



**Convention on the Rights  
of Persons with Disabilities**

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**Committee on the Rights of Persons with Disabilities**

**List of issues in relation to the initial report of Austria,  
adopted by the Committee at its ninth session (15-19 April  
2013)**

**Addendum**

**Replies of Austria to the list of issues<sup>\* \*\*</sup>**

[24 June 2013]

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\* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document has not been edited.

\*\* Annexes can be consulted in the files of the Secretariat.

**Reply to the issues raised in paragraph 1 of the list of issues  
(CRPD/C/AUT/Q/1)**

**National Action Plan; federal structure; shared competences between the EU and Austria as an EU Member State**

1. The “National Action Plan on Disability 2012-2020 – Strategy of the Austrian Federal Government for the Implementation of the United Nations Disability Rights Convention – Inclusion as a Human Right and a Mandate” (NAP on Disability) was adopted by the Council of Ministers on 24 July 2012. The NAP defines the guidelines of the Austrian disability policy for the current decade. As it was prepared in a participatory process, the positions of the civil society, notably disability organizations, as well as the social partners and the Länder were discussed on a broad basis and taken into account in the best possible way. In eight chapters (disability policy, protection against discrimination, accessibility, education, employment, living independently, health and rehabilitation, awareness-raising and information) and 56 sub-chapters, the NAP on Disability describes a total of 250 measures to be implemented by 2020.
2. A Supervisory Group has been responsible for supervising and monitoring the NAP since autumn 2012. Besides all the Austrian federal ministries, the Disability Ombudsman and the Monitoring Committee on the Implementation of the United Nations Convention on the Rights of Persons with Disabilities, the disability representatives and the civil society are involved in it. The Supervisory Group has already dealt comprehensively with the issues of data and statistics. Other items on the Supervisory Group agenda are the preparation of a list of priorities as well as the development of indicators for implementing the NAP.
3. Officers for the NAP on Disability and accessibility officers have been appointed in the federal ministries.
4. In accordance with the Austrian Federal Constitution, all areas of disability policy which are not explicitly a federal government responsibility fall within the competence of the Länder. The NAP on Disability does not cover any measures outside the purview of the federal government. As the responsibilities of the federal government and the Länder are closely intertwined, many objectives of the NAP also have indirect effects on the Länder (regional level) and the cities and/or municipalities (local level).
5. Some individual Länder have their own strategic planning for disability issues. Styria for example was the first Austrian Land to submit an Action Plan on the Implementation of the Convention on the Rights of Persons with Disabilities on 22 November 2012.
6. The NAP on Disability does not discuss the problem of “shared competences” between the EU and Austria as an EU Member State in detail. From Austria’s perspective, it is important that anti-discrimination legislation will be further developed at EU level (e.g. proposal of the European Commission of 2008 for a wider Anti-Discrimination Directive outside the areas of employment, occupation and vocational training or the planned submission of a “European Accessibility Act”). In connection with planning the EU’s future funding policy regarding the Structural and Investment Funds (period 2014-2020), Austria stressed that it should become mandatory to tie funds to disability issues (non-discrimination and accessibility).

## Reply to the issues raised in paragraph 2 of the list of issues

### Definition of “disability”

7. In accordance with article 1 of the Convention on the Rights of Persons with Disabilities (CRPD), a disability is deemed to exist if two requirements are met, i.e. an impairment at individual level and barriers at social level. It is precisely these concepts of disability that are underlying the definitions provided in the State report (paras. 18 to 24). The Federal Disability Equality Act (*Bundesbehinderten-gleichstellungsgesetz*) refers to the effects of an impairment which may render participation in social life difficult. The Disability Employment Act (*Behinderten-einstellungsgesetz*), which aims at inclusion in employment and occupation focuses on the effects of an impairment making participation in the field of work more difficult. All definitions cover persons with cognitive and mental disabilities.

8. The assessment of the level of severity of a disability is based on the Assessment Ordinance (*Einschätzungsverordnung/EVO*) in accordance with Section 14, paragraph 3 of the Disability Employment Act. The Ordinance came into force in September 2010 and supersedes the Ordinance on Base Rates (*Richtsatzverordnung*) based on the provisions of the 1957 War Victims Compensation Act (*Kriegsopferversorgungsgesetz*). In accordance with the EVO, disability assessments are no longer determined by medical diagnoses but function-based. Moreover, this is the first set of rules adequately covering mental and malignant diseases. Following on an evaluation by internal and external experts, the Assessment Ordinance was revised in 2012 to cover metabolic diseases of children and young people. A discussion is already taking place that in the future social criteria should be taken into account to a greater extent.

9. Hence, the assessment criteria are based on the system of functional organs and define the respective functional impairments. Intellectual functions comprise a person's ability to think, his/her perception of the environment as well as reflective reasoning and consequential action. Self-reflection and the perception of reality play an important role. Mental functions determine a person's behaviour and the way of reacting to the environment. They have a decisive influence on the way a person communicates with and reacts to others. The Assessment Ordinance takes into account the respective functional impairments.

10. Due to the principle of federalism enshrined in the Austrian Federal Constitution and the consequential division of competences regarding disability affairs between the Federal Republic of Austria and the Länder, there is no uniform definition of “disability”. In Austria there are many federal laws and laws of the Länder containing provisions that affect persons with disabilities. On the one hand, this complies with the principle of disability mainstreaming, according to which all political and administrative players have to take into account the impact of their activities on the situation of persons with disabilities. Within the framework of outcome-oriented impact assessment, this has become a mandatory procedure for all legislative projects in 2013. On the other hand, many laws contain positive measures for persons with disabilities. As many of these laws focus on specific problems of specific groups of persons with disabilities, they contain different definitions.

11. A circular distributed to all Austrian ministries in 2013 informed that – in accordance with the social model of disability – “disability” must not be described as a “defect”, “deficient condition” or even “inferiority” and that any terms which could be perceived as discriminatory or obsolete (e.g. “invalidity” or “handicap”) have to be replaced by non-discriminatory and modern terms.

12. The definitions of disabilities contained in different laws of the Länder refer mainly also to mental (functional) impairments. Individual Länder (Lower Austria, Styria, Tyrol)

are, however, planning to adjust their concept of disability explicitly to the requirements of the CRPD.

### **Reply to the issues raised in paragraph 3 of the list of issues**

#### **Austrian sign language**

13. The school system is characterized by a range of different curricula. The curriculum of special schools for deaf children, which has been revised in 2008, provides for different language-teaching programmes, in concrete terms oral-language-based communication or Austrian sign language (*Österreichische Gebärdensprache/ÖGS*). Almost all institutions for the deaf as well as integration classrooms (e.g. in Vienna and in Carinthia) offer sign language or bilingual classes (ÖGS and German). The Austrian sign language has been incorporated in compulsory subjects as well as in elective subjects and voluntary school activities.

14. The school authority has to define standards deviating from the curricula for deaf/hard-of-hearing pupils receiving education based on the curriculum for academic or vocational secondary schools, which will help to ensure that the pupil will be able to achieve the targets defined in the curriculum. Other measures (remedial lessons, support by deaf education teachers) are to ensure that deaf pupils will pass the school-leaving exam (A-level exam) successfully.

15. The in-service training for teachers of deaf/hard-of-hearing pupils has been revised to achieve various improvements (intensifying basic proficiency in Austrian sign language). The aim was to develop a model providing teachers with comprehensive skills to deal with the different communicative approaches of pupils. Training courses are offered at pedagogical universities.

16. Within the framework of further training programmes for teaching staff, some pedagogical universities offer training courses for improving proficiency in ÖGS. On behalf of the Federal Ministry of Education, Arts and Culture (BMUKK), the Pedagogical University of Carinthia developed a training module for Austrian sign language. It is made available to all pedagogical universities and may be adjusted to regional requirements.

17. The Centre for Sign Language and Deaf Communication of the University of Klagenfurt was commissioned by the BMUKK to establish a bilingual sign language database for use in schools (1st to 4th grade). The aim is to meet the current demand for suitable teaching material for deaf pupils. In consultation with persons proficient in ÖGS, teaching material for bilingual education has been developed, taped on video and made available in digital form, [www.cisonline.at](http://www.cisonline.at).

18. A working group of the BMUKK, in which hearing and non-hearing teachers and experts participated, compiled "Recommendations for the Use of Manual and Sign Language Systems and the Austrian Sign Language in Teaching" (*"Handreichung für den Einsatz von Manual- und Gebärdensystemen (MGS sowie der Österreichischen Gebärdensprache im Unterricht"*), [www.cisonline.at](http://www.cisonline.at).

19. At present the Universities of Vienna, Graz and Klagenfurt offer various training programmes for learning the Austrian sign language (ÖGS), including training for professional interpreters. Since 2010, a special service centre of the Vienna University of Technology – "GESTU" (Gehörlos Erfolgreich Studieren, i.e. "deaf persons can study successfully") – has been in charge of organizing and further developing measures to ensure the participation of deaf students in studies of the tertiary education sector.

20. ÖGS may be used in the context of public/state services (court and administrative procedures), if required; financial support is granted (assumption of the costs of sign language interpreters).

21. The social insurance institutions (health, accident and pension insurance institutions) – organized as self-regulatory bodies of the Federal Republic of Austria – allow deaf persons to use sign language and provide various services ranging from the recruitment of staff with sign language skills and sign language training for their employees to the assumption of costs for sign language interpreters. Moreover, the social insurance institutions finance stays in health resorts for deaf and hard-of-hearing persons and run a unique health resort (i.e. the institution “Rehamed Tisserand”) with services tailored to suit the needs of deaf persons.

22. Sign language interpreters are used, if required, in counselling meetings or in the provision of labour market policy services (courses/training programmes) by the Public Employment Service, which is also responsible for financing these events.

23. The majority of the Länder grants aid for using the services of sign language interpreters in the public and partly the private sector if important matters (notarial acts, crisis counselling, banking transactions, etc.) have to be dealt with. Within the framework of the Action Plan, Styria planned a series of workshops on deafness / sign language for the specialized staff of hospitals and sanatoriums. Upper Austria, Vienna and Vorarlberg offer schools with bilingual education (partly by hearing colleagues or native speakers). Up to 95 per cent of the videos published on wien.at are barrier-free. Moreover, there are 29 videos in sign language, which may be downloaded on the Channel wien.at TV from wien.at.

