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Disability – International Perspectives

1 Introduction

The Committee for the Office of the First Minister and deputy First Minister has been considering issues relating to disability¹. Building on a previous paper summarising disability equality legislation in Northern Ireland², this paper examines disability issues in the international context, with some examples of good practice.

Examples of practice, policy and legislation which benefit people with disabilities in are useful indicators, however these examples often exist in a context of more general policies, equality standards and social attitudes to disability, rather than as stand alone measures.

2 International Instruments

The primary international instrument for disability rights is the United Nations Convention on the Rights of Persons with Disabilities, adopted in 2006. The articles are listed at Appendix 1, which also indicates how the provisions are being met in Northern Ireland according to the initial UK report to the Committee on the Rights of

¹ See COFMdFM meetings 18 January 2012 and 8 February 2012.

² Research and Information Services (RaISe) Briefing Paper NIAR 057-12 *Disability Legislation and Policy*, 3 February 2012.

Persons with Disabilities³. Research published in January 2012 concluded that there were shortfalls in Northern Ireland in the areas of awareness raising (Article 8), participation in political and public life (Article 29) and in data collection and access to information (Articles 31, 9 and 21)⁴.

In 2006, the Council of Europe adopted the Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015⁵. This has 15 'action lines', as follows:

- Participation in political and public life
- Participation in cultural life
- Information and communication
- Education
- Employment, vocational guidance and training
- The built environment
- Transport
- Community living
- Health care
- Rehabilitation
- Social protection
- Legal protection
- Protection against violence and abuse
- Research and development
- Awareness raising

Each of these 'action lines' has specific actions for member states to ensure access, protection and address negative attitudes in relation to people with disabilities. In addition, there are five 'cross-cutting aspects' for consideration in relation to each of the 'action lines', as follows:

³ As a young Convention, only five states have so far been examined by the Committee (Tunisia, Spain, China and Peru), with the UK to be examined on an as yet undetermined date. The UK ratified the Convention on 9 June 2009; the Republic of Ireland has signed but not ratified the treaty.

⁴ Colin Harper, Simon McClenaghan, Bronagh Byrne and Hannah Russell (2012), *Disability Programmes and Policies: How Does Northern Ireland Measure Up?* Belfast: Equality Commission for Northern Ireland: http://www.equalityni.org/sections/Default.asp?cms=News%5FNews&cmsid=1_2&id=318&secid=1_1. See RaISe Briefing Paper NIAR 057-12 p.6.

⁵ Council of Europe Recommendation Rec 2006(5): [https://wcd.coe.int/ViewDoc.jsp?Ref=Rec\(2006\)5&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75](https://wcd.coe.int/ViewDoc.jsp?Ref=Rec(2006)5&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75).

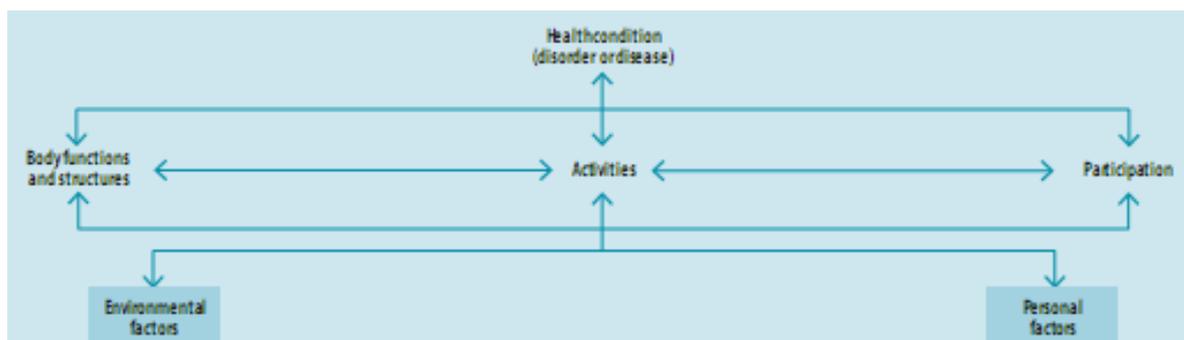
- Women and girls with disabilities
- People with disabilities with a need of a high level of support
- Children and young people with disabilities
- Ageing of people with disabilities
- People with disabilities from minorities and migrants

The European Union does not legislate on disability on the basis of subsidiarity, that is, disability is the concern of individual Member States, except as regards employment equality standards, where disability is included in the Framework Employment Directive of 2000⁶. However, the EU supports Member States through a number of initiatives as part of the European Union Disability Strategy⁷.

