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Social Exclusion
a vision of its concept in three
European countries

“Social Exclusion – a vision of its
concept in three European countries.”

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Preparatory actions to combat and prevent social exclusion

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INTRODUCTION

This reports aims to be an introduction to a topic of great social relevance – namely the interpretation that is made of the term “social exclusion” and how this interpretation marks peoples lives.

It has been carried out as part of the ADES project thus attempting to increase the knowledge that exists of social exclusion in the sense that our study has been carried out in three EU countries, with the focus of the work being placed on a specific group belonging to those that are considered “at risk of social exclusion”, as is the social group of disabled persons. We expect this to be illustrated in a key point of the topic: *Are all the countries, and the different social agents within every country, at the same starting point when we plan interventions against social exclusion?*

The study will provide a view of whether a common concept of social exclusion exists, and in the case that this concept is not homogenous, where the differences lie and of what nature they are. The relevance, in the strictest definition of this concept, is clearly evident in the development of national and community regulations and entails the application of financial and social resources towards categories which have been established by this definition. Finally, it shall provide a series of strategic recommendations to reach, at community level, a common definition of the concept.

The European Council of Lisbon recognised, in March 2000, the fight against social exclusion and poverty as the driving force of economic progress and for development of employment. That is to say, the most inclusive societies will be the best prepared to carry out and absorb the structural changes demanded for the achievement of development. The fight against social exclusion, consequently, is a fundamental step in the modernisation of the European social model.

When one speaks about social exclusion, reference is being made to a variety of phenomena and a wide range of policies, which range from the policy for employment to the protection of housing, from education to health, from information to communication, from mobility to security and justice, from culture to free time. Once more that has made us reach the conclusion that, regrettably, in every member country of the European Union, when time comes to draw up the National Schemes for the Fight against Social Exclusion, it is the economic aspect that is taken into account. What is considered important is employment and competitiveness, and only marginally do they take into account the wide range of factors, either for reasons of exclusion or of deficits, that determine the marginalisation of the now numerous sectors of society.

As a concept, the term 'social exclusion' originally appeared in France in 1994 to refer to various categories of persons labelled as "social problems" and who did not enjoy the protection of security social. Within this concept, social exclusion referred to a process of disintegration social in the sense of a progressive rupture of the relationships between individuals and society. However, since the late eighties the term 'social exclusion' has also been disseminated by the European Commission, which was becoming increasingly worried by the problems of long term unemployment, unqualified workers, and immigrants. The European Union, and many of its member states, have taken 'social exclusion' as a central part of the forming of public policies. The treaties of Masstricht and Amsterdam and the Structural Funds included a compromise to combat social exclusion.

By the beginning of the eighties, the concept of social exclusion had become a term which provided an important framework to carefully consider the alternative social policy, particularly in relation with the notion of the provision of social welfare. It also became a radically innovative concept to describe **deficits**. The advantage of the concept is that it focuses the attention on the fundamental aspects of deficits.

The exhaustive study that was undertaken on the concept of social exclusion and its application in various contexts was that of the International Institute of Labour Studies (ILLS). The ILLS study made the distinction between two broad interpretations:

Social exclusion as an attribute of a person: This interpretation is centred directly on the nature of the lives that many people currently live. It is considered that the excluded persons or groups are to be found in a situation of disadvantage. To a certain extent, people who are socially excluded are socially isolated; they may lack social links with the family, the local community, the voluntary associations, the unions, or even the nation.

These people may also be at an disadvantage en terms of the extent of their legal rights or their effective ability to fulfil them. The individual disadvantage is perceived as a multi-dimensional situation and brings together the aspects of disadvantage related to consumption as well as those aspects which are work related.

Social exclusion as a property of society. Social exclusion may be a property of the basic institutional framework and of continuous institutional agreements within a particular nation. In this sense, social exclusion refers to the institutions and the rules – formal or informal, explicit and implicit – which permit and limit human interaction. Social exclusion is a property of society if racial, sexual, or other forms of discrimination exist, if the markets through which the people are able to earn a living are discriminatory, or if the public assets, which in theory must be at the disposal of all citizens, are limited to just a few.

The definition of “social exclusion” as used by the Public Administration.

DEFINITION OF “SOCIAL EXCLUSION” ADOPTED BY THE ITALIAN GOVERNMENT.

The investigation committee on social exclusion, instituted by D.P.C.M. on 14 April 1999, in its Annual Report on policies against poverty and social exclusion defines the “excluded” in the following manner: “ *The excluded are subjects that occupy the lowest positions in the social stratification, a group of persons that not only dispose of a quantity of resources inferior to what is considered the minimum quantity to lead a normal life, but also remain separated from the rest of society*”. *The qualifying element of the notion of social exclusion is, in fact, the considered separation between those who fully participate in society and those who are, on the other hand, deprived of a recognised role. Generically, in the current discourse of events, the excluded are those who, besides enjoying an insufficient quantity of resources, are outcast or set aside from the social practises and norms that regulate the integration of individuals into the society to which they belong*”.