## **Reply to the issues raised in paragraph 4 of the list of issues**

### **Participation and consultation of persons with disabilities**

24. Regarding the issue of involving the civil society, paragraph 46 of the State report explains that – apart from large organizations for persons with disabilities such as the Federation of Austrian Disability Associations (ÖAR) – also smaller NGOs advocating the rights of persons with disabilities are involved to an increasing extent in all discussions and deliberations. The range of participation and consultation covers deliberations and talks on forthcoming changes of legislation (e.g. in 2011 and 2012 the talks of the Federal Ministry of Justice with representatives of the persons with disabilities about amendments of the insurance contract law), involvement in the review processes of bills, strategic planning as well as the appointment of representatives of persons with disabilities in working, steering and monitoring groups as well as advisory, surveillance and supervisory bodies. In the process of preparing the State report on the implementation of CRPD (2010) as well as in developing the NAP on Disability (2011/2012), Austria paid due regard to the involvement of representatives of persons with disabilities, in particular by organizing several working meetings and information events.

25. The Compensatory Duty Fund Advisory Board and the Federal Disability Advisory Board should be mentioned as the most instrumental advisory boards. The direct involvement of self-advocates of the group of persons with learning disabilities in the latter is being prepared.

26. Based on a resolution of the conference of the financial experts of the Länder, a reform working group on long-term care was set up in autumn 2011. It is composed of representatives of the Federal Republic, the Länder, the Association of Cities and Towns as well as the Austrian Association of Municipalities. After an intensive discussion process involving all stakeholders (disability organizations, the Medical Chamber, the Federation of

Social Insurance Institutions, the ministries, senior citizens, service providers, etc.), the group issued recommendations.

27. As far as the Victims' Welfare Act (*Opferfürsorgegesetz/OFG*) is concerned, the Victims' Welfare Commission has the task of advising the Federal Minister of Labour, Social Affairs and Consumer Protection on all issues regarding the implementation of this Act (Section 17 of the OFG). The White Ring (Weiße Ring), the most important organization for victims of violence, is involved in deliberations on the further development of the Victims' of Crime Act (*Verbrechensopfergesetz/VOG*). This applies analogously to the War Victims' and Disabled Persons' Association (*Kriegsopfer- und Behindertenverband/KOBV*) in the context of social compensation regulations, the War Victims' Welfare Act, the Military Service Compensation Act (*Heeresversorgungsgesetz*) and the Vaccination Damage Act (*Impfschaden-gesetz*).

28. The Litigation Association of NGOs Against Discrimination (*Klags-verband zur Durchsetzung der Rechte von Diskriminierungsopfern*) is involved in all legislative initiatives regarding the Equal Treatment Act, the Federal Act on the Equal Treatment Commission and the Ombud for Equal Treatment (*Bundesgesetz über die Gleichbehandlungskommission und die Gleichbehandlungsanwaltschaft*), the Disability Employment Act or the Disability Equality Act. The most important organizations (e.g. Disability Ombudsman, Monitoring Committee, ÖAR, the Ombudsman Board or Association of Civilian Persons with Disabilities) are consulted in the review procedure.

29. The Public Employment Service has involved the disability organizations in various projects, e.g. in drawing up a concept for the transfer of competence regarding the "integration subsidy of the Federal Social Offices" ("integration subsidy of the Public Employment Service").

30. Persons with disabilities are consulted and/or involved in various ways in the civil service, e.g. in the project "*bundessache.at*", (launched in 2006) in the context of recruitment and employment in the federal civil service. The elected Disability Representatives are also involved on an ongoing basis. Greater importance has been attached to the aspect of accessibility in IT procurement by taking into account the proposals of those affected. Information and presentation events are managed to the extent possible by employees and experts with disabilities responsible for barrier-free IT systems.

31. At the level of the Länder persons with disabilities and/or their interest representations are given a say in review procedures. In Vienna the Municipal Disability Commission was established at the level of the Municipal Council already in 1979; its resolutions are submitted as recommendations to the Municipal Council. Styria involved persons with disabilities in preparing, implementing and evaluating the Action Plan. Lower Austria adopted a similar procedure, e.g. in the project "Requirements Planning", providing persons with disabilities with an adequate number of care places.

## **Reply to the issues raised in paragraph 5 of the list of issues**

### **Ensuring conformity of the Austrian law with the CRPD at the level of the federal government, the Länder and local authorities; official German translation of the CRPD**

32. As mentioned before, the federal government, Länder and municipalities have been responsible for implementing the Convention in Austria since its entry into force. The legislation currently in place in Austria complies in general with the requirements of the Convention. However, the federal government has identified a need for reform with regard to numerous issues. These projects are highlighted in connection with the objectives and measures laid down in the NAP on Disability. Areas such as "living independently"

(deinstitutionalization measures), inclusion in the school system as well as the law on legal custody and alternatives should be mentioned in this context.

33. In the framework of a translation conference of German-speaking countries held in Vienna in 2007 on the initiative of the Austrian Foreign Ministry, disability representatives were involved. Austria proposed to translate the English term “inclusion” as “*Inklusion*” but other countries voiced concern and presented the semantically logical argument that the authentic French version of the Convention used the term “*intégration*”, while the term “inclusion” was used in the English version (see article 3(c) of CRPD). Finally, Austria considered it decisive that the German translation of the CRPD was agreed on by all the German-speaking countries (Germany, Austria, Switzerland and Liechtenstein). In practice, this discussion is of minor importance as in official documents the use of the term “*Inklusion*” has become the rule in Austria (see for example the German version of the NAP on Disability).

34. The National Action Plan on Disability of the federal government (see the reply to the issues raised in paragraph 1 of the list of issues 1) as well as the Action Plan of the Land of Styria provides good examples of the comprehensive implementation of the CRPD at all levels (federal government, Länder, municipalities). Examples of measures at the municipal level are training programmes for building experts in cities and municipalities as well as information events for mayors and municipal councillors.

## **Reply to the issues raised in paragraph 6 of the list of issues**

### **Anti-discrimination law of the Länder**

35. Annex 1 provides an overview of the equal treatment laws of the Länder.

## **Reply to the issues raised in paragraph 7 of the list of issues**

### **Reasonable accommodation**

36. Provisions concerning reasonable accommodation are contained only in the Disability Employment Act and the individual anti-discrimination laws of the Länder. According to the respective provision implementing also Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation, employers have the duty of making appropriate modifications or adjustments, where needed in a particular case, to enable to employees with disabilities to exercise an occupational activity on an equal footing with others. The wording of this provision is in line with article 2 of the CRPD, where “reasonable accommodation” is defined as “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden”.

37. Austria bases its disability policy on a comprehensive concept of accessibility. In accordance with Section 6, paragraph 5, of the Federal Disability Equality Act, buildings and other facilities, means of transport, technical devices for everyday use, information processing systems as well as other man-made environments are deemed barrier-free if they are accessible to and usable by persons with disabilities in the generally usual manner without any severe obstacles and basically without the aid of others. The law explicitly refers to barriers as a possible form of discrimination. This applies in particular to all areas covered by the disability equality law (employment and occupation, federal administration as well as goods and services available to the public).

38. Furthermore, the Austrian disability equality legislation provides in general for a test of reasonableness in all cases where barriers are identified – both in employment and in the

goods and services sectors. To prevent undue economic hardship, an examination is conducted within the framework of the court procedure to determine whether the burden caused by measures taken to ensure accessibility is proportionate. The efforts required to remove barriers, the economic capacity of a party denying allegations of discrimination as well as the question whether and to what extent public aid has been granted for these measures have to be taken into account.

39. In conclusion, the refusal to provide reasonable accommodation may therefore constitute discrimination in accordance with the Austrian disability equality law. This may be deduced from the fact that barriers are explicitly mentioned as possible forms of discrimination. The obligation to provide reasonable accommodation referred to in the Disability Employment Act has been included only for reasons of further clarification.

### **Reply to the issues raised in paragraph 8 of the list of issues**

#### **Number of cases of discrimination – statistics**

40. The conciliation procedure of the Federal Social Office provides easy access to the law and is not subject to any formal requirements. The procedure consists in conciliation in a wider sense, i.e. as an open form of out-of-court settlement without any conciliation award and without recognizing entitlements. Within the framework of conciliation, mediation is offered as an additional alternative instrument of conflict settlement, which is, however, rarely used in practice. Conciliation procedures are concluded by settlement, withdrawal of the application or an official confirmation of the Federal Social Office that no settlement has been reached. Based on previous experience, settlement in conciliation procedures leads, for example, to concrete improvements of accessibility, cash benefits, apologies or the development of plans to implement accessibility in enterprises.

41. In the period from 1 January 2006 (entry into force of the Disability Equality Act) to 30 April 2013, a total of 1,361 conciliation procedures have been held; out of this total, 548 had been initiated by women (40.26 per cent) and 813 by men (59.74 per cent). The settlement rate for women is slightly higher than that of men (48.1 per cent vs. 46.4 per cent); the total settlement rate is 47.1 per cent.

42. The disability equality law was evaluated in a social and legal study in 2010/2011. As the findings show, the disability equality law has tangible positive effects on persons with disabilities. The conciliation procedure was assessed as particularly useful.

43. Detailed data concerning conciliation statistics are provided in Annex 2. Mention should be made of the fact that no separate data are available on housing, which is included in “other spheres of life”.

44. At present no official statistics or systems regarding the evaluation of the relevant discrimination offences are available in the Länder; preparatory work is, however, underway. In Styria, for example, a project regarding relevant data and statistics is being developed within the framework of the Action Plan.