3 International Research and Concepts

Views of disability have changed over the years. Primarily, a ‘medical model’ was dominant, where the focus was placed on the deficiency of the person due to an illness or impairment. This has been challenged by a ‘social model’, which looks at individuals in their environment and has a focus on disability being a result of society not accommodating people with disabilities. More recently, there has been a move towards a ‘biopsychosocial’ model that synthesises both the medical and social models, taking into account both environmental and personal factors⁸.

The combination of factors is represented in the World Health Organisation International Classification of Functioning, Disability and Health (ICF)⁹, illustrated in the following diagram¹⁰:



The ICF recognises how environments can be facilitators or barriers and that it is the interplay between personal factors and social settings which determines participation. In addition, disabilities are viewed more as part of a continuum: rather than defining

⁶ Council Directive 2000/78/EC: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32000L0078:en:HTML>.

⁷ EU Disability Strategy: http://ec.europa.eu/employment_social/soc-prot/disable/strategy_en.htm.

⁸ Colin Barnes (2011), ‘Understanding Disability and the Importance of Design for All’ in *Journal of Accessibility and Design for All*, 1:1, 55-80.

⁹ International Classification of Functioning, Disability and Health (ICF): <http://www.who.int/classifications/icf/en/>.

¹⁰ World Health Organisation (2011), *World Report on Disability*, Geneva: WHO, p.5.

people with disabilities as a group and labelling individuals according to their impairments, disability is seen as a feature of varying permanence or severity that has an impact on how people interact with their surroundings and capacities.

The WHO report lists the following disabling barriers¹¹:

- Inadequate policies and standards: Policy design does not always take into account the needs of people with disabilities or policies are not enforced
- Negative attitudes: Beliefs and prejudices become barriers when people cannot see past the disability
- Lack of provision of services: People with disabilities are more susceptible to deficiencies in service provision
- Problems with service delivery: The quality and adequacy of services for people with disabilities are affected by issues of co-ordination, staffing, competency and training
- Inadequate funding: Resources for services are often inadequate
- Lack of accessibility: Built environments, transport and information are often inaccessible
- Lack of consultation and involvement: People with disabilities are often excluded from decision-making
- Lack of data and evidence: Lack of data on disability on programmes impedes understanding and action

In terms of adapting and planning environments, the notion of Universal Design has been developed to cater for the needs of people with disabilities and facilitate participation. Universal Design has been summarised thus¹²:

The general idea is that planning and shaping policies, built environments, information, products and services must be made responsive to the needs of people with diverse abilities.

The report recommends the following approach for governments¹³:

- *Adopt and Decide* – Policy makers should adopt a co-ordinated, harmonised and intersectoral approach to universal design, using the Council of Europe Action Plan action lines as a framework

¹¹ Ibid., pp.262-3.

¹² Søren Ginnerup (2009), *Achieving Full Participation through Universal Design*, Strasbourg: Council of Europe, p.8.

¹³ Ibid., pp.26-32.

- *Co-ordinate* – Policy makers should involve key actors from all sectors of society, with target agreements, a framework for the education sector, design incentives and cross-departmental working
- *Implement* – Policy makers should introduce legislative measures and provisions to provide a basic framework for implementation mechanisms, with information provision, assignment of responsibilities and cost-benefit analyses
- *Evaluate* – Progress should be bench-marked and monitoring, quality assessment and feedback on implementation

The applicability of Universal Design extends beyond buildings and access to everyday products and services that, with the appropriate thought and consultation, facilitate their use by anyone in society¹⁴. The North Carolina State University Center for Universal Design¹⁵ has developed seven principles, as follows:

1. Equitable use – The design is useful and marketable to people with diverse abilities
2. Flexibility in use – The design accommodates a wide range of individual preferences and abilities
3. Simple and intuitive use – The use of the design is easy to understand, regardless of the user's experience, knowledge, language skills or current concentration level
4. Perceptible information – The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities
5. Tolerance for error – The design minimises hazards and the adverse consequences of accidental or unintended actions
6. Low physical effort – The design can be used efficiently and comfortably and with a minimum of fatigue
7. Size and space for approach and use – Appropriate size and space is provided for approach, reach, manipulation and use regardless of user's body size, posture or mobility

The Canadian Human Rights Commission's review of best practice in universal design identifies examples from around the world of design features that assist the

¹⁴ Evastina Björk (2009), 'Many Become Losers When the Universal Design Perspective is Neglected: Exploring the True Cost of Ignoring Universal Design Principles' in *Technology and Disability*, 21, 117-125.