According to the report, the concept of social exclusion makes reference to a dynamic analytic perspective, in which the temporary dimension of the status of deprivation is the principal aspect; in other words it is important to understand through what phases, and immediately afterwards in what circumstances, a person or group becomes excluded. Taking this perspective as a starting point, both the individuals as well as the choices and conduct adopted by them are important. In fact, if we solely use the individual as a starting point, it is possible to individualise the events and circumstances that lead to social exclusion. Naturally, the dynamic perspective of the concept of social exclusion does not only refer to the past, but also the future given that the condition of social exclusion may produce accumulating effects that can lead to a worsening in the global situation of the person or group, and may trigger mechanisms of transmission.

The notion of social exclusion, present in the Investigation Committee’s document on social exclusion, also insists on the multidimensional nature of the phenomenon – that is, on the fact that to be excluded means to suffer, cumulatively, different forms of deprivation. In other words, social exclusion is the result of a variety of phenomena such as: unemployment, low salaries, high crime rate, low quality housing, lack of professional training, poor health, familiar desegregation, difficult access to services, low level of education, and inequality.

Although the legislator has not given a effective definition of social exclusion, it can still be deduced through a thorough analysis of the articles of the Italian Constitution, **Nº 2** (*The Republic recognises and guarantees the inviolable rights of the person, either individually or as a member of the social groups in which one's personality finds expression, and demands the adoption of irrevocable duties of social, economic, and political solidarity*) and **Nº 3 (1)** *All citizens possess an equal social status and are equal before the law, without distinction as to sex, race, language, religion, political opinions, and personal or social conditions. (2) It is the duty of the Republic to remove all economic and social obstacles which, by limiting the freedom and equality of citizens, prevent the full development of the individual and the participation of all workers in the political, economic, and social organisation of the country.* Thus, although the State has intervened throughout the years with numerous actions aimed at persons and groups in need of assistance, the concept of social exclusion is not explicitly stated in no other rule or regulation except that of the **Law 8 November Nº 328** “*Framework Law for the undertaking of the integrated system of interventions and social services*”. In the article 1/1 the aforementioned law states: “The Republic assures an integrated system of social services and actions for persons and families; promotes actions that guarantee the quality of life, equal opportunities,

non-discrimination, and citizen rights; prevents, eliminates, or reduces the conditions of disability, need, and of individual or family difficulties, derived from insufficient income, social disadvantages and conditions of non-autonomy, coherent with the articles 2, 3, and 38 of the Constitution.”

With this law, it is clearly seen that to guarantee social assistance to persons and families in condition of need (in that way assuring true freedom and effective participation of the citizens in social and economic life) is not solely a duty of the community, but also proof of validity and the vitality of a democracy. Social rights for citizens and family are recognised, for which there are proposals for more personalised, flexible, modern, and appropriate answers, with consistent financial benefits and good services. The asylums, in-home assistance for the elderly, personal assistance for disabled people, the fight against poverty etc. no longer depend on charity or the efficiency of previous organisations, but they are established by the standards that the services, which can not remain unapplied, must respect. Everyone is now able to demand social rights.

DEFINITION OF SOCIAL EXCLUSION ADOPTED BY THE SPANISH GOVERNMENT.

Social exclusion in Spain is defined and addressed in the National Plan for Social Inclusion¹ which is drawn up by the Ministry of Labour and Social Affairs. This plan was published in June 2001 and we have extracted the definition, as follows:

“(...) in the heart of our advanced societies new phenomena of poverty, marginalisation and social isolation have emerged which affect a significant part of the population and end up taking the shape of social exclusion.

To be exact , the term of social exclusion refers to those people who in some way find themselves outside the vital opportunities that are available to all citizens, that is, far from the cultural, social and economical conquests that our developed societies have been capable of generating. Therefore, exclusion is not on the same level as poverty, and although both concepts are closely related there exists a fundamental difference.

Thus ,social exclusion is understood as being the absence, for some, of the joint vital opportunities that others do have, such as the impossibility or intense difficulty to gain access to the mechanisms of personal development and insertion in our social community, and to the already established systems of protection. For this reason, social exclusion means the same as non-affiliation, that is to say, a social separation of great depth that in fact, produces the loss of the social citizenship, defined as the joint rights of a political, social, economical and labour character for the individual or group which suffers such a process.