### **Reply to the issues raised in paragraphs 9 and 10 of the list of issues**

#### **Awareness-raising and promoting a positive attitude towards persons with disabilities**

45. In the framework of the information activity of the Ministry of Social Affairs, target-group-specific ads were placed in the specialized media of organizations of persons with disabilities and in need of nursing care; in the last four years the total expenditure on these



ads has amounted to € 232,499.30 (annually € 58,124.82). The projects conducted include for example:

46. By launching the campaign “My opportunity – your benefit” (“Meine Chance – Ihr Nutzen”) (autumn 2011; costs € 186,000) in the Austrian Broadcasting Corporation (ORF), the Federal Social Office, the Public Employment Service, representatives of the economic sector and of employees pursued the goal of reducing information gaps and further improving the employment situation.

47. The PR campaign “fit2work” (2012/2013) offers information, advice and support regarding all issues involving the mental and physical health at work to employees, jobseekers, unemployed as well as self-employed persons, in particular persons on long-term sick-leave / job returners after long-term sick leave and enterprises. The total costs of about € 4.5 million cover approximately 1,800 TV spots, 663 radio spots, 295 ads in print media, about 2,000 poster ads, about 600 ads in different means of transport or about 50,000 ads placed in online and mobile media.

48. Within the framework of the project “Network Occupational Assistance/Taster Days (*Netzwerk Berufliche Assistenz/ Schnuppertage*)”, the Federal Social Office organizes taster days for young persons disadvantaged in the labour market in about 140 selected enterprises (June/July 2013, costs € 120,000). The first edition of the campaign focused on approximately 400 young people aged between 15 and 25 years to take action against youth unemployment and address the existing shortage of skilled workers by providing a pool of committed and motivated young people.

49. The Ministry of Education offers numerous information, teaching and learning programmes as well as awareness-raising measures in the framework of the service centre “Zentrum polis”. The topics covered include for example: “I am not disabled, it’s society that disables me”; “HIV/AIDS”, “Compasito – a Manual on Human Rights Education for Children” or “Living Independently”. The issues “persons with disabilities” or “discrimination” are treated within the framework of political education (school portal [www.schule.at](http://www.schule.at)). These compilations provide support to teaching staff looking for suitable teaching material, tips and useful links to address this subject in lessons. The Exchange of Good Practices of Zentrum polis - an online database, <http://praxisboerse.politik-lernen.at> – provides project ideas for lessons, e.g. “Inclusive education – are special needs schools becoming obsolete?”, “The Story about the Twin-Eyed”, “When hearing is vital” or “Persons with disabilities in every-day life”. Within the framework of the Action Days for Political Education, [www.aktionstage.politische-bildung.at](http://www.aktionstage.politische-bildung.at), human rights and disability policy issues have been addressed repeatedly. The topic “sign language” was treated in 40 workshops at Austrian primary schools in 2009. Other important measures cover include “medicine and National Socialism”, which was explored in cooperation with the Jewish Institute for Adult Education (Jüdisches Institut für Erwachsenenbildung), “intergenerational justice and solidarity”, the film “Intouchables” or the topic “inclusion/exclusion” (2013).

50. The measures taken in the context of the guidelines on the promotion of extracurricular youth education and youth work regarding accessibility mentioned in paragraph 114 of Austria’s State report raised awareness of the needs of young people with disabilities in some organizations. Within the framework of the programme “Needs Assessment for Youth” (“Jugendcheck”), the decision-makers in legislative procedures are encouraged “to put themselves in the shoes” of children and young adults and to add the perspective of children and young persons to that of adults. This recommendation has above all been implemented in the Federal Constitutional Act on the Rights of Children, Federal Law Gazette I No. 4/2011, and through the constitutional rights of children enshrined in this Act, the ongoing implementation of the CRPD as well as the principle of taking into account the needs and views of children and young adults in the respective

policy areas. In the concrete evaluation of legislative projects due regard has to be paid to the life situations of children with disabilities.

51. Based on its programming mandate, the Austrian Broadcasting Corporation (Österreichischer Rundfunk/ORF) is required to take into account the needs of persons with disabilities (Section 4, para. 1(10) of the ORF Act). In accordance with the general programming principles, the format and content of all programmes must respect human dignity and, in particular, refrain from instigating hatred on the grounds of race, sex, age, disability, religion and nationality (see Section 10, paragraphs 1 and 2 of the ORF Act). This is also enshrined in the advertising principles (Section 13, para. 3(2) of the ORF Act). Analogous rules are applied to the sector of audio visual media.

52. The measures taken by Lower Austria and Upper Austria in this area focus mainly on events, e.g. the event “Dialogue” or a conference on the CRPD as well as specialized symposiums, in which all stakeholders participated. Styria included in its Action Plan 19 measures to implement the guideline on awareness-raising and training. The spectrum of these measures covers sensitization workshops for building experts, workshops on the topic “deafness”, more than 20 inclusive seminars for target groups such as mayors, teachers, nursery school teachers as well as a “Day of Inclusion”. In Vorarlberg awareness is raised through the campaign “Living Opportunities” (“*Chancen Leben*”), which has informed the public about the needs of persons with disabilities in all life situations since 2008 ([www.chancen-leben.at](http://www.chancen-leben.at)). In 2013 the advertising campaign focuses on the CRPD. Concrete measures taken include for example the organization of a “contest of opportunities” to gather ideas on implementing inclusion or ads in print media and radio spots.

53. The Ombuds Office for Children and Young People of Lower Austria addressed the right to protection against any form of discrimination in the children’s & youth music theatre performance “Children have rights, don’t they” (“*Kinder haben Rechte – oder ...*”) developed in cooperation with the group “Traumfänger – Theater mit Seele”. In Styria inclusive seminars on awareness-raising are held for civil service employees by using co-teaching (persons with and without disabilities) within the framework of the Action Plan. In Vienna diversity training courses for employees of the City of Vienna active in public relations were organized in cooperation with the Austrian Journalism Training Association (*Kuratorium für JournalistInnenausbildung*) and the EU.

## **Reply to the issues raised in paragraph 11 of the list of issues**

### **Building regulations of the Länder; barrier-free public buildings; staged plan for Vienna**

54. Barrier-free building and planning are requirements enshrined in the building regulations of the Länder. They lay down minimum requirements regarding the barrier-free design of public buildings which have to be met in general also in respect of all conversion projects, the erection of annexes or the refurbishment of buildings. However, these standards are not applied consistently to private buildings. In Vienna barrier-free planning and building has been enshrined in the Vienna Building Regulations since 1991. This approach has been applied to the erection of annexes, conversion projects and complete refurbishments since the adoption of the amendment of the Building Regulations in 2004. The Vienna Anti-Discrimination Act of 2010 introduced an obligation for public institutions to provide access to services and facilities, without setting any deadline. The City of Vienna committed itself to a long-term Staged Plan (which will end in 2042) for the realization of these ambitious goals.

55. Due to the economic and financial crisis and its impact on the federal budget, the federal government amended the Federal Disability Equality Act within the framework of

the 2011 Budget Accompanying Act (*Budgetbegleitgesetz*) to modify the Staged Plan for Federal buildings; as a result, the deadline for the implementation of the sub-stages has been extended from 31 December 2015 to 31 December 2019. The individual federal ministries implement their plans for sub-stages without delay and regardless of the extension of the deadline. In many cases the amendment has therefore no practical effects.

### **Reply to the issues raised in paragraph 12 of the list of issues**

#### **Staged Plan for federal buildings: long transitional periods; percentage of federal buildings made accessible**

56. Annex 3 provides a table illustrating the status quo of the implementation of the staged plan for federal buildings.

### **Reply to the issues raised in paragraph 13 of the list of issues**

#### **Project “accessibility in the workplace”**

57. With regard to paragraph 113 of the State report, mention should be made of the fact that within the framework of the Austrian Labour Protection Strategy 2007-2012 a project regarding accessibility in the workplace has been conducted. Its aim was to enable preventive healthcare experts to identify barriers in companies and to propose measures to eliminate them. As it is the task of the Labour Inspectorate to promote conditions in enterprises which facilitate the recruitment of persons with disabilities, labour inspectors were trained in this project to advise employers. This project also helped to intensify cooperation with the Federal Social Office. In 2012 80 and in the current year 20 labour inspectors received training in this area. In addition, a seminar will be held to offer follow-up training. A formal evaluation of the project has not been planned.

### **Reply to the issues raised in paragraph 14 of the list of issues**

#### **Accessible ORF programmes**

58. A legal obligation (Section 5, para. 2 of the ORF Act) has been introduced to increase the number of programmes made accessible to people with hearing and visual disabilities annually from the level of 2009. Appropriate measures include sign language, subtitling, audio text or easily understandable menu navigation. This obligation does not only apply to public broadcasting but also to private audiovisual media services (Section 30, paragraph 3 of the Audiovisual Media Services Act).

59. In the context of other initiatives, the Austrian Television Fund (*Fernsehfonds Austria*) grants aid covering 80 per cent of the actually incurred and documented costs or amounting to a maximum of € 10,000 for the production of programme versions for people with hearing and visual disabilities. According to the guidelines of the Private Broadcasting Fund (*Privat-rundfunkfonds*), the maximum funding rate per programme, series or project increases by 5 per cent if the TV broadcaster furnishes proof that the production of programmes, series or projects caused additional costs for subtitling, audio descriptions or interpretation services.

60. The TELETXT Deaf Services have been further developed (see ORF Annual Report 2012). Moreover, the objectives of the staged plan of the ORF have been implemented gradually. The requirement of increasing the subtitling quota to 60 per cent by the end of 2012 laid down in the staged plan has been met. A total of more than 10,546 broadcasting hours has been subtitled on the channels ORF 1 and ORF 2; this corresponds

to a subtitling quota of 60.03 per cent of the programmes broadcast and an increase by more than 8 percentage points from the prior-year level (2011: 51.89 per cent; 9,091 broadcasting hours). In 2012 about 879 hours on TELETEXT page 777 were broadcast with subtitles (2011: 757 hours).

61. Thanks to the use of speech recognition, the share of live subtitling for in-house productions rose from 29.4 per cent (2011) to 30.32 per cent (2012), e.g. for debates in the Austrian Parliament, important sport events as well as broadcasts of social highlights and live events.