¹⁵ Center for Universal Design website: <http://www.ncsu.edu/project/design-projects/udi/>.

participation of people with disabilities. Examples from the report are in a table at Appendix 2¹⁶.

In terms of policy and the integration of people with all levels of ability into society, the Academic Network of European Disability Experts (ANED) has published comparative indicators across the 27 EU Member States. The following tables summarise some of the key survey results across the EU countries as a means of identifying good practice¹⁷.

<i>Satisfaction among people with disabilities with public transport</i>	
Highest	84.4% Finland
Lowest	25.5% Cyprus
UK	64%
EU average	65.5%

Finland passed a Non-Discrimination Act in 2004 and there is an ombudsman and advisory board for discrimination victims. There is no specific law referring to accessible transport and there is no national standard for public transport in Finland, however local authorities have an obligation towards passengers with disabilities, a commitment that has included the use of taxis at a standard public transport fare to fulfil that obligation. While there is no monitoring of the accessibility of public transport, the issue is high on the government agenda and appears on governmental plans¹⁸.

<i>Satisfaction among people with disabilities with housing</i>	
Highest	94.4% Netherlands
Lowest	50.4% Bulgaria
UK	83%
EU average	81.5%

¹⁶ Betty Dion (2007), *International Best Practices in Universal Design: A Global Review*, Ottawa: Canadian Human Rights Commission, pp.187-196.

¹⁷ Stephanos Grammanos (2010), *Indicators of Disability Equality in Europe*, Leeds: Academic Network of European Disability Experts.

¹⁸ Forschungsgesellschaft Mobilität (2008), *State of the Accessibility of Transport Systems for People with Disabilities in Finland*, Graz: FGM, for the EU project 'Public Transport Systems' Accessibility for People with Disabilities in Europe', p.9.

People with disabilities in the Netherlands can apply for and receive a rental allowance and are given priority in the allocation of municipal housing. Non-state organisations also provide independent living accommodation for people with physical disabilities (e.g. Stichting Fokus, with 1300 adapted homes) or learning disabilities (e.g. Thomas Houses, with 80 homes)¹⁹.

<i>People with disabilities who have completed tertiary education</i>	
Highest	37.4% Denmark (compared with 43.1% without disabilities)
Lowest	6.9% Portugal (compared with 18.4% without disabilities)
UK	26.1% (compared with 45.5% without disabilities)
EU average	19.4% (compared with 31.6% without disabilities)

In Denmark, the Act on Special Educational Assistance for Higher Education prescribes from 2007 equal opportunities for people with physical or mental disabilities. A support grant is issued through the State Educational Grant and Loan Scheme Agency under the Department of Education²⁰.

<i>Employment rate of people with disabilities</i>	
Highest	55.3% Latvia (compared with 79.8% without disabilities)
Lowest	29% Romania (compared with 69.9% without disabilities)
UK	47.3% (compared with 81.3% without disabilities)
EU average	45.2% (compared with 73.7% without disabilities)

The Latvian Constitution prohibits discrimination and the Labour Law of 2001 bans discrimination in employment. Employers can receive financial assistance to adapt a workplace for an employee with a disability, can receive a subsidy and can receive tax relief. The national policy 'Equal opportunities for All' was adopted in 1998, with an action plan to 2010, and this had a goal of creating opportunities for people with

¹⁹ National Disability Authority (2011), *Health and Personal Social Services for People with Disabilities in The Netherlands*, Dublin: NDA, pp.19-21.

²⁰ 'Disability in Higher Education in Denmark' (2009) on the website of the European Agency for Development in Special Needs Education, accessed 8 February 2012: <http://www.european-agency.org/agency-projects/heag/country-pages/denmark/disability-and-higher-education>.

disabilities, promoting rehabilitation and facilitating integration into the labour market. Unemployed people with disabilities have access to work-based activities with a subsidised salary to assist with entry into employment. However, incentives for employers are small and policies and programmes for people with disabilities are spread across several agencies, with insufficient co-ordination²¹.

