on the increase. Some of these vehicles are equipped with particularly expensive devices, the cost of which is sometimes several times the purchase price of the vehicle itself. Those persons who are unable to drive a vehicle themselves are entitled under the Disablement Insurance Act (WAO) to the reimbursement of the cost of a certain number of kilometres by taxi each year.
- 25.5 At the present time an interministerial working party set up by the government is preparing recommendations for the ministries concerned with the aim of promoting the integration of handicapped persons. The working party's objective is that these recommendations should be incorporated into the legislation.
- 25.6 In the Netherlands a range of initiatives have been taken to promote social rehabilitation. These cover a very wide area of social life. On this point reference should be made to Appendices 8a and 8b, (Open-air recreation) and to Appendix 9 (Holiday catalogue for handicapped persons 1974).

26 Artificial limbs and other individual appliances

There are no reliable data for this section, particularly none which could be used in answer to the questions in the form given in items 26.1 to 26.6; consequently, reference should be made to Appendix 10, a study of amputations and provision of artificial limbs in the Netherlands in 1969. This study was published in 1973 by Dr H. BAKKER, a rehabilitation doctor (Source : Tijdschrift Soc. Geneesk).

The specialist doctor responsible for treatment - in many cases this is the rehabilitation doctor - assesses the need for a prosthesis and also the type required. The medical and technical departments of the sickness insurance institutions assess the element of the cost to be borne by the institutions.

In the Netherlands, equipment, appliances and technical aids for handicapped persons qualify for VAT at a special rate, viz. 4% instead of the normal 16%.

There is no formal regulation as to who is responsible for the supply or manufacture of orthopaedic devices or orthopaedic footwear. In practice, however, the provision of such items is dealt with entirely by the rehabilitation centres and independent orthopaedic device technicians or manufacturers of orthopaedic footwear who possess the appropriate qualifications.

27 General aspects

27.3 The Social Employment Act (WSW) regulates the employment of handicapped persons who can no longer find employment on the open labour market. Consequently, this Act may be viewed as a programme for the

rehabilitation and employment of this substantial group of handicapped persons.

The Directorate General of Employment assumes overall responsibility for the coordination of training, retraining and placement of handicapped persons. This Directorate General - along with many rehabilitation specialists in the Netherlands - favours the development in this country of genuine adult occupational rehabilitation centres, similar to those existing in other Member States of the Community.

27.4 There is no overall coordination of the training structure for rehabilitation specialists in the Netherlands. As regards the medical field, lectures and special teaching sessions on rehabilitation medicine are held at some academic teaching hospitals. In addition, doctors are able to qualify as medical specialists in rehabilitation. This is the basis for the recognition of rehabilitation doctors in the Netherlands as specialists. The training normally last four years, of which two years must be spent in a rehabilitation centre. One year must be spent on training in internal and rheumatic medicine and a further year in a general hospital with a rehabilitation department. There are no specific training programmes for psychologists and other specialists who are involved in rehabilitation. These specialists follow the normal training programmes.

27.5 There are a number of initiatives in the Netherlands designed to raise the training level of specialists involved in rehabilitation, for example a one-year course for rehabilitation nursing staff. In this course, the teaching emphasis is on rehabilitation in its various aspects and implications. In addition, there is a range of

interdisciplinary seminars in which specialists from different fields deal with the problems of rehabilitation in greater depth. Long-term planning for the Netherlands also envisage the setting up of an academy for rehabilitation specialists. These plans are based on a rehabilitation centre in the Netherlands (the 'Hoensbroeck' rehabilitation centre, at Hoensbroeck).

In the public sector, the Directorate General of Employment is responsible for the training of specialists in the placement of handicapped persons.

27.6 There are no documentation centres specializing in rehabilitation literature. As a rule, each of the centres carries out documentation work relevant to the particular aspects with which they are involved. There is no comprehensive documentation centre for rehabilitation literature in the Netherlands.

27.7 In the Netherlands there are two bodies particularly concerned with the development of teaching aids for rehabilitation instruction, namely Philips Company in Eindhoven, and the Polytechnic Institute in the same town.

GENERAL CONCLUSIONS

The first basic conclusion - and the examination of rehabilitation problems in each of the countries has clearly demonstrated this - is that the varying programmes and resources of the two countries provide handicapped persons with a range of opportunities for rehabilitation. Both countries have the same objective, viz: the integration of the handicapped person into society, the concept of "integration" being taken in its widest sense.

The nature and degree of handicaps and the particular situation of individual handicapped persons call for the variety of independent measures evident in the two countries. Comparison of the legislation of the two countries shows that it is much more difficult for the individual concerned to assess his position clearly in Germany than in the Netherlands. The centralized solution in the Netherlands at least presents a clearer picture to the handicapped person seeking advice. The compartmentalized system in Germany, which is also reflected in the legislation, has unquestionably displayed advantages in the past. However, close cooperation and coordination are an essential prerequisite for the optimum efficiency of this system. One might ask here whether even greater success would not be achieved by a rehabilitation act legislating for the whole federal territory.

It is quite evident in both countries that the shortages of qualified specialists in rehabilitation - which vary between the individual special disciplines - are prejudicial to the further development of this field.

Architectural obstructions within and outside private dwellings continue in many cases to present major obstacles to the integration of handicapped

persons. Many more changes will also have to be made in the future to public transport vehicles to enable the handicapped person to enjoy his natural right to participate in the life of our society. In recent years considerable progress has been made on the two latter points in Germany and also in the Netherlands. For instance, in the Netherlands almost all trains are equipped with special entrances for wheel-chair drivers; in Germany and in the Netherlands special handicapped persons' building projects, which will be integrated into existing municipal estates or estates which are to be built, are at the planning stage. The FOKUS foundation, which originates in Sweden, has for a long time been concerned with the construction of dwellings for handicapped persons.

Society's lack of understanding for handicapped persons constitutes a major problem in rehabilitation, and much remains to be done in this field. There is a need to cultivate greater awareness of the possibilities of rehabilitation and an even greater need to enlighten non-handicapped members of society about the role of handicapped persons in it. The prevailing attitudes to handicapped persons range from sympathy, which is not helpful, to outright rejection. Research must be conducted into the deeper causes of this phenomenon. This may then be followed by specific programmes aimed at altering these attitudes, though it must be recognized that this will involve a process lasting several generations.

All Member States should standardize their terminology in the field of rehabilitation as a matter of urgency. This is closely linked to the need for a comprehensive documentation centre for rehabilitation literature. Without a comprehensive documentation centre of this type,

research in rehabilitation, which must unquestionably be intensified in the coming years, will be unable to continue to act as a stimulus for progress. The existing documentation centres are in our view too narrowly based and either do not cover all the disciplines involved in rehabilitation or else are restricted to a limited geographical area. In addition to the standardization of terminology the compiling of uniform rehabilitation statistics for all Member States would be of great advantage in planning discussions and decisions in the field of rehabilitation.

If this standardization were achieved the exchange of views between experts in rehabilitation from the individual Member States would produce much more in the way of results than is possible in the present situation.