

The European Community and the handicapped

European File

Whether blind, dumb, deaf, hard of hearing, paralysed, epileptic, afflicted with heart or respiratory problems, mentally ill, retarded, injured on the road or injured at work, all men and women who are handicapped in any way suffer a tough existence. It usually means reduced involvement in social activities, reduced human contact, poor job opportunities and reduced ability to make use of available public and private services. In their day to day activities as in their work, handicapped people are forced to make greater effort on account of their affliction whether the cause is physical or mental, whether it has existed from birth or resulted from an accident, whether it is a permanent disability or only strikes occasionally.

According to some estimates, the number of handicapped people is as high as 5-9% of the total population (i.e. between 13 and 23 million people in the nine Community countries). But it is difficult to arrive at a precise figure:

- firstly because complete and up-to-date statistics are not available;
- secondly because the criteria defining a handicap are not the same in all countries. In a 1974 resolution of the European Council of Ministers, a handicap was defined as 'any limitation of a person's physical or mental ability which affects his daily activity and his work...'. This definition is used for the practical implementation of joint action. The legal definitions being used in Community countries do differ, however, as do the social security systems in which they are applied. Whilst the prevalence of these ailments is probably the same everywhere, greater numbers of handicapped are recorded in some countries than in others.

The conditions under which handicapped people live also vary considerably from country to country depending on the standard of living, social advantages, restrictions in everyday living and at work, and the attitudes of the general public. There are, nevertheless, a number of points in common: in all countries, handicapped people have a difficult life; everywhere, the mass media portray an image of handicapped people which is far from reality and which penalizes people who are different; everywhere, living and working conditions make increasing demands on the handicapped. This situation creates difficulties of the same sort everywhere and these can therefore usefully be tackled at the Community level.

These difficulties arise in various areas:

- personal and family relationships: infirmity can cause a rupture in these relationships (prolonged estrangement from the normal social environment, reduced capacity to earn a living, diminished financial and practical role in the family). It also causes, in serious cases, a state of dependence which can expose young handicapped people, in particular, to the misfortune of losing their support and protection when their parents have gone;
- the utilization of public services and facilities: entrances to buildings and transport services, household furniture and fittings, etc., are often ill-suited to the needs of handicapped people;
- social status: the status of handicapped people deteriorates due to their high degree of financial dependency and on account of the tendency for people to regard the visibly handicapped as 'marginal' people.

In this context, employment problems become particularly acute. The handicapped person is particularly vulnerable when the company employing him or her closes down (thereby destroying the value of the experience gained in adapting to work) or when demand for jobs exceeds supply. In such cases, a disability can greatly influence the decision of employers when taking on new people, even if the work capability of the handicapped applicant objectively meets the requirements of the job. The consequence of this is often that — more frequently than other workers — handicapped people must:

- either accept a job beneath their capabilities;
- either contemplate — alone or with others — an independent economic activity;
- or resign themselves to not working.

Every country, of course, makes available special resources to help handicapped people overcome these difficulties. The European Community intervenes to reinforce and complete these efforts and also to try to bring about a convergence of national policies.

Why does the Community intervene ?

The European Community has at least four good reasons to intervene on behalf of the handicapped:

- firstly, the coming together of the European peoples (as described in the preamble to the Treaty of Rome) implies combating inequality between its citizens. The Community should therefore act to :
 - improve the situation of the worst-off groups (and the handicapped are one of these groups);
 - to make the whole population of the Community aware of the existence of these groups and the difficulties they encounter;
- secondly, the problems of handicapped people overlap with almost all sectors of Community social policy: employment and vocational training, social security, health, social assistance, etc. Tackling these problems correctly is an implicit necessity of this policy;
- thirdly, the rise in the numbers out of work has economic repercussions and the Community cannot separate its social from its economic policies. This is the conviction which led the European Council of Ministers in 1968 to give an initial impulse to Community action concerning the social and vocational rehabilitation of handicapped people;
- finally, many of the actions needed can only be fully effective if implemented at the Community level : the most serious disabilities are not that numerous; certain methods are very expensive; certain experience is worth disseminating throughout Europe.

What does the Community do ?