<i>People with disabilities at risk of poverty</i>	
Lowest	10.7% Slovak Republic (compared with 9.5% without disabilities)
Highest	41.2% Latvia (compared with 18.3% without disabilities)
UK	25.4% (compared with 16.4% without disabilities)
EU average	21.1% (compared with 14.9% without disabilities)

Policies and practices that benefit people with disabilities operate in a context of wider policies, legislation, attitudes and practices. In the Slovak Republic, for instance, low rates of risk of poverty generally reflect on that of people with disabilities. Likewise, examples of good practice operate in a national and cultural context, as indeed the statistics quoted in the study above may be just as representative of social attitudes towards people with disabilities in the country in question as the application of particular policies.

In the area of participation in public life, the United Nations Human Rights Council recently published a thematic study on international good practice. Examples of measures to promote participation included the following²²:

- Measures included in national strategies or programmes on disability
- Allocation of financial resources to disability organisations for participation in activities relevant to advisory boards, etc.
- Establishment of national councils on disability or consultative bodies to advise the government
- Local or regional advisory bodies on disability issues (e.g. Norway)
- Financial resources for disability organisations and arrangements for disabled people's participation in monitoring of the implementation of the UNCRPD

²¹ P&W Praxis und Wissenschaft (2009), *Report on Good Practices in the Employment of People with Disabilities*, Munich: P&W Praxis und Wissenschaft, for the EU Project PwD Employ.

²² United Nations Human Rights Council (2011), *Thematic study by the Office of the United Nations High Commissioner for Human Rights on participation in political and public life by persons with disabilities*, A/HRC/19/36, Geneva: UNHRC, pp.13-14.

- Collection of statistics on participation of people with disabilities in elections (e.g. Canada)
- Development of a set of indicators to monitor participation in public life (e.g. Australia)

The ANED survey above reported that the participation of people with disabilities in elections approximately matches that of people without disabilities across the EU states, however there does not appear to be statistical data available for the participation of people with disabilities in public life in Northern Ireland²³.

Case studies of examples of provision for people with disabilities are at Appendix 3²⁴.

²³ Stephanos Grammanos (2010), *Indicators of Disability Equality in Europe*, Leeds: Academic Network of European Disability Experts, p.43.

²⁴ These examples were raised at the meeting of the Committee of the Office of the First Minister and deputy First Minister 18 January 2012.

Appendix 1: Articles of the UN Convention on the Rights of Persons with Disabilities and Legislation and Policy in Northern Ireland

UNCPRD Article	Northern Ireland Legislation or Policy²⁵
5: Equality and Non-Discrimination	DDA 1995: Protection from discrimination in employment and vocational training, goods, facilities and services, education, premises and transport. (p.21) Sect.75 NI Act 1998: Due regard from public bodies. (p.21)
6: Women with Disabilities	No NI information. (p.22) ²⁶
7: Children with Disabilities	Children and Young People's Ten Year Strategy. (p.23)
8: Raising Awareness	"The Executive has worked with disabled people and their organisations to raise awareness of the Convention". (p.26) Forthcoming Disability Strategy. (p.26)
9: Accessibility	Accessible Transport Strategy. (p.30)
10: Right to Life	No NI information. (p.31) ²⁷
11: Situations of Risk and Humanitarian Emergencies	No NI information. (p.31)
12: Equal Recognition Before and Law	Mental Health (NI) Order 1986. (p.34)
13: Access to Justice	Police covered by DDA 1995; awareness training for police. (p.36)

²⁵ All references from: Office of Disability Issues (2011), *UK Initial Report on the UN Convention on the Rights of Persons with Disabilities*, London: ODI: <http://odi.dwp.gov.uk/disabled-people-and-legislation/un-convention-on-the-rights-of-disabled-people/have-your-say.php>.

²⁶ Domestic violence and sexual violence strategies are mentioned in the Northern Ireland Executive contribution to the UK report, as well as the Sexual Assault Referral Centre to open in 2012(p.8) : <http://www.ofmdfmi.gov.uk/index/equality/disability.htm>.

²⁷ The NI Executive contribution refers to abortion being illegal except in certain circumstances (p.12).