62. In 2012 the ORF provided a total of more than 750 broadcasting hours with audio description. This means that on average more than two broadcasting hours per day with special descriptions for blind and visually impaired persons have been made available. Between 2009 and 2012 the ORF succeeded in increasing the volume of programmes with audio description by more than six and a half times (2009: 112 hours; 2012: 752 hours).

### **Reply to the issues raised in paragraph 15 of the list of issues**

#### **International disaster relief**

63. As far as international disaster relief and development cooperation measures are concerned, Austria participates in information and relief systems at bilateral level with its neighbouring countries, of the European Union, NATO and the United Nations. In providing these assistance services no distinction is made between persons with or without disabilities. The assistance given benefits all those affected in the same way. All assistance and rescue measures are taken on the basis of close cooperation and coordination with the official relief and rescue organizations; the respective codes of conduct and similar documents are therefore fully taken into account and complied with.

64. In the context of hazardous and humanitarian emergency situations, mention should be made of the fact that the Austrian Federal Army does not only exercise its duty of care vis-à-vis persons with disabilities in disaster relief operations but that it has always been committed to this principle in all foreign missions.

65. The humanitarian assistance provided by the Austrian Development Cooperation (*Österreichische Entwicklungszusammenarbeit/OEZA*) pays due regard to the principle of non-discrimination and focuses inter alia on sick persons and persons with disabilities.

### **Reply to the issues raised in paragraph 16 of the list of issues**

#### **Guardianship and supported decision-making**

66. Section 268 of the Civil Code (*ABGB*) specifies expressly that the appointment of a legal guardian takes effect only at a subsidiary level and that it is inadmissible insofar as a person's affairs can be managed to the extent deemed necessary through other types of assistance, e.g. in the family, in care facilities, institutions for persons with disabilities. The same can be applied analogously in cases where a power of attorney in health care matters (*Vorsorgevollmacht*) or a living will is available or where the person affected is represented by his/her next of kin in everyday affairs (Section 284b of the Civil Code).

67. A legal guardian will be appointed only for those matters where the person affected is in need of representation. Appointment of a legal guardian for all matters should therefore be an exception and may occur only in cases where this is unavoidable (Section 268, para. 3 of the Civil Code). Furthermore, special consideration has to be paid to the wishes and needs of the person affected.

68. Besides existing support schemes, the two-year model project “supported decision-making” will be launched in 2013. Using the instrument of the “social group conference” and with the support of a coordinator, a circle of supporters is to be established for the persons affected, which will enable them to independent decision-making in specific matters. Persons affected (self-advocates) are involved (with adequate support) in the negotiations regarding the development of this project.

69. As a matter of principle, the institution of guardianship will be examined in detail and if necessary reformed in 2013/2014.

## **Reply to the issues raised in paragraph 17 of the list of issues**

### **Patients’ ombudspersons**

70. The role of patients’ ombudspersons has not changed since the Austrian State report. The legal protection granted to patients in connection with their involuntary commitment to institutions has been strengthened under the 2010 amendment of the Hospitalisation Act and the Nursing Home Residence Act (*Unterbringungs- und Heimaufenthaltsnovelle*). The amendment focuses on legal restrictions going beyond the scope of the freedom of movement. A new general provision on “restrictions of other rights” was incorporated.

71. Examples of legal restrictions are restrictions of the right to wear private clothes, to use personal objects and to stay outdoors. Infringements of such “other rights” are only admissible if they are indispensable to avert a danger within the meaning of Section 3, subparagraph 1 of the Hospitalisation Act to protect the rights of other persons in psychiatric wards and if they are not disproportionate to the objective to be achieved. The court issuing the order of commitment to an institution has to decide immediately on the admissibility of legal restrictions.

72. The grounds justifying restrictions of other rights were incorporated into the rules governing restrictions on contact with the outside world (visitors and telephone contacts) by virtue of an amendment of Section 34, paragraph 2 of the Hospitalisation Act. In the interest of the patients, these restrictions may in the future be applied only to prevent severe and significant self-endangerment; on the other hand, rights may also be restricted to protect the rights of other persons (and to prevent their endangerment). Concrete examples of these restrictions are the prohibition of making phone calls during the night to protect the sleep of other inmates during normal sleeping hours or to take away a mobile phone from a patient making photos violating the privacy of other persons. These restrictions will, however, only be justifiable if the infringed rights of other persons prevail in weighing interests and if these rights cannot be protected in any other way. To ensure proportionality, any infringement should be limited to a minimum.

73. The Länder set up their own independent representations of patients and nursing home residents. In accordance with an amendment of the 2000 Social Assistance Act (*Sozialhilfegesetz*) of Lower Austria in 2012, the scope of responsibility of the Representation of Patients and Nursing Home Residents of Lower Austria (*Niederösterreichische Pflege- und Patienten-anwaltschaft*) has been widened. Furthermore, a complaints management system was established to react to complaints about all types of exploitation, violence and abuse in institutions for persons with special needs. Regular reporting to the governments and parliaments of the Länder as well as the Preventive Mechanism in accordance with article 16, paragraph 3, of CRPD (ensured through the Austrian Ombudsman Board) guarantee a high level of legal protection to the affected persons in hospitals and homes at regional level.

## **Reply to the issues raised in paragraph 18 of the list of issues**

### **Human rights training; protection of minors in civil law proceedings**

74. The training of judges and public prosecutors also includes training programmes on fundamental and human rights, including equal treatment and anti-discrimination law. Moreover, the judiciary organizes further training events on an ongoing basis, e.g. the seminar “Equal Treatment Legislation”, which addressed also the issue of discrimination of persons with disabilities. Finally, sensitization to this issue may also be enhanced by participating in relevant further training programmes of foreign organizations (e.g. ERA and others) to examine and discuss this subject from an international perspective.

75. With regard to the basic and further training of employees of the law enforcement authorities, mention should be made of the fact that the courts examine on a case-by-case basis how the needs of persons with disabilities or age-related impairments can be met in the best possible way. In this context, the special hospitals of the penitentiary centres Stein (Lower Austria) and Vienna-Josefstadt can be given as examples. Within the framework of basic and further training programmes, human rights are in general treated as a cross-cutting theme. In 2010 a larger group of employees of law enforcement authorities received training as human rights trainers within the framework of a further training seminar.

76. Concerning the criticism regarding paragraph 155 of Austria’s CRPD State report the fact is highlighted that Section 289b of the Code of Civil Procedure (*ZPO*) governs the hearing of minors in civil proceedings. A medical examination (which could be implied in the term “examination” in paragraph 155 of the report) of the minor does not take place in accordance with the aforementioned provision. In principle, this provision is also applicable to all underage parties in civil proceedings, regardless whether these minors are persons with or without disabilities.

77. Section 289b of the Code of Civil Procedure provides for a multi-level set of instruments to protect minors against stressful situations in hearings. The mental maturity, the issues addressed in the hearing and the type of relationship with the litigants are decisive criteria in assessing this question. To ensure the protection of minors, the law stipulates that the court may refrain partly or completely from hearing the minor or may hold a separate hearing (audio and video recordings). Moreover, it may call in a suitable court expert, who must be a specialist with adequate training. He/she should make the court hearing as stress-free as possible and has the task of asking the minor the questions of the court or the parties in a manner that is child-appropriate and adjusted to the specific requirements. It is not clear why this task is expected to be coped with (in a better way) by more than one court expert.

78. Moreover, Section 289, paragraph 3 of the Code of Civil Procedure provides for the accompaniment of minors in court hearings by a confidential person when this is in their best interest, regardless whether the public is admitted to the proceedings or not and whether the minor is questioned as a party or as a witness. The aim of this provision is to give psychological support to the minor during the hearing and to help to reduce any mental stress which could be caused by this situation.

79. In accordance with the Hospitalisation Act – and with regard to paragraphs 143 to 145 of the State report – a Patients’ Ombudsperson has to be informed immediately. Representatives within the meaning of the Act on Custodians Organised in Associations (*Verreinssachwaltergesetz*), the Act on Patients’ Ombudspersons (*Patientenanwaltsgesetz*) and the Act on Representatives of Home Residents (*Bewohnervertretergesetz*) become the representatives of persons who are hospitalized involuntarily by virtue of the law. One of their most important tasks is to safeguard guaranteed rights, e.g. freedom of movement, contact with the outside world and medical

treatment. However, this measure will not affect the legal capacity of the patient. He/she has to be informed of all planned acts of representation as well as important affairs or measures. The requests of the patient have to be met if this is not detrimental to his/her wellbeing and if this is deemed acceptable to the Patients' Ombudsperson.

80. Regarding paragraph 160 of the Austrian State report, attention is drawn to the fact that attendance of the series of seminars "A World of Difference" is compulsory for all employees of the police forces. It addresses various forms of personal and institutional discrimination. Its aim is to promote an unprejudiced approach to dealing with members of groups at risk of discrimination, including persons with disabilities.

## **Reply to the issues raised in paragraph 19 of the list of issues**

### **Practices of restraint pursuant to the Hospitalisation Act and the Nursing Home Residence Act**

81. Regarding the criticism about practices of restraint on persons and the respective strong differences in the "culture of legal practice" made by the CPT, attention should primarily be drawn to the independence of judicial institutions. The administration of sedatives to residents without their valid consent may constitute a restriction of liberty in accordance with Section 3, paragraph 1 of the Nursing Home Residence Act (*HeimAufG*). A restriction of liberty through medication exists if the aim of this treatment is to control or suppress a person's urge to move; this is also the case if this is only one of the reasons for treatment. The administration of medication qualifies as a restriction of liberty even if there is a therapeutical indication. Medication must not be regarded as a physical means of restricting liberty provided that the suppression of the person's urge to move is an unavoidable side-effect of another therapeutic objective.

82. Representatives of home residents, home managers, the medical staff, senior members of healthcare and nursing care services as well as employees of the Medical Chamber addressed the theme "How to deal with restrictions of liberty due to medication" in a working and negotiation process of several years. As an outcome of this process, the "Manual – Notes on Restrictions of Liberty due to Medication" ("*Manual - Erläuterungen zur medikamentösen Freiheitsbeschränkung*") was published (in FamZ 2011, 319), which was well received by practitioners. Through this process, the recommendation of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has also been carried out (see CPT Report 2010).