The objective of the social and vocational integration of handicapped people is to eliminate all forms of segregation affecting these people and to help them communicate fully with others, as well as to help them participate in social and economic life without restriction. As much as possible, a handicapped person should be capable of supporting himself or herself after a rehabilitation programme to develop his or her potential to the the full. At the same time positive action is needed by the receiving parties and all those concerned.

The Community is trying to promote rehabilitation and it is developing other actions which have an impact on the specific aspects of social integration.

Rehabilitation work

The Community has been involved with the problems of rehabilitation since 1974 when the Nine's Council of Ministers adopted a European action programme on the

development of vocational rehabilitation. The Nine concentrated on vocational rehabilitation rather than on other objectives such as medical rehabilitation because it implies a return to work even though the ability to do the previous job has been diminished. Returning to work is extremely important from the human point of view.

The objective being pursued is, therefore, to help handicapped people obtain access to normal jobs under the same, or as near as possible conditions and pay as other workers. The European programme covers the elaboration and teaching of new rehabilitation methods; improvement of the techniques used in practice, particularly through demonstration projects and by the practical application of their results; parallel research work, studies and information.

□ *Rehabilitation methods* : the European Commission has set up a network comprising some thirty rehabilitation and training centres. These centres, which are spread throughout the Community, operate under very different conditions, but they combine all the responsibilities of providing services, with intense study and analytical activities. Their collaboration helps to promote innovation throughout Europe as well as to compare the experiences and results obtained. This work deals with the duties and training of personnel, on the evaluation of the individual capabilities of the handicapped persons in question, and on the training offered to the handicapped. Joint action covering the teaching of rehabilitation techniques is also covered but has yet to be implemented.

□ *Improving field techniques* : through the European Social Fund the Community offers Member States the possibility of receiving financial aid for vocational rehabilitation activities. The resources allocated for these purposes have been increased from 48 million European units of account ¹ in 1978 to 61 million in 1979; 71 million have been requested for 1980. In 1978 alone, 72 000 handicapped people benefited from aid to help them to return to active working life. The operations supported by the Community have to fit into the common guidelines, whose priorities are :

- demonstration activities, on the one hand, linked to employment, particularly of an innovative nature;
- actions undertaken in the least prosperous regions, on the other hand, which are aimed at allowing handicapped people back into the normal working environment.

What are the results of these operations ? An analysis of the period 1974-78 shows that:

- the situation in European countries varies considerably both from the point of view of the quantity and the quality of the rehabilitation services offered and also in terms of the public attitude towards the integration of handicapped people. It is necessary, therefore, that the work undertaken continues to match requirements by fully taking into account local realities;

¹ 1 EUA = about £ 0.61 or £ Ir. 0.67 (at exchange rates current on 27 March 1980).

- until now, 100% of the aid offered by the Community has been used. This has enabled activities to be developed which aim to improve, in a concrete manner, those situations with serious deficiencies and also to support the implementation of national programmes for developing medical, social and training facilities for use by handicapped people.

- *Studies and research* : some studies have been carried out on the state of rehabilitation in member countries, on the employment of handicapped people, on education, etc. The evaluation of the working capability of the handicapped has also been the subject of work undertaken in the framework of the European network of rehabilitation centres and in the context of the European Coal and Steel Community. Medical research is also an area that will soon be tackled.

Overall, Community action has enabled appreciable progress to be achieved. In Ireland, for instance, the impact of programmes for handicapped people has practically tripled since 1973, in large measure due to the Community's support. But the number of requests for aid which cannot be satisfied shows that a lot remains to be done. And apart from rehabilitation, employment still remains a difficult problem. Handicapped people, it has been found, take longer to find a job than other citizens, and sometimes never find one. The knowledge that vocational rehabilitation, even when properly done, does not always result in a job, should persuade those responsible to extend their action.

In the report on the initial results of the Community action programme which it has just sent to the Council of Ministers, the European Commission underlines this problem and suggests :

- greater participation by companies and the social partners in finding solutions;
- facilitating the use by handicapped people of the vocational guidance and job placement facilities available to the general public;
- linking job finding activities to those covering different aspects of social integration and extending them at the local level for well-defined populations and ensuring their participation;
- raising to an adequate level and sufficient capacity the facilities for handicapped people.