As opposed to poverty, which is a state referred to on an basically economic dimension, with a notable personal component as it is restricted to individuals who are associated with undeveloped societies, or developing societies which still have high levels of significant poverty and which create social distances in a vertical sense (top-down) of the social stratification, social exclusion is understood as being a process that affects, more than anything, social groups and which is defined by a multidimensional component of factors (economical, social, educational, cultural, political employment,...)

Key components that come together under the concept of social exclusion in accordance with the definition of the Spanish Government are:

The social exclusion is:

a)Structural

Social exclusion implies breaks in the social fabric and the rupture of certain basic co-ordinates of integration

b)Dynamic

The frontiers of social exclusion are mobile and fluid; the rates of risk present social extensions and personal strengths which are extremely changeable. In this sense, one can say that social exclusion is becoming “democratised”.

c) Multifactorial y multidimensional.

It is expressed as a multifaceted phenomenon, formed by the articulation of a host of unfavourable circumstances, often strongly interrelated.

d)Strategic

¹ Plan Nacional de Acción para la Inclusión Social del Reino de España, Madrid, 2001

Social Exclusion is able to be tackled by group actions within the social fabric and by political policies.

The marginalised groups do not form an homogenous subject related to historical changes, visible and with the capacity to overcome their exclusion. From this position it is much more complicated to generate mobilisation and to define an emancipated praxis.

The social groups exposed to the processes of social exclusion are as follows:

- a) Poverty in the sense of financial income
- b) Difficulties in job integration
- c) Problems for access to education and to basic schooling
- d) Lack of decent housing
- e) Lack of psycho-physical capacity or medical assistance
- f) Lack of or poor family support
- g) Environments prone to social marginalisation
- h) Difficulties for access to the justice system
- i) Problems for access to, or the learning of, new technologies

There is a first level of factors that contains key elements to explain the situation or the risk of exclusion: lack of, or difficult access to, employment, education, professional qualifications, or housing. Along with these also lies that of not disposing of a level of income which permits attending to those minimum needs; poor health or physcho-physical capacity is a key element among the ill, disabled, or drug addicts; the lack of an appropriate family environment or social relationships is a excluding factor in childhood, for youths, for the elderly, for the homeless, for the ethnic minorities, and above all for ex-convicts. And as a transversal factor the lack of information available through public and private channels for help with social inclusion.

The Panorama of Exclusion

Deficits	Affected Groups										
	Childhood	Youths	Adults >45 years old	Adults	Women	Disabled persons	Drug addicts / AIDS sufferers	Homeless	Inhabitants in Impoverished areas	Ethnic Minorities	Ex-convicts
Employment		XX	XX		XX	XX	XX	XX	XX	XX	XX
Education	X	XX	X			X		X	XX	XX	
Training		XX	XX	X	X	XX	X	XX	XX	XX	XX
Housing		X		X		X		XX	XX	XX	
Income		X	X	X	XX	X	X	XX	X	X	X
Health				XX		X	XX	XX	X	X	X
Family Support							X	XX	X		X
Social and cultural integration				XX		X	X	XX	X	XX	X
Assistance information				X			X	XX	X	X	X

NOTE: The X represent intensity or risk of exclusion: X= affected - XX= seriously affected

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² Chart taken from the National Scheme for Social Exclusion of the Kingdom of Spain

DEFINITION OF “SOCIAL EXCLUSION”, AS A BASIS OF GERMAN LEGISLATION AND OF THE ADMINISTRATION OF THE FEDERAL REPUBLIC OF GERMANY

In their first report on poverty and wealth "Life situations in Germany" (published in 2001), the German government does not give a definition of the term social exclusion.

Instead, they offer a pluralistic term of poverty relating to the situation-of-life approach, which is looking at situations of need from different perspectives. The approach is guided by the definition of the Council of the European Union from 1987, which defines as poor those persons, families, and groups that "have such little (material, cultural, and social) means, that they are excluded from a lifestyle that is tolerable as a minimum in the member-state they live in" (relative poverty concept).

According to the so-called relative poverty term, we are not defining poverty when the physical or psychological existence of a human being is absolutely in danger, but also when the participation in social life is hampered in a quantitative or qualitative regard.

A disadvantage concerning financial resources to earn one's living is often correlating with a disadvantage in other sectors, e. g. It is simultaneously evident. This is why the term "social exclusion" in the poverty / wealth report is explicitly defined as multi-dimensional. A holistic view of poverty / social exclusion as a life situation can be rooted in the following dimensions:

- Available income, property, credit-worthiness, debts;
- Health, access to and use of health-care benefits, life expectancy;
- Living conditions, living area, ghettoization, surrounding conditions
- Position in the employment system, working conditions, unemployment;
- Integration in the system of social welfare
- General and professional qualification;
- Family structure, family biography, social networks and social exclusion
- Participation in political decision-making processes, participation in societal and cultural life;
- Access to public institutions, such as kindergartens, schools, professional training institutions, usability of public transport, public care and public waste-disposal.