83. The Patients' Ombudspersons, the Home Residents' Representatives and the Austrian Ombudsman Board vehemently reject and urge to avoid the use of net beds. In accordance with Section 283, paragraph 2 of the Civil Code, the legal custodian may not give his/her consent to a treatment that entails a severe or long-term impairment of the physical integrity or of the personality unless an independent physician – who is not the physician in charge – confirms in a medical certificate that the person affected lacks the necessary cognitive capacity and ability to judge and that the administration of this treatment is necessary to safeguard the wellbeing of the person affected. If such a certificate is not available, the consent given by the legal custodian has to be approved by the court. The legal custodian must in any case have been appointed to perform these tasks. The aforementioned provision may also cover the taking of medication (for example if it leads to an inhibition of the mental or intellectual capabilities).

84. The recommendations of the CPT regarding two institutions in Styria are taken very seriously by the Austrian authorities, including the Austrian Ombudsman Board, and they serve as a basis for further concrete steps.

## **Reply to the issues raised in paragraph 20 of the list of issues**

### **The prevention of violence in large institutions**

85. The Representatives of Home Residents have the legal authority (Section 9, para. 3 of the Nursing Home Residence Act) of informing the competent authorities of the observations made by them in performing their activities. Section 281, paragraph 4 of the Civil Code ensures that the court may take the necessary measures to ensure the well-being of the person affected if his/her well-being is at risk.

86. Assistance provided to the inmates of penitentiary centres as well as support after release on parole subject to specific release conditions also includes anti-violence training programmes, which are financed by the judiciary. The following methods are applied: sexual therapy programmes for sex offenders, individual psychotherapy, theme-centred group therapy and group work, a training programme against violent behaviour in relationships or psycho-dynamic-oriented therapy models.

87. The Ombudsman Board has several instruments of protection against exploitation, violence and abuse. It has had a constitutional mandate to protect and promote human rights, in particular the physical and mental integrity of a person since July 2012. At the same time, it was assigned the tasks of an independent authority in accordance with article 16, paragraph 3, of the CRPD as well as of the National Prevention Mechanism pursuant to articles 3 and 4 of the OPGAT.

88. Unlike other monitoring institutions such as Patients' Ombudspersons or Home Residents' Representatives, the Austrian Ombudsman Board may conduct independent inspections – i.e. preventive human rights inspections – of institutions and programmes targeted at persons with disabilities as well as in detention facilities at any time and without giving prior notice.

89. The scope of inspection is wide as it does not only cover the prevention of torture, cruel, inhuman and degrading treatment or punishment but also the prevention of exploitation, violence and abuse of persons with disabilities. For the purpose of assessment, it is important whether persons with disabilities are perceived as being entitled to rights, whether segregation and discrimination are prevented and whether barriers are removed successfully.

90. To carry out its new mandate, the Ombudsman Board set up six committees, which report to the ombudspersons and submit proposals for improvements regarding the implementation of human rights safeguards. From more than 700 applications, 48 members were selected for the committees, who represent a wide spectrum of professions. Unfortunately only few persons with disabilities applied for this position. The Austrian Ombudsman Board therefore established peer counselling in the committees. The basic idea is to encourage persons with disabilities to develop their own views and problem solutions and to strengthen their self-esteem ("persons affected counsel peers") as well as to sensitize the committees of the Ombudsman Board, and thereby enable them to perceive problems from the perspective of those affected. Moreover, it is considered important that persons with experience in non-verbal or supported communication accompany the committee members if required. In addition, the committees may be assisted by interpreters during visits.

91. The objective assessment of the living conditions of persons with disabilities by the committees is based on standards which take into account the guiding principles of mainstreaming, integration, self-determination, participation and inclusion as well as the rights of persons with disabilities.



92. In fulfilling its tasks, the Austrian Ombudsman Board is also supported by the newly set up Human Rights Advisory Board (*Menschenrechtsbeirat*). It advises the members of the Ombudsman Board in defining general priorities for its control and inspection activities and in the preliminaries of submitting statements of grievances and recommendations. The Human Rights Advisory Council makes proposals on ensuring uniform approaches and review standards. It has a right of hearing candidates in the appointment procedure for Committee members. The civil society was involved intensively in the appointment procedure to ensure balanced representation in the Human Rights Advisory Council. The members are human rights experts, who are proposed by the federal ministries and NGOs and appointed by the Ombudsman Board.

93. The Human Rights Advisory Council recommended the Ombudsman Board to focus on institutions and programmes specifically designed to serve persons with disabilities (residential homes, workshops, special nurseries, special schools, after-school day care facilities and boarding schools, special therapeutic institutions for persons with disabilities, occupational qualification projects and measures, occupational therapy, transport services for persons with disabilities, etc.) during the first stage of preventive monitoring in accordance with article 16, paragraph 3, of the CRPD as there is a high risk of violence and abuse in these institutions. In 2013 all six committees are focusing on inspecting these types of institutions to assess whether the protection against and prevention of violence has been implemented in guiding concepts, if anti-violence officers were appointed and to what extent participation is practised in daily routines and to what extent people with disabilities are involved in decision-making.

94. The Ombudsman Board will be accompanied by experts of the Council of Europe, who offered their services as trainers. First results of these inspections concentrating on specific issues will be available in September 2013.

95. Protection against exploitation, violence and abuse is not only strengthened through preventive monitoring but also by the routine review responsibilities of the Ombudsman Board. All citizens and foreign nationals affected may complain about grievances. The Ombudsman Board may then initiate the review procedure. As a result, it may identify grievances, formulate recommendations to supreme administrative bodies as well as criticize grievances and legal infringements in its reports to the National Council as well as to most of the parliaments of the Länder (*Landtage*).

96. Based on the Crime Victims' Act (*Verbrechensopfergesetz*), there are no data on persons with disabilities who become victims of a crime.

97. Within the framework of their supervisory control powers, it is a priority of the Länder to ensure framework conditions that may minimize the risk of (sexual) harassment and to take appropriate measures. In Tyrol and Upper Austria, for example, a staged plan is being developed to split up large-scale facilities into small units and relocate them to different places. In Upper Austria the quality seal "Sexuality and Impairment" was developed to implement quality assurance. The expert and support organization Senia is specialized on sexuality and impairment. In Lower Austria the "Manual Regarding Risk Assessment in Cases of Suspected Violence or Neglect Affecting Persons with Mental and/or Multiple Disabilities" (*Handbuch für den Umgang mit Gefährdungseinschätzung bei Verdacht auf Gewalt oder Vernachlässigung bei Menschen mit geistiger und/oder mehrfacher Behinderung*) was drawn up in 2010. Within the framework of the Action Plan, Styria developed a "Code of Conduct for all Employees of Disability Support Organisations" (*Verhaltenskodex für Mitarbeiterinnen aller Einrichtungen der Behindertenhilfe*) and provides anti-violence training for personnel working in the disability sector.

## **Reply to the issues raised in paragraph 21 of the list of issues**

### **Authorization of medical interventions by guardians**

98. A person having the necessary cognitive capacity and ability to judge may receive medical treatment only with his/her own consent (Section 283, para. 1, of the Civil Code). If a guardian has been appointed, he/she may approve medical intervention only if the requirements specified in paragraph 19 are met. Regardless of the intensity of treatment, a court authorization is a prerequisite for the guardian's consent if the person affected signals that he/she rejects treatment. The court may disregard the standpoint of the person affected if non-treatment is expected to have negative effects on his/her health.

99. These requirements are mandatory unless treatment is so urgent that the delay caused by obtaining consent would pose a risk to the life of the person affected or if a severe health damage is associated with this risk.

100. As far as the penitentiary and forensic commitment systems are concerned, mention should be made of the fact that forced medical examinations and treatments are limited to the group of prisoners on remand and prisoners. Forced medical examinations and treatments must be indispensable from a medical perspective, must not pose a risk to the life of the prisoner and must be deemed acceptable in any other way to him/her. Consent of the Federal Ministry of Justice has to be obtained prior to any forced medical treatment except where there is imminent risk. In practice forced medical treatment is exclusively applied in the context of administering depot injections of psychotropic drugs.

## **Reply to the issues raised in paragraph 22 of the list of issues**

### **Sterilization and abortions without the consent of the persons affected**

101. Since the preparation of Austria's first State report to implement the CRPD in 2010, a system of control to prevent cases of abuse has been introduced by taking organizational measures to establish the National Prevention Mechanism (NPM) in accordance with article 16, paragraph 3, of CRPD (see paragraph 20). In those rare cases in which sterilization is lawful, the guardian must give his/her consent. In addition, the medical intervention has to be approved by the court. The Ombudsman Board may review the case at any time. No cases of forced sterilization have been reported to the Länder in the last three years.

## **Reply to the issues raised in paragraph 23 of the list of issues**

### **Budgetary planning for long-term care and social security**

102. In response to the question regarding budgetary expenditure on inpatient services and outpatient services, the Länder report the following data:

103. Burgenland spent € 37,595,943 on support measures for persons with disabilities in 2012. This total amount for the year 2012 is made up as follows: reintegration measures € 7,503,713, protected work € 641,780, occupational therapy and accommodation € 26,900,294, living allowances and personal assistance € 2,501,155 as well as miscellaneous € 49,000.

104. Lower Austria made available € 158 million for persons with disabilities in 2012, including about € 140 million for institutionalized services.

105. In 2012 Upper Austria spent € 5,874,539 on personal assistance services (214 persons), € 8,613,645 on mobile care and assistance (1,300 persons) as well as € 177,030,725 on full-time or part-time assisted living in facilities (4,135 persons).

106. Tyrol made available € 130,897,488 in 2012. The major part of the total amount went to services provided by institutions. About 1.25 per cent was used for cash allowances, which were paid directly to the persons with disabilities.