Other Community action

Important as it is, vocational rehabilitation is only one problem among many. The Community is progressively extending its work in other directions, some of which are particularly promising.

- *Education* : young people are particularly affected by unemployment since the educational system does not always fully prepare them vocationally. The Nine's Education Ministers consequently decided in 1976 to undertake joint action to

facilitate the passage of youngsters from school to working life. A special place in this has been accorded to specific problems faced by handicapped youngsters. Following a conference held in Rome in December 1978, the European Commission undertook a detailed analysis of these problems and it is preparing a series of proposals which should stress the specific educational requirements of handicapped children and also the need for them to work with other children as much as possible.

- *Accommodation*: moving around the home in a wheelchair is no easy matter for a handicapped person. Neither is entering or leaving a building, entering the offices of public organizations, or participating in cultural activities. To help resolve this type of problem the Community has:
 - assisted the Council of Europe in drawing up minimum accessibility standards for homes;
 - given financial support to several projects and pilot studies which contribute to improving housing conditions for handicapped people and to eliminating architectural obstacles to mobility. Certain of these projects relate to city planning (in Evry in France and Rotterdam in the Netherlands); others deal with housing renovation programmes (in Italy and in the United Kingdom, in particular); others deal with the construction of new homes for handicapped people.
- *Transport*: the ability of handicapped people to move around independently is, without doubt, one of the principal factors ensuring social and vocational integration. The Community is particularly attentive to the problems arising with private transportation. Unified standards relating to the physical and mental aptitude of drivers is being covered in the proposal for a European driving licence which is being studied by the Nine's ministers.
- *Special materials* used in teaching, health care and everyday life: the use of these materials is indispensable to certain handicapped people (deaf and blind, for example) and we need to make available the most efficient equipment at the lowest possible price. Action in progress covers:
 - duty-free imports of items for handicapped people which are manufactured outside the Community (for example in the USA or Japan): two Council Regulations (1027 and 1028/79) have implemented throughout the Community the agreements drawn up in this field by UNESCO (Florence Agreement and Nairobi Protocol). The waiver for imported items must be requested by the receiving institutions. In doing so, they play an active role in the application of these regulations;
 - the manufacture of these items: two seminars organized in London and Berlin in 1979 have shown that important needs — particularly among elderly people and the seriously handicapped — do not always meet with an adequate technical response. We must stimulate research, industrial production, the distribution of specialist equipment and its maintenance. Community initiatives are being examined.

- *Medical research*: the first Community action was launched in 1978 on the recording of congenital anomalies. A series of research projects conducted in Community countries thereby benefit from Community subsidies amounting to 330 000 EUA and are coordinated at the European level. The European Commission has introduced other proposals, particularly concerning the deterioration of hearing, detecting signs of thrombosis, as well as criteria for monitoring the period which precedes and immediately follows birth.



This in outline is the action to date taken by the Community for handicapped people. But the social integration of the handicapped does not only depend on linking their own efforts with those of national and Community bodies. It also presupposes a receptive attitude by the whole of society. Finally, it is up to each one of us to ensure that all citizens, whether handicapped or not, are recognized as full members of society ■

The contents of this publication do not necessarily reflect the official views
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Commission of the European Communities

Information offices (countries fully or partially English speaking*)

- Ireland** 29 Merrion Square, Dublin 2 — Tel. 76 03 53
- United Kingdom** 20 Kensington Palace Gardens, London W8 4QQ — Tel. 727 80 90
— 4 Cathedral Road, Cardiff CF1 9SG — Tel. 37 16 31
— 7 Alva Street, Edinburgh EH2 4PH — Tel. 225 20 58
- Canada** Association House (suite 1110), 350 Sparks Street,
Ottawa Ont. K1R 7S8 — Tel. 238 64 64
- USA** 2100 M. Street, N.W. Suite 707,
Washington D.C. 20037-USA — Tel. 202-872 83 50
— 245 East 47th Street, 1 Dag Hammarskjold Plaza,
New York, N.Y. 10017-USA — Tel. 212-37 13804

* Offices also exist in other countries including all Member States.