The government's duty to fight the phenomenon of social exclusion in all its different facets can be derived from the Basic Law. The following are the relevant articles:

Article 1 (Protection of Human Dignity)

(1) Human dignity is inviolable. It is the duty of all governmental power to respect and protect it.

Article 2 (Personal Freedom)

(1) Everyone has the right to free development of one's own personality, insofar as one does not violate the rights of others and does not violate the constitutional rules or the moral law.

Article 3 (Equality in the face of law)

(1) All humans are equal for the law.

(2) Men and women have equal rights. The state supports the implementation of the equal positioning of men and women and works towards the elimination of existing disadvantages.

(3) It is not allowed to preference or disadvantage anybody due to their gender, origin, race, language, home and heritage, or held religious or political beliefs.

Article 12 Freedom of profession

(1) All Germans have the right to choose their profession, place of work and institution of training. The exercise of one's profession can be regulated through a law or based on a law.

Article 20 (Democratic constitution founded under the rule of law)

(1) The Federal Republic of Germany is a democratic and social confederation. (This article is subject to the "guarantee of perpetuity" stated in article 79, paragraph 3)

The state's duties, that can be derived from the Basic Law, are partly manifested in the "National Action Plan for Social Integration 2001-2003" of the Federal Ministry for Labour and Social Affairs. This plan also mirrors the implementation of the decisions taken by the European Parliament and Council:

"The politics of the Federal Republic of Germany is aiming at enabling all citizens to take active participation in economic and social life. This policy is congruent with the model of an activating and preventive social state. Poverty and social exclusion should be avoided by preventive policies. This includes an education and employment policy that enables citizens to take the chances offered by a rapidly evolving economy and society. Among others, this policy also includes a comprehensive social security system that provides appropriate benefits."

The most frequently mentioned causes for poverty and social exclusion are unemployment and permanent exclusion from the labour market. Thus, the action plan states:

"This is why the overcoming of unemployment is the most important political goal of the government. Labour leads to economic independence and facilitates the participation in social life. Social appreciation and the personal feeling of self-worthiness of the individual are heavily influenced by one's standing in the labour hierarchy of our society."

In the Action Plan of the Federal Ministry, the importance of effective systems of social security for the population's agreement to a just societal order: *"Solidarity and social cohesion are pre-conditions to an economically successful and socially just society. Only politics that give fair chances to an active participation in economic and social doings, and politics that do not abandon people who find themselves in distressful situations, will be successful in the long run and will be supported by their citizens."*

The need to immediate action to combat social exclusion can be found in the following analysis from the poverty and wealth report of the federal government 2001:

"The stock-taking and analysis of the development in Germany up to 1998 illustrates for almost all areas of living, that social exclusion has increased, and that distributional justice has declined."

Concerning people with disabilities, the Federal Government is trying to implement the right to anti-discrimination in Article 3 of the German Basic Law in an Anti-Discrimination Law – which was put into force on March 3, 2002 by the German Parliament. This pertains to all public areas of the federal administration.

The explanation for the draft bill says:

"The amendment of Article 3, Section 3 German Basic Law, by Section 2, in 1994 has expressed the changed view of the constituent organ. The sentence "Nobody should be discriminated against because of his disability" It has underlined the obligation of excluding those laws and discriminating conditions which exist in the everyday-life of people with disabilities and that are socially intolerable. This concern was taken into account by creating the Ninth Book of Social Legislation (SGB IX), concerning the socio-judicial rights to equal participation in social life. Furthermore, all life areas should be created so that people with disabilities can have equal opportunities in every-day life without having to make extraordinary

efforts. Thus, the focus is put on the realisation of universal and equal citizen rights for a societal equality, and diverted from socio-political compensation of disadvantages.

The discrimination ban in Article 3, Section 3, Clause 2 Basic Law

"The abolishment of discrimination of article 3, paragraph 3, sentence 2 of the basic law directly binds administration and jurisdiction, but also the legislator itself (Bundestag-Drucksache 12/8165 p. 29). Therefore, the law for equal rights aims at the direct and practice-oriented realisation of the legal positioning derived from article 3, paragraph 3, sentence 2 of the basic law."

Early in the beginning of the statement of reasons for the equal-rights-legislation, the striving of the legislation to provide the independent participation in social life is stressed. It says:

"It is the aim of the present draft law to pay credit to the altered self-understanding of people with a disability and to the shift in paradigm within the policy for people with a disability. People with a disability want to participate in social life equally as those without a disability, and they do not only want to be dependent on the care of society. Therefore it is the aim of the federal government to eliminate as many obstacles as possible that hinder people with a disability from equal participation, to exclude legal discriminations and to eliminate the causes for possible disadvantages."