107. The aim of the Long-Term Care Fund Act (*Pflegefondsgesetz*) was to establish a Long-Term Care Fund to support the Länder and municipalities in financing social services for older persons and persons in need of care. The Long-Term Care Fund granted tied funding totalling € 685 million to the Länder to partly cover the expenditure on safeguarding, developing and expanding the range of assistance and care services in the long-term care system for the period 2012 to 2014. The Long-Term Care Fund Act is to be amended still in 2013; as a result, a total of € 650 million will be allocated to the Long-Term Care Fund in the period 2015 to 2016. The financial resources will be used to subsidize innovative care and assistance models and projects, e.g. mobile (children's) hospice and palliative care, support with activities of daily living or the use of ambient assisted living systems. Another priority is to further develop case and care management. The so-called "scholarship for qualified personnel" (*Fachkräftestipendium*) has already been introduced in 2013. It allows low-skilled and average-skilled personnel as well as jobless persons to participate in training for qualified jobs in understaffed professions and to undergo training as professional carers.

108. As a contribution to cover the costs arising from necessary substitute care services, close relatives of persons in need of care may receive allowances amounting to between € 1,200 and € 2,200 per calendar year if they have been the main care-giver of a person in need of care during at least one year and if they are prevented from providing care due to illness, holidays or other important reasons. In 2012 8,265 applications were approved by the Federal Social Office and allowances amounting to about € 9.6 million were granted. (see Annex 4). In the framework of the programme "quality assurance in domiciliary care" introduced in 2001, a total of more than 120,000 visits to the private homes of the persons affected have been made (including approx. 20,300 in 2012). Due to the positive experience of the past, this system will be continued in 2013. The quality of domiciliary care is assessed by using objectively and intersubjectively plausible parameters, which are based on the new quality indicators developed by the Research Institute for Economics of Ageing (*Forschungsinstitut für Altersökonomie*) of the Vienna University of Economics and Business (*Wirtschaftsuniversität Wien*).

109. To facilitate the reconciliation of work and family life, the introduction of care leave and part-time care-giving has been planned with effect 1 January 2014. As care leave and part-time care-giving entail a loss of earned income, care-givers will benefit from protection under labour law. Moreover, a legal basis will be created for introducing a care leave allowance to provide financial support and make up for the loss of income. As an accompanying measure affecting social security legislation, all recipients of care leave allowance will be covered by social insurance to ensure assistance and care services to close relatives. The social insurance contributions for the care-givers will be financed entirely from public funds. Furthermore, the timeframe for assessing eligibility to unemployment benefit will be extended to include periods during which care leave allowance is received so that care-givers will not lose entitlement to unemployment benefit. The aim of these measures is to facilitate the organization of care-giving if a close relative is in sudden need of care.

## **Reply to the issues raised in paragraph 24 of the list of issues**

### **Personal assistance in the workplace**

110. Personal assistance in the workplace is a measure of the BMASK, which is implemented by the Federal Social Office. The aim of this scheme is to ensure a qualitative

and quantitative increase in the participation of those women and men with disabilities in the general labour market or in training programmes who due to their impairment need personal assistance to manage their working lives or training in a self-determined and independent manner. In 2012 there were 442 cases receiving this type of aid. Increasing by 13 per cent from 2011, the annual expenditure totalled about € 5.6 million in 2012.

## **Reply to the issues raised in paragraph 25 of the list of issues**

### **Comprehensive personal assistance**

111. At federal level there are uniform criteria for promoting personal assistance in the workplace. Non-employment-related rules fall within the sphere of competence of the Länder and differ in various aspects. The most comprehensive personal assistance schemes are in place in the Länder of Vienna, Upper Austria and Tyrol, in Styria a “personal budget” was introduced in 2012.

112. Since 2011 a working group involving the Länder and representatives of persons with disabilities has been responsible for drawing up proposals for countrywide uniform rules for personal assistance in all spheres of life. The objective is to develop a concept – in accordance with the Resolution of the National Council of 15 March 2011 as well as to implement the National Action Plan on Disability 2012 – 2020 (measures 192 and 193) – by 2014 and to create a personal assistance system for all groups of persons with disabilities. Access to this scheme is to be granted regardless of income, and persons with disabilities will be able to decide freely on the way of organizing assistance.

## **Reply to the issues raised in paragraph 26 of the list of issues**

### **Plans of deinstitutionalization**

113. The principle underlying support in the Länder is to enable the persons affected to remain in their familiar environment. This is guaranteed for example in Upper Austria, Lower Austria, Vienna and Vorarlberg through mobile services (assisted living, psycho-social services, mobile care and assistance), but also comprehensive assessments and counselling in the preliminaries of a possible transfer to a facility. In Upper Austria and Vienna additional steps are taken to downsize large institutions and to provide community-based and small-structured accommodation as well as to develop new types of housing for persons with impairments. In Vorarlberg residential care services are reduced, while mobile services are expanded. Specific training programmes are available to prepare persons with disabilities for living independently. In Vienna three peer counselling centres of the Fund Social Vienna (*Fonds Soziales Wien/FSW*) support persons with disabilities trying to live self-determined lives.

114. The Action Plan of the Land of Styria for implementing the CRPD contains the measure “further development of the support system for persons with disabilities in Styria”. Based on this measure, a plan is to be prepared to ensure that persons with disabilities live and work as little as possible in institutions and as well as possible in their familiar social and living environments.

115. The BMASK draws attention to long-term care allowance: its aim is to ensure that persons in need of care receive care and support to the extent possible so as to enable them to live as independently as possible. It has been conceived as a contribution to cover the extra costs arising from care requirements. It is a benefit tied to the specific purpose of covering additional costs incurred for disability-related care services. The grounds of

disability giving rise to care requirements are irrelevant for entitlement to long-term care allowance under the Federal Long-Term Care Act.

116. As far as persons with mental disabilities are concerned, the fact should be mentioned that the 1999 Ordinance on long-term care Levels (*Einstufungsverordnung*) defined the motivational interview as a new independent cross-cutting support service. Persons with mental or intellectual disabilities often do have adequate motor skills allowing them to perform vital tasks partly or entirely by themselves. However, in some cases they fail to understand that these activities are necessary or they are unable to carry them out in a meaningful way. Without the assistance of a care-giver, many persons affected would not perform daily routines such as personal hygiene and consequently suffer from neglect. Therefore it is indispensable to conduct motivational interviews at regular intervals with persons with mental or intellectual disabilities to establish and maintain a steady relationship between them and their care-givers.

117. Hardship allowances – lump-sums payments for a specific number of extra hours – are taken into account in assessing the level of long-term care allowance for persons aged 15 years or above with serious intellectual or mental disabilities, in particular persons suffering from dementia, as well as children and juveniles with highly severe disabilities up to the age of 15. Hence, the hardship allowance takes into consideration the factors rendering care-giving more difficult, which are also reflected in the criteria for assessing care allowance levels. The aim is to ensure that due regard is paid to the intensity of care required in these cases and that a higher level of long-term care allowance will be awarded. On the reference date 31 March 2013 hardship allowance was granted in 33,714 cases, which resulted in a higher long-term care allowance level in 15,182 cases.

## **Reply to the issues raised in paragraph 27 of the list of issues**

### **Plans to increase accessible transport**

118. After submission of Austria's State report, the EU Passenger Rights Regulations for boat and bus transport have come into force. Important EU-wide rules are now in place for air, train, boat and bus transport, specifying necessary services for persons with disabilities or reduced mobility as well as the requirements regarding the level of accessibility (EU Regulations No. 1107/2006, 1371/2007, 1177/2010, 181/2011).

119. As from 2014 the ID card for persons with permanent mobility difficulties in accordance with Section 29b of the Road Traffic Regulations (*StVO*) will be issued by the Federal Social Office, which is also responsible for issuing ID cards for persons with disabilities in accordance with the Federal Disability Act (*BBG*). Persons requiring both ID cards will have to file an application only with one authority. Within the framework of the strategic research promotion programme "Intelligent Transport Systems and Services Plus" (*"Intelligente Verkehrssysteme und Services plus"*), brochures focusing on inclusion, equal opportunities and accessibility were produced for persons with reduced mobility.

120. The Länder offer partly financial support for adjusting cars to the needs of persons with disabilities or buying appropriate motor vehicles. Under the social rehabilitation system, support is granted for orientation and mobility training as well as training to acquire practical communication and living skills. Blind persons may partly be granted financial aid for buying a guide dog. In many Länder *low-floor buses* are used (at least in large cities). The buildings regulations of the Länder provide for accessibility in public streets. In the process of implementing the Action Plan, Styria will also realize the measure "strengthening the implementation of the planning principle barrier-free mobility".

## **Reply to the issues raised in paragraph 28 of the list of issues**

### **Education on sexuality, pregnancy and the caring of children**

121. The applicable rules for sexual education in schools do not contain explicit information concerning persons with disabilities but various aspects of this subject are addressed, e.g. in the pilot module “Special LoveTalks” developed by the Salzburg Pedagogical University, which emerged from the model “LoveTalks” conceived by the Austrian Institute for Family Research (*Österreichisches Institut für Familienforschung*) and which was further developed into shorter versions in modular form. This pilot model was evaluated scientifically. (Schlick, A. (2008): *Special LoveTalks, Evaluierung und Implementierung eines Modells zur sexualpädagogischen Begleitung für den Lebensbereich von Menschen mit geistiger Behinderung*, Verlag Dr. Müller, Saarbrücken)“.

122. Specific, publicly funded counselling centres for persons with disabilities are available in Lower Austria and Upper Austria. They offer individual counselling, sexual education workshops and events focusing on sexuality and impairments.