	<p>Courts Service awareness training; reasonable adjustment guidance. (pp.37-38)</p> <p>Justice Act 2011: Assistance to give evidence in criminal proceedings, (p.39)</p> <p>Awareness training for prison and probation staff. (p.38).</p>
14: Liberty and Security of the Person	<p>Mental Health Review Tribunal: Safeguard for detained patients. (p.42)</p> <p>DDA 1995: Accessible prison facilities. (p.43)</p>
15: Freedom from Torture or Cruel, Inhuman or Degrading Treatment	No NI information. (p.44)
16: Freedom from Exploitation, Violence and Abuse	<p>Criminal Justice (No.2) (NI) Order 2004: hate crime. (p.46)</p> <p>Collection of hate crime data. (p.47)</p> <p>Regulation and Quality Improvement Agency (RQIA): Inspection of health and social care services. (p.48)</p> <p>Forthcoming safeguarding policy. (p.38)</p>
17: Protecting the Integrity of the Person	No NI information. (p.50)
18: Liberty of Movement and Nationality	No NI information. (p.52)
19: Living Independently and Being Included in the Community	<p>Supporting People Programme; PSI Homelessness Strategy; Bamford Review of mental Health; Ageing in an Inclusive Society; Physical and Sensory Disability Strategy: Supported independent living. (p.56)</p> <p>Strategic Action Plan and Regional ASD Network: ASD support. (p.58)</p>
20: Personal Mobility	Regional Wheelchair Services Implementation Group: Improving

	wheelchair provision. (p.60)
21: Freedom of Expression and Opinion and Access to Information	No NI information. (p.61)
22: Respect for Privacy	No NI information. (p.64)
23: Respect for Home and Family	DDA 1995: Protection from discrimination by family planning services. (p.65)
24: Education	SEN and Disability (NI) Order 2005: Protection from discrimination in education; accessibility plans. (p.69, 72) 'Widening Access' premium for HE; Register of Support Providers for HE. (p.75)
25: Health	Investing in Health policy. (p.77)
26: Habilitation and Rehabilitation	No NI information. (p.82)
27: Work and Employment	Disablement Advisory Service; Job Introduction Scheme; Workable NI. (p.88)
28: Adequate Standard of Living and Social Protection	No NI information. (p.91)
29: Participation in Political and Public Life	DDA 1995: Accessible polling booths. (p.95)
30: Participation in Cultural Life, Recreation and Sport	Arts Council: Premium Payment Scheme funding for access; Participation Access group. (p.97)
31: Statistics and Data Collection	No NI information. (p.100)

Appendix 2: Examples of Best Practice in Universal Design

<i>Access routes – clear width</i>	Pedestrian routes are clear, wide and outlined by paving stones that are contrasting in colour and texture from those of the main route. There is a wide, clear route between the street elements and shops and trees and street furniture are aligned with each other. Here are no grates or surface hazards on the main route. Signage is overhead.
<i>Travel ticket dispensing machine</i>	Buttons and instructions are colour contrasted with the background, text and font characters are large and easy to read, buttons are large and easy to press. Controls are at a height accessible to sitting and standing users and there is adequate manoeuvring space in front. An audio option is clearly marked with Braille.
<i>Transport terminal – video and electronic signage</i>	Video and electronic signage with travel information, combining text and audio, text being well contrasted with the background and audio output automatically adjusted to the surrounding ambient noise level to ensure audibility.
<i>Directional indicators and detectable warnings</i>	Road crossing point from a footpath to a curb, with raised lines to indicate direction of travel and a strip of truncated domes to indicate the edge of the roadway. The footpath and curb are nearly level, reducing a trip hazard, and the crossing point is clearly marked with painted strips of contrasting colour and luminescence with the road.
<i>Elevators</i>	Large, automatic elevator doors centred on the elevator cab, opening almost the full width of the elevator. Large colour dots on the floor in front of elevators to indicate their presence, with a large, tactile button located between elevators at an appropriate height, colour contrasted with the background and a visual feature which illuminates the edge of the button and an audible tone when the button is pressed.
<i>Entrance way-finding system</i>	Detectable direction indicators which contrast with the floor surface lead from the outside of a building to a building directory, then to an entrance with automatic doors. The door colour contrasts with their surroundings and glass doors and panels have colour contrasting edges and