The basic grounds for this new impetus and the connected change within the goals of disability politics were laid down by an unanimous decision of the German Bundestag cast May 19, 2000 (Bundestags-Drucksache 14/2913), which states: *"Therefore, the centre of political efforts are no longer care and welfare for people with disabilities, but rather their independent participation in social life and the elimination of obstacles that hinder their equality in opportunity."*

The equal-right-law for people with disabilities with its grounding of barrier-freedom and equality in public law is to secure that people with a disability can live everyday-life as utterly free from discrimination as possible. As for civil law, the aims to equal treatment and the elimination of discriminating regulations are pursued with an independent striving for a new law, the civil anti-discriminatory law. By doing so, the federal government takes up issues that have been the cause for various treaties and decisions on the European and international level already.

The ratified Federal Law for Equal Rights has a unique history. It is based on a draft written by the "Forum of female and male jurists with a disability", and it was discussed in depth by the representative for people with disabilities and the Federal Ministry for Labour together with associations and individual persons in form of hearings, sheltered-workshop-talks and internet-forums during the time of its drafting. For the formulation of the law, jurists with disabilities from the forum were delegated to the Federal Ministry of Labour. Therefore the law has been written in close co-operation with the affected group.

In connection with the process of creating the law, equal-rights-laws (anti-discrimination laws) have been ratified or are in preparation in 16 federal states.

Measuring system of social exclusion; when is it considered that a person is socially excluded.

The chart below outlines the groups that are considered to be susceptible of social exclusion in the three countries:

ITALY	SPAIN	GERMANY
People with Disabilities	People with Disabilities	People with Disabilities
Immigrants	Immigrants	Migrants and Seekers of Asylum
The poor	The homeless	The Poor (among them: unemployed and homeless persons)
Mentally Handicapped and ex-hospitalised psychiatric patients		Mentally Handicapped
Drug addicts		Addicts
HIV-Positive and Persons suffering from AIDS		HIV-Positive and Persons suffering from AIDS
Socially disadvantaged Young persons	Childhood and family	Socially disadvantaged Young persons
	Adults	Gays and Lesbians
	Women	
	Ex-convicts	
	Gypsies	
	Youths	

In order not to create a saturation of information, we have decided to concentrate only on the data provided by Italy and Germany, as a sample of representative countries from both southern and northern Europe.

ITALY

<p>Disabled persons</p>	<p>In accordance with the Italian State, a person is recognised as being disabled through the diagnosis carried out by the medical Committee legally established by the Local Sanitary Office (OSL), with territorial competence over the disabling pathology. The committee is made up of a doctor specialised in legal medicine, who assumes the functions of president, and two other doctors of whom one is preferably chosen among those specialised in the field of work medicine - Law 15 October 1990, n° 295 “<i>Modifications and inclusions to article 3 of the Decree Law 30 May 1998, n° 173, reformed, with the modifications of the Law 26 Julio 1998, n° 291, and successive corrections, concerning the review of the categories of disabilities and disabling illnesses</i>”.</p> <p>The chart which indicates the percentage of disability of the disabled and the disabling illnesses is established in accordance with this decree by the Ministry of Health.</p> <p>With the Law n° 104 1992 “<i>Rules and regulations for the right to work of the disabled</i>” it was necessary to find the means to diagnose the “situations of disadvantage”. In article 4 of the aforementioned law, it is established that the diagnosis related to disabilities, disadvantages, the need of permanent assistance intervention, and remaining individual overall capacity must be carried out by the legal-medical Committee (Law n° 295 1990) integrated by a social assistant and an expert in the cases to be examined. In accordance with article 3 of the same Law n° 104 1992, a disabled person shall be any person who presents a physical, mental, or sensorial diminution, be it stable or progressive, and which is the cause of disadvantages of learning, social relationships, or integration in the job market, and found to be the determining cause of a situation of disadvantage or of marginalisation.</p> <p>The disabled person has the right to the social benefits established in his favour with regard to the nature and type of disability, to the remaining individual overall capacity, and the effectiveness of the rehabilitating therapies.</p> <p>Providing that the disability, either singular or multiple, has reduced personal autonomy, in relation to age, in such a way that an intervention of global, permanent, and continued assistance is necessary on an individual plane or that of social relationships, the situation takes on serious dimensions. The situations recognised as serious determine priority in programmes and interventions of public services.</p>
<p>Immigrants</p>	<p>According to the Italian Constitution, and law N° 40 1998, foreigners are all those citizens of States not belonging to the European Union and those persons who are stateless.</p>
<p>The poor</p>	<p>Poverty represents a phenomenon which is difficult to define, as, in spite of all the implications that it entails, its essence always lies within economic parameters. Measuring poverty means quantifying the number of persons who are not in a economically self-sufficient situation and therefore must make a great effort to be able to satisfy the most essential needs. Conventionally, it means drawing a dividing line below which we find those who do not dispose of sufficient resources to survive and be able to guarantee themselves and their families the minimal subsistence. This line is known as “the poverty line”.</p> <p>The official poverty line in Italy is that defined as the International standard of poverty line (Ispl). As an example, using this line as a base, a two member- family with a consumption equal or inferior to the average per capita of the country is defined as poor. The measure of the reference yields of an individual is done through the ESI, Economical Situation Indicator, a uniform criteria through which the minimum right of a person to accede to assistant benefits is established.</p>