## **Reply to the issues raised in paragraph 29 of the list of issues**

### **The number of children attending mainstream schools and special schools**

123. Annex 4 provides the number of children attending primary and secondary level I for the school years 2006/07 to 2011/2012, disaggregated by mainstream schools and special schools as well as special educational needs. It shows that the share of pupils with special educational needs increased slightly in mainstream schools in the aforementioned period, i.e. from about 1.8 per cent to 2.2 per cent at primary level and from approx. 2.3 per cent to 3.3 per cent at secondary level. Interpreting these figures, it is important to be aware of the fact that special educational needs are not necessarily synonymous with “disability”. In mainstream schools the very small proportion of pupils with special educational needs is not – as otherwise usual in these cases – taught during 80 per cent of normal school hours together with other pupils of the same age but in separate special classes; the number of pupils with special educational needs taught in this way in mainstream schools amounted to 169 (out of a total of 7,154) at primary level and to 333 (out of a total of 10,085) at secondary level I in 2011/12 (the last year included in the table). Emphasis should be placed on the fact that in recent years practically each child with a disability was admitted to the public school system, if desired.

124. In general, it must be stated that the proportion of children with special educational needs receiving integrative education in primary and higher secondary schools has increased, while the proportion of children educated in special schools has decreased. There are no data disaggregated by sex. In the school year 2012/2013 3,787 pupils had special educational needs (85.4 per cent in integration classrooms) in Styria, 2,174 (966 attended mainstream schools, 1,208 special schools) in Tyrol; in Vorarlberg 470 pupils receive integrative education in primary schools, 605 obtain integrative education in higher secondary schools and 734 are educated in special schools. In Vienna some highly specialized schools are available for children/juveniles with disabilities. In 2012 131 Viennese children attended these schools. The system of integration classrooms was enhanced by different options of individual integration. The position of a “School Inspector for Inclusion” at Länder level was established for the first time in Vienna in 2013.

## Reply to the issues raised in paragraph 30 of the list of issues

### Counselling and assisting of parents in choosing a school

125. A gradual opening-up of the school system towards learning in common institutions has been planned: this means in particular that the free access (in terms of comprehensive accessibility) to all types of schools and a countrywide range of development- and competence-oriented, individualizing educational services for all pupils will be further developed. Only if optimum quality of educational support is available generally and to all at each individual school location, parents/guardians having a critical attitude towards inclusion will choose an inclusive type of education for their children – just like the majority of parents. In the context of the paradigm shift towards inclusive education, participatory opinion-making (e.g. through round tables) is used as a tool to implement the Convention in the school system. Experts of organizations for persons with disabilities, associations, federations and interest representations were involved in this scientifically-supported discussion process. The results of this process are an important basis for developing concrete implementation measures. The approach “inclusive model region” (e.g. in Styria) was a generally welcome pathway to implementation in practice and has been incorporated in the National Action Plan on Disability 2012-2020 (measure no. 125).

126. Regarding paragraph 244 of the State report (barrier-free teaching materials), it has to be added that blind and visually impaired pupils receive free learning materials in Braille, in large print or in electronic and digital form within the framework of the free textbook programme.

127. In Vienna counselling is provided for parents/guardians by the heads of special needs education centres as well as the employees of the integration counselling centre of the Municipal School Board.

## Reply to the issues raised in paragraph 31 of the list of issues

### Lower completion rates in secondary and in tertiary education

128. More recent data than those gathered in the 2007 micro-census are not yet available but a similar survey has been scheduled for 2013. As far as the successful completion of school by pupils with special educational needs is concerned, in accordance with Section 32, paragraph 2 of the School Education Act (*Schulunterrichtsgesetz*) these children are also entitled to attend a special school after compulsory schooling.

129. The Students' Social Survey (*Studierenden-Sozialerhebung*) is conducted at three-year intervals to analyse the social situation of students with disabilities, chronic diseases and health impairments on the basis of quantitative data. In 2011 12 per cent of the 44,000 students surveyed stated to have a disability/disease having a strong or very strong negative effect on their studies (a total of about 300,000 students was surveyed; 44,000 online questionnaires completely filled in were evaluated). Unchanged from the year 2009, 0.9 per cent of the students indicated to have a disability, i.e. 2,700 persons. Out of this total, 2,100 have a level of disability of more than 50 per cent; this corresponds to 0.7 per cent of all students. A major part of students who have not been “assigned an official level” of disability or chronic disease do not specify their needs. More than 30 per cent of the respective students state to have a mental impairment. 36 in-depth interviews on the subject “university graduates with disabilities in the labour market” were conducted in a parallel qualitative study in 2011. According to the findings, completed university studies facilitate the search for a job. However, the university graduates with disabilities do not hold jobs that are commensurate with their level of education. A special job placement agency for university graduates with disabilities could help to improve the situation. Since the

establishment of the service centre GESTU, 3 out of 13 deaf students succeeded in completing their studies.

### **Reply to the issues raised in paragraph 32 of the list of issues**

#### **Regional health forums for women and girls with disabilities**

130. The first Vienna Women's Health Forum ("*Wiener Frauengesundheitsforum*") was motivated by the fact that there was no lobby for this target group at that time. The first networking platform for women with disabilities devoted to the priority theme "prevention" was organized in 2006. An exchange on experiences and needs concerning health promotion measures for women with disabilities takes place in this discussion platform, which is now held three times a year in Vienna. The issues tackled by this body are sexuality, contraception, pregnancy and motherhood, prevention, violence and abuse of women and girls with disabilities, nursing care standards for hospitals as well as the preparation of an information folder on psycho-social diseases for women with disabilities.

131. In the Länder there are women's health centres in Vienna, Graz, Salzburg, Wels, Linz, Villach and Feldkirch. They provide advice and information to women with disabilities.

132. In Vienna there is a very successful special institution, namely the health centre for women, parents and girls "FEM South Assistance to Women" ("*FEM Süd Frauenassistentz*"). A counselling service for women with disabilities with and without migration background was set up within this institution on behalf of the Federal Social Office. Since 2009 a team of counsellors with psycho-social training as well as women-specific and foreign language skills has been active in a barrier-free setting to support this target group. The women's assistance centre supports, advises and provides ongoing assistance to women with disabilities and/or chronic diseases who are far from the labour market or unemployed in their efforts to access the labour market; see link: <http://www.frauenassistentz.at/>.

### **Reply to the issues raised in paragraph 33 of the list of issues**

#### **Inclusive education and individual support**

133. Regarding the status quo of further and advanced training programmes for teachers, mention should be made of the fact that interdisciplinary further training measures regarding specific issues of special needs pedagogy are coordinated centrally and financed by the Länder. The pedagogical universities are responsible for practical implementation. The School Boards of the Länder are in charge of regional coordination. Priority themes such as "individualization, differentiation, personalized learning, inclusive pedagogy" were defined for the pedagogical universities in line with the current government programme. If a need for sign language interpreters arises in the context of teacher training programmes, the pedagogical universities have to make them available and finance them.

134. As far as the future "NEW Training System for Pedagogues" ("*PädagogInnenbildung NEU*") is concerned, the amendment of the 2005 University Act (*Hochschulgesetz*), which is currently undergoing parliamentary review, will explicitly refer to the CRPD in Section 38, paragraph 3a: "The curricula of the bachelor and master study programmes shall take into account the objectives of article 24 of the CRPD and incorporate inclusive pedagogy to an appropriate extent."

135. The issue of personal assistance for pupils – enabling pupils to attend intermediate or higher schools who otherwise could not do so due to a physical disability – is addressed



in a current project: a personal care attendant will assist the pupil with tasks essential for daily living (e.g. dressing, eating); this service is financed during the entire period of school attendance. In the budget year 2011 € 237,465 were allocated to 25 pupils, in 2012 € 563,000 were made available to 30 pupils, while € 794,730 have been earmarked for about 40 pupils in 2013.

136. Regarding assistance in tertiary education see the reply to the issues raised in paragraph 3 of the list of issues.

## **Reply to the issues raised in paragraph 34 of the list of issues**

### **Disability-specific training for the health professions**

137. The training programmes for general practitioners as well as specialists explicitly address medical services for persons with disabilities. They are also covered in the Ordinance of the Austrian Medical Chamber (*Verordnung der Österreichischen Ärztekammer*) on the knowledge, experience and skills in training programmes for general practitioners and specialists. In certified logbooks and exam certificates, the “specialist treatment and care of persons with disabilities” is taken into account under “skills” in the framework of the individual specializations.

138. Elective courses are to be included in the curricula of the Medical Universities of Vienna and Graz to raise the awareness of future doctors and to provide them with the necessary skills to “deal with and treat patients with disabilities”.

139. Under an agreement regarding social care professions between the federal government and the Länder, Federal Law Gazette I No. 55/2005, countrywide uniform job descriptions at specialist and diploma level were created for the profession “social assistant” with a focus on work with or assistance to persons with disabilities. These vocational training programmes, which partly also provide qualifications for the profession “nursing assistant”, have been established for the provision of services essential to the daily lives of persons with disabilities (housing, leisure time).

## **Reply to the issues raised in paragraph 35 of the list of issues**

### **Health and information services accessible to women and girls with disabilities**

140. Within the framework of the Vienna Women’s Health Programme, a so-called “Gyn Folder for Women with Disabilities” was prepared, which provides general tips for gynaecological examinations for women with disabilities. A special counselling centre named “Slow Motion” (“*Zeitlupe*”) was founded in Vienna, which offers peer counselling. In addition, the Austrian women’s health centres (see paragraph 32) should be mentioned. Promoting empowerment and equal opportunities, they cater for the needs of women and girls with disabilities and offer counselling and information on sex education, health, HIV and STIs.

## **Reply to the issues raised in paragraph 36 of the list of issues**

### **Vocational training and inclusive employment strategy**

141. The NAP on Disability (measures no. 166) provides for the development of strategies and models for an inclusive work environment. In the process of preparing the National Labour Market Policy Programme for Persons together with Disabilities 2014-

2017, the development of a pilot project to be conducted with a Land is being planned. In this context, see annex 5 “Economic Activity – Registered Persons with Disabilities”.

142. The aim of the measures of the Länder is to support integration into the primary labour market in cooperation with the Federal Social Office and the Public Employment Service. Projects conducted in Lower Austria and Styria include a job tryout system, transit jobs or on-the-job training. In Tyrol “traditional workshops for persons with disabilities” will not be further developed as activities are being focused on new day programmes. In this context, emphasis is placed on the recommendations of the Monitoring Committee of the federal government regarding social insurance and pay. Other projects – besides the personal assistance scheme – are case management and mentor allowances. Mentors are persons working in an enterprise and helping persons with disabilities with their daily work.