	etched larkers at eye level to indicate the presence of a glass panel.
Fire safety	One elevator in a building remains in service for 30 minutes after a fire alarm, with a positive pressure system to keep the shaft, cab and waiting area smoke free and doors fire-rated to 30 minutes. In areas where the fire lift is not located, there are clearly marked refuge areas with fire-rated doors, evacuation from which is included in the fire evacuation plan, equipped with an emergency button linked to a call response centre. There are integrated low frequency alarms and audio loudspeakers for communicating instructions. Doors on emergency routes have automatic opening devices and panic release evaluation handles.
Historic buildings	Chair lift up main stairs to the building, ground level raised to the front step, rather than building a ramp, automatic door opener on the original entrance door. A sign outside the building has information in Braille and there is a tactile model of the building on a raised table feature with room for a wheelchair underneath.
Kitchen stove/oven controls	Controls are located at the front and are well contrasted. Knobs are easy to grasp and provide audible, visual and tactile feedback that they are in use. The stove top provides visual feedback that the element is turned on.
Lockers and storage	Changing room lockers are available at various heights, locker doors are colour contrasted with the surrounding walls and the locker dividers, with contrasting tactile number labels. A bench is located close to the lockers to provide a place to sit while changing.
Ramps	Ramps are constructed of non-slip material at a slope of 1:15, with colour-contrasting paving stones, and a dual height handrail that extends beyond the top and bottom of the ramp.
Shower	The shower space is large enough for wheelchair transfer to a folding, self-draining bench or for a roll-in shower chair, there is no curb, but a sloping ridge for drainage, a non-slip grab bar and a shower head with a long hose for hand-held

	use. The tap has a lever handle and provides for temperature control.
Stairs	The staircase has a tactile and colour contrasted detectable warning at the bottom, there is a colour contrasted textured strip on each step and a landing half way up the staircase as a rest point. The handrails are round and easy to grip, are continuous along the whole of the staircase and extend beyond the top and bottom.
Swimming pool	The pool has built-in steps rather than a ladder, each step having a contrasting colour strip at the edge and there is a dual height handrail for the entire length of the stairs. There is a wide contrasting band of tile near the edge of the pool, which slightly rises to indicate the edge.
Washroom	The unisex individual accessible washroom is not located in the men's or women's facility, to enable assistance from a member of either sex. There is a large clear area adjacent the toilet for transfer, non-slip grab bars located behind and next to the toilet, no seat back for the toilet, but a back rest, hands-free infra-red flusher, sufficient knee space, pipes recessed to the rear to prevent scalding and mirror, toilet paper, soap dispenser and bin are all at an appropriate height and easy to reach from the toilet.
Way-finding signage	A tactile floor plan at a transport terminal has symbols and text of good colour and luminescence that contrast with the background, with text in relief and Braille. A legend explains pictographs and consistent colouring to indicate key elements of the route. The map also indicates the location of further tactile points along the route.

Appendix 3: Case Studies of Disability Provision

Call-a-Ride Paratransit Service - USA

The Call-a-Ride paratransit service is a curb-to-curb public transportation option offered to both the general public and to persons whose disabilities prevent use of regular, accessible, fixed route transit services. The service is provided for individuals who qualify under the Americans with Disabilities Act 1990 (ADA) and is often available for non-ADA people with different conditions of travel. The service operates in specified areas of a number of US towns and cities, examples as follows:

St Louis: <http://www.metrostlouis.org/PlanYourTrip/MapsSchedules/CallARide.aspx>.

Columbus: <http://www.columbusga.org/metra/dialRide.htm>.

New York: <http://www.mta.info/nyct/paratran/guide.htm>

Denver: <http://www.rtd-denver.com/accessARide.shtml>

Albany: <http://www.cityofalbany.net/departments/public-works/transit/call-a-ride-service>

The USA has signed but not ratified the UNCRPD.

Disability Provision in Poland

The Government Plenipotentiary for Disabled People (Pełnomocnik Rządu do Spraw Osób Niepełnosprawnych) – is the Secretary of State for Labour and Social Policy and is responsible for supervising legislation regarding people with disabilities, advised by the National Consultation Council for Disabled People.

<http://www.niepelnosprawni.gov.pl/krajowa-rada-konsultacyjna-ds-os/>

Charter of Rights for People with Disabilities 1997 – serves as a set of rights for people with disabilities, which new legislation cannot contradict, and imposes an obligation on the government to report progress on implementing the rights of people with disabilities.

<http://www.niepelnosprawni.gov.pl/karta-praw-osob-niepelnosprawnych/>

Act on the Vocational and Social Rehabilitation and Employment of People with Disabilities 1997 – regulates rehabilitation, employment and assessment of people with disabilities.

<http://www.niepelnosprawni.gov.pl/ustawa-o-rehabilitacji/>

Employment quotas – employers from the private and public sector with 25 or more employees must employ a quota of 6% people with disabilities.

The State Fund for the Rehabilitation of Disabled People – finances activities to promote the rehabilitation of people with disabilities, including ‘rehabilitation holidays’ and occupational therapy. People with disabilities are also entitled to re-training and specific benefits.

Poland has signed but has not ratified the UNCRPD.