<p>Mentally ill and ex-hospitalised psychiatric patients</p>	<p>Persons with mental disabilities are included in this group, recognised as such by the legal-medical Committees of the Local Sanitary Office (OSL), as happens with all types of disabilities. These committees officially recognise the degree of disability of the mentally handicapped – Law 15 October 1990, n° 295 <i>“Modifications and inclusions to article 3 of the Decree Law 30 May 1998, n° 173, reformed, with the modifications of the Law 26 Julio 1998, n° 291, and successive corrections, concerning the review of the categories of disabilities and disabling illnesses”</i> and the situation of disadvantage – Law n° 104 1992 <i>“Rules and regulations for the right to work of the disabled”</i>.</p>
<p>Drug Addicts</p>	<p>Every person who consumes narcotic substances and approaches the public sanitary service to ask to undergo diagnostic verifications, and who has established a socio-rehabilitative and therapeutical programme, are included in this group.</p>
<p>HIV positive and those suffering from AIDS</p>	<p>AIDS is an acquired disease which, at the moment it appears (in the so-called window period), causes a series of injuries that produces difficulties for the individual. These difficulties are defined as disabilities by the Italian judicial code. At the moment that a person suffering from AIDS has been legally recognised as disabled - Law 15 October 1990, n° 295 <i>“Modifications and inclusions to article 3 of the Decree Law 30 May 1998, n° 173, reformed, with the modifications of the Law 26 Julio 1998, n° 291, and successive corrections, concerning the review of the categories of disabilities and disabling illnesses”</i>, and his state of disadvantage has also been recognised Law n° 104 1992 <i>“Rules and regulations for the right to work of the disabled people”</i>, he or she is included in this group, thus being able to enjoy all economic benefits and all services that the State makes available to them .</p>
<p>Minors in situations of risk</p>	<p>All minors who find themselves in serious economic situations and difficulties are included in this group.</p>

GERMANY

Legal Basics for Belonging to the group of persons qualifying as socially excluded.

<p>People with Disabilities</p>	<p>The most up-to-date definition of disability can be found in the ninth book of social legislation, § 2, which came into effect June 1, 2001:</p> <p>§ 2 Disability</p> <p><i>(1) People are disabled when their bodily functions, mental abilities, and health deviate, to a large extent and for periods longer than six months, from the standard for their age group, and when their participation in social life is hindered as a result. They are threatened by disability when a restriction is expected.</i></p> <p>The definition for disability used here also is subjected to the anti-discrimination law.</p>
<p>Migrants and Seekers of Asylum</p>	<p>According to law on foreigners effective July 9, 1990 (BGBl. I p. 1354) foreigners are:</p> <p>§ 1 Immigration and Stay of Foreigners</p> <p><i>(2) Everybody, who is not German according to article 116, sentence 1 of the basic law is defined as being a foreigner.</i></p> <p>The law on asylum-proceedings from July 27, 1993 (BGBl. I S. 1361) is effective on the following persons:</p> <p>§ 1 Scope</p> <p><i>(1) This law is effective for foreigners who seek protection as victim of political persecution (according to article 16a, paragraph 1 of the basic law) or who seek protection from any form of deportation to a country, in which her will be exposed to direct dangers described in §51, paragraph 1 of the law on foreigners.</i></p>
<p>The Poor (among them: unemployed and homeless persons)</p>	<p>In Germany there is no direct definition of when a group of people will be counted as poor. Yet, the federal government published its first report on poverty and wealth in 2001, where the following is stated concerning the topic of poverty:</p> <p><i>"Although there is research done concerning the questions of care-deficit and social exclusion there still are enormous lacks in knowledge – especially the task to measure poverty or to make it measurable is unsolvable when looked at from a scientific angle. Therefore, the report goes without a final definition. It is rather based on a pluralistic poverty term relating to the situation-of-life approach, which is looking at situations of need from different perspectives. The approach is oriented at the definition of the Council of the European Union from 1987, which defines persons, families, groups as poor "that have such little (material, cultural, and social) means, that they are excluded from a lifestyle that is tolerable as a minimum in the member-state they live in".</i></p> <p><i>Before a background of this differentiated understanding of poverty, poverty is seen and described from a number of different perspectives, for example relative-income-poverty, critical events within the family, social focal points in inner cities, homelessness and debt as well as deficit in coping with situations."</i></p>
<p>Mentally Handicapped</p>	<p>For a classification within the group of mentally handicapped persons one can use the Guidelines of the leading councils of Nursing Insurance for stating the need for care according to the eleventh book of social laws from March 21, 1997.</p>

	"The psychological results counts in qualities such as: Are there behavioural disturbances? Can a contact be established and how? Can the person needing care orient him/herself (personally, locally, timewise, and concerning the situation)? How does the memory work? Is the formal train of thought disturbed? Is there any indication for hallucinations and delusions? How can mood and personal initiative be classified?"
Addicts	Drug-addicts are consumers of substances, which are named in the law on the trafficking of narcotic substances from March 1, 1994 and which, according to general scientific knowledge lead to a form of addiction. The guidelines of the federal law for public welfare as well as the books of social laws III, IV and IX also count alcoholics and persons addicted to gambling as addicts. For that classification a specialist's report done by a doctor is necessary as well.
HIV-Positive and Persons suffering from AIDS	The suffering from HIV is classified according to medical reports for the classification of the grade of disability according to the federal law on care from January 22, 1982 (BGBl. I S. 21) .
Socially disadvantaged Young persons	The legal basis for the prevention of disadvantages for the youth can be found in the book of social laws VIII, laws on youth-support, March 15, 1996 (BGBl. I S. 477) : <i>§ 1 Right to education, responsibility of the parents, youth-support</i> <i>(1) Every young person has the right to receive support for their development and to an education enabling them to become a self-responsible person which is able to live in a community.</i> <i>(2) Care and education of children are a natural parents' right and their first and foremost duty. Their efforts are monitored by the state community.</i> <i>(3) In order to realise the right according to paragraph 1, youth-support especially has to</i> <i>1. support young people in their individual and social development and help to avoid or decrease disadvantages,</i> <i>2. support parents and other legal guardians in their efforts to educate,</i> <i>3. protect children and youth from dangers concerning their well-being,</i> <i>4. contribute in creating and maintaining positive life-conditions for young persons and their families as well as a child- and family-friendly environment.</i>
Gays and Lesbians	In January 2000, a report concerning the disadvantage of persons and couples with same-sex orientation was published which had been ordered by the Federal Ministry of Justice. The Law on registered partnership became effective August 1, 2001. A draft on a anti-discrimination law on federal level is on the way.

Comments on the groups which are summarised under the concept of social exclusion.

The Federal Republic of Germany does not offer a state-ratified statement on which groups are held to be socially excluded. They can be detected by seeing where the state deems actions necessary. The need for action is regulated through social laws and anti-discrimination laws. The groups of individuals affected by these laws are unemployed persons, foreigners, people with disabilities (mental disabilities as well) persons with chronic diseases, addicts, single parents, children and youth, the elderly, low-qualified employees, people with low income, homeless persons and those threatened by homelessness, immigrants, persons affected by racist discrimination, women affected by gender-specific discrimination, gays and lesbians as well as victims of war.

The poverty-report of the federal government from 2001 also goes without a general definition of which groups are to be considered as socially excluded / threatened by poverty. Yet, in the conceptual and realisation study for the poverty report the following groups are being emphasised according to experts:

- Families with a high number of children
- Long-term unemployed persons
- Children / young grown-ups
- Single parents
- Foreigners
- Homeless persons
- People with Disabilities
- Addicts
- Elderly persons
- Refugees
- Criminals
- Women/ gender-specific views
- Streetkids
- Persons in debt

Measures adopted by the Government towards these specific groups

Detailed below are the different legislative measures and/or action plans and programmes in Italy and Germany that help towards inclusion in the following areas:

Employment

- Promoting employment
- Specific work conditions
- Increase of higher professional qualification

Health

- Health and medical assistance
- Research
- Health information and education

Social security

- State benefits

Access to information

- Measures for access to official documents by disabled people (Braille, easy-reading formats, etc)
- Access to the new technologies

Quality of life

- General measures aimed at improving the aspects of the social group's quality of life not previously mentioned (personal assistants, financing of technical aids, specific services, etc).

ITALY

Means used by the Government with specific groups

DISABLED PERSONS

<p>Work</p> <p>Aid at work</p> <p>Specific work conditions</p> <p>Promoting higher professional qualifications</p>	<p>Law 12 March 1999 n° 68 “Rules and regulations for the right to work of disabled people”</p> <p>The aim of this law is to promote insertion and job integration of disabled people in the working world through services of support guided job placement. Guided placement is understood as a series of technical and support instruments that allow for an appropriate evaluation of disabled people in their work abilities and of placing them in the appropriate job position, through the analysis of job positions, manners of support, positive actions and solutions to problems related to the environments, the instruments, and the interpersonal relationships in the daily workplace and social relations.</p> <p>This applies to: persons of working age affected by physical, mental, or sensorial disabilities and those with intellectual disadvantages, which imply a reduction in the ability to work greater than 45%, having been previously diagnosed by the Commission for the Diagnosis of Disadvantage article 4 of the law 104/92; persons with work disabilities greater than 33%, having been previously diagnosed by the INSIL.</p> <p>In any case, the support for disabled people in working situations is guaranteed by the tax incentives which the law 68/99 of article 13 recognises for employers who employ them in their own factories.</p> <p>In accordance to article 3 of the same law, the employers of both public and private workers are legally obliged to have the following percentage of disabled workers forming part of personnel: 7% of the workers if more than 50 people are employed; 2 workers if they employ from 36 to 50 people; 1 worker if they employ from 15 to 35 people.</p> <p>To guarantee the insertion of disabled people in the working world, in article 13 of the same law the partial reimbursement of necessary expenses for the transformation of the job position to accommodate the working possibilities of the disabled, for the purchasing of technology necessary for telework, or the elimination of architectural barriers is established.</p> <p>The law 68/99 establishes that if particular needs exist, the instrument of agreement may be used, signed by the employers, that shall grant all that is necessary to the disabled worker for their integration in the job activity, it shall say what type of contract they must have, and which are, for example, the times allocated for the tutor, who must monitor the disabled worker in the place of work, to be present. It should be specified that these are personalised actions. The competent organisms, in co-ordination with the social, sanitary, educational, and training services of the territory, co-operate to find a system that facilitates the monitoring of the agreement step by step in such a way that the desired result is reached.</p> <p>In reference to professional training, the Law 5 February n° 104 “Framework-Law for the assistance, social integration, and rights of persons with disadvantages” it is established in article 17 that it shall be the regions who are obliged to provide for the insertion of the disabled persons in the ordinary courses of professional training of both public and private centres, and they must guarantee that, for those disabled</p>
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	<p>pupils who are not able to learn through the ordinary methods, the attainment of the qualification will be possible through the provision of the necessary materials and subsidies. The training courses for professional qualifications shall meet the demands and abilities of the disabled person, who is then placed accordingly in common classes or specific and pre-work courses.</p> <p>In the professional training centres, courses for disabled persons are instituted without reaching the attendance level of normal courses. The courses can be carried out in rehabilitation centres, providing that ergotherapy (occupational therapy) programmes, as well as programmes aimed at professional training, are developed; they may also be carried out by the entities cited by the above mentioned law, voluntary organisations, and entities which are authorised in accordance to the laws currently in force.</p> <p>A certificate of attendance is given to those pupils who have attended the courses, which is useful for the intentions of the graduate within the economic-productive environment of his or her territory.</p>
<p>Health</p> <p>Medical Assistance and Health prevention</p> <p>Health information and education</p>	<p>The Italian government guarantee essential, uniform and minimum levels of medical assistance for all citizens. The right to health is an essential right in life and the Constitution places an emphasis on the weaker persons. Thus, article 32 states: "The Republic protects health as a fundamental right of the individual and as a collective interest and guarantees free medical assistance for those in need.</p> <p>The Law of 5 February 1992, n° 104 "Framework-Law for the assistance, social integration, and rights of persons with disadvantages" establishes up to the first chapter that the Republic pursues the social and functional recuperation of the person affected by physical, mental, and sensory disabilities, and assures the services and benefits for the prevention, treatment, and rehabilitation of disabled persons. Article 7 of the same law states that the treatment and rehabilitation of disabled persons is carried out with programmes that provide integrated health and social benefits integrated for them, that assess the abilities of every person with disadvantages, and act on the global situation of the disadvantage, involving the family and the community. With this aim in mind, the National Sanitary Service deals with own and affiliated structures, assures the interventions for early rehabilitation and treatment of the person with disadvantages, as well as the specific rehabilitating interventions. To this end, the National Sanitary Service assures the interventions for the early rehabilitation or treatment of the disadvantaged person, as well as the specific ambulatory rehabilitating interventions, in-home or in socio-rehabilitating and educational day centres or residential centres.</p> <p>It is clearly stated in article