### **Reply to the issues raised in paragraph 37 of the list of issues**

#### **Employment quota for persons with disabilities and compensatory payment**

143. The legal basis for the employment obligation (see annex 6) are Sections 1, 4, 5 and 9 of the Disability Employment Act. In general, employers have to recruit at least one registered person with disabilities per 25 employees (compulsory position for a person with a disability). If they fail to meet this requirement, they have to pay a compensatory duty in respect of each compulsory position not filled; this compensatory duty takes into account the number of employees and is revalued annually on the basis of an adjustment factor laid down in the General Social Security Act (ASVG). In 2013 the monthly compensatory duty (Federal Law Gazette II No. 407/2012) amounts to € 238 for companies with 25 to 99 employees, to € 334 for companies with 100 to 399 employees and € 355 for those employing 400 or more persons.

144. The progression of the compensatory duty based on the size of the enterprise was introduced in the latest amendment of the Disability Employment Act, which came into force in 2011. The effects of this amendment on the labour market situation are being evaluated.

### **Reply to the issues raised in paragraph 38 of the list of issues**

#### **Accessible elections**

145. The Austrian legislator has paid particular attention to the situation of persons with disabilities so that everybody of proper voting age – regardless of the degree of disability or a possible legal guardianship – is entitled to vote. While the right to vote is always personal (see § 66 of the National Council Elections Acts), i.e. no proxy voting is allowed, the law provides for the possibility of an accompanying person assisting the elector. No assistance is permitted when the disabled person cannot express the wish to be helped or when no election commission is present. This means that no aided voting is possible in case of postal voting. Blind electors can ask for templates which are meant to help them fill in the ballot sheet without assistance of another person. These templates were first introduced in 1992. Further provisions meeting the needs of disabled persons include the above-mentioned “flying election commission” (e.g. for persons with difficulty to leave their homes), special electoral precincts in hospitals, and the rule that at least one polling station per municipality (approx. 2,350 in total) should be accessible without architectural barriers on election day. In 2010, the possibility of a subscription of voting cards for persons with special needs was laid down in the law since voting cards are needed for “flying commissions” and the use of postal voting, respectively. The Disability Report of the Austrian Government 2008, stated that “(...) due to the different possibilities provided by legislation (in particular postal

voting, voting card, special precincts, flying commissions, accompanying persons, templates) even seriously handicapped persons are able to cast the vote in practically any given case“.

146. In Lower Austria, Upper Austria and Vorarlberg a tactile voting device has to be made available to the blind and persons with severe visual disabilities. Careful consideration is being given to the accessibility of the polling stations in the municipalities. In Tyrol they are listed on the Internet so that voters may inform themselves on access. In Vienna the proportion of accessible polling stations was continuously increased by using criteria developed jointly with the interest representations for persons with disabilities. When the Austria-wide plebiscite was held in 2013, about one third of the polling stations in Vienna was barrier-free. Persons with physical disabilities may be accompanied by another person into the polling booth, if required. Bed-ridden persons may request the visit of a mobile/flying election commission on the voting day. Voters may also take advantage of postal voting from home or have a voting card issued.

147. As far as the elections of the Austrian National Union of Students (*Österreichische Hochschülerinnen- und Hochschülerschaft*) are concerned, the necessary prerequisites have been fulfilled to ensure participation of students with disabilities.

## **Reply to the issues raised in paragraph 39 of the list of issues**

### **Violence against women and girls with disabilities**

148. All women's and girls' counselling centres (*Frauen- und Mädchenberatungseinrichtungen/FBME*) also serve as a point of contact for women and girls with disabilities. In the framework of women's projects, financial support is granted for training on accessibility. Moreover, parts of the costs of moving to barrier-free consulting premises or the design of barrier-free websites is reimbursed. In 2013 about 40 women's and girls' counselling centres are provided with a free consulting package concerning the accessibility of buildings. In addition, further training is offered in the seminar "Accessibility for All! Specific Requirements of Women's and Girls' Counselling Centres" (*"Barrierefreiheit für alle! Spezifische Anforderungen an FMBE"*). In this seminar employees are sensitized to different barriers faced by specific target groups when visiting counselling facilities.

149. Intensified cooperation with NGOs, in particular in violence-related issues, is of great importance to the federal government. Therefore a number of counselling services, projects and initiatives on the subject areas violence and disability, e.g. anti-violence centres/intervention bodies, victims' protection centres, the "Women's Helpline" as well as emergency accommodation of the Association of Autonomous Austrian Women's Shelters (*Verein Österreichische Frauenhäuser*), women's service centres or emergency hotlines are available. Counselling services are increasingly provided in regional branches and directly on premises, in particular to persons with disabilities.

150. Special attention has to be drawn to the Association Hazissa, a specialized violence prevention body in Graz. Concrete projects focus on sexualized violence against children, young people and persons with disabilities (since 2008) and against women's and girls' labour (since 2010). The Association NINLIL combating sexual violence against women with learning difficulties or multiple disabilities has existed in Vienna since 1998. The federal government also financed a study of the Ludwig Boltzmann Society regarding the access to victims' protection institutions by women with disabilities who experienced violence.

151. Regarding web presentations and public relations work, the fact has to be emphasized that content has been made available also in sign language videos since 2009.

In accordance with the international guideline (currently WCAG2.0 issued by WAI/W3C), Internet presentations have to be accessible. The E-Government Act (*E-Government-Gesetz*) requires public institutions in Austria to ensure the accessibility of their websites. In addition, there are many accessible brochures, e.g. “Women Have Rights” (“*Frauen haben Recht*”). This publication informs on existing anti-violence rules and possible anti-violence measures and contains the addresses of facilities offering comprehensive support.

152. Regarding internal statistics on the issue of women and girls with disabilities, the fact should be highlighted that a standardized activity reporting form <http://www.frauen.bka.gv.at/site/5509/default.aspx#a8> was developed by the Federal Chancellery together with the respective NGOs. With a view to ensuring a uniform reporting system, use of this form for funded women’s service centres, emergency hotlines, women’s and girls’ counselling centres will become mandatory as from 2013. The standardized activity reporting form will in the future also be used to gather disability-specific data both on counselling institutions and clients.

### **Reply to the issues raised in paragraph 40 of the list of issues**

#### **Participation of women with disabilities in the labour market**

153. Regarding the situation of women with disabilities in the labour market, mention should be made of the fact that labour market policy faces a special challenge. Women with disabilities show a decreasing tendency of declaring themselves as disabled. The women’s share in the group of persons defined as “Registered persons with disabilities” (i.e. registered persons with severe impairments pursuant to the Disability Employment Act) is only 41.31 per cent; out of them 60.31 per cent are working and 39.69 per cent are economically inactive (reference date: 1 January 2013).

154. Persons who come into contact with special labour market policy programmes for persons with disabilities do so exclusively on a voluntary basis. Paying due regard to data protection laws, personal data on disabilities are not gathered and processed unless explicit legal requirements have to be met (e.g. supervision of employment duty). In sectors where data on the distribution of sexes are available (e.g. in schools), the situation of girls and women with disabilities regarding access to labour market policy programmes was improved by taking targeted measures.

155. The BMASK plans to create the necessary basis for taking even more targeted measures to create gender equality by improving qualitative monitoring and setting up a process-accompanying working group.

### **Reply to the issues raised in paragraph 41 of the list of issues**

#### **Inclusive child care**

156. The federal government makes available a total of € 100 million for the period 2008 to 2014 to increase the number of places in child-care facilities. Due to the greater need for individual care, children with disabilities benefit from this measure to a particular large extent. A monthly supplement to the family allowance of € 138.30 is granted for children with severe disabilities (expenditure amounting to about € 125 million for 75,000 cases).

157. The Land of Burgenland cooperates closely with the Federal Social Office (interdisciplinary counselling teams) and the respective legal entities running crèches, nurseries and after-school day care facilities. In Lower Austria aid is granted towards widening and enhancing support services for child education (out-patient clinics, mobile early intervention services and mobile nursing care for children, programmes for early

recognition as well as counselling centres). In Vienna the “Master Plan for Child Healthcare 2011-2015” (*Masterplan Kindergesundheitsversorgung 2011-2015*) provides for an increase in the number of therapy places for 1,700 children.

## **Reply to the issues raised in paragraph 42 of the list of issues**

### **Combating violence against children with disabilities**

158. Based on the concluding observations of the Committee on the Rights of the Child, a children’s rights monitoring process was initiated. A project group addresses the issue of preventing and combating violence against children. In this context, measures are being discussed to improve mechanisms enabling children with disabilities to report cases of violence.

159. The Ombuds Offices for Children and Young People of the Länder offer counselling services on special “consultation days”. In Lower Austria the Anti-Violence Expert Centre (*Fachstelle für Gewaltprävention*) offers advice and support on “preventing violence against persons with special needs” and engages in public relations work. In Styria the Anti-Discrimination Body (*Antidiskriminierungsstelle*) serves as a first point of contact as well as a clearing, counselling and monitoring centre, which may refer clients to other counselling facilities if required. In Vorarlberg the Ombuds Office of the Land is responsible for supervising institutions and programmes for persons with disabilities. In Vienna – besides the Ombuds Office for Children and Young People – a special Ombudsperson for Children is available for children in institutions. The children and young people are informed of the counselling services through personal visits by the Ombudsperson.

## **Reply to the issues raised in paragraph 43 of the list of issues**

### **Strengthening of the independent Monitoring Committee**

160. The independence of the Monitoring Committee is ensured as it may act completely independently within its spheres of activity. The federal government supports the Committee financially by making premises available to the office of the Committee in the governmental building accommodating the BMASK, by providing free Human Resources support, assuming all costs of the Monitoring Committee without any restrictions and granting an appropriate remuneration to the chairpersons of the Committee.

## **Reply to the issues raised in paragraph 44 of the list of issues**

### **Monitoring Committees of the Länder**

161. Regarding the implementation of article 33 of the CRPD by the Länder, reference is made to annex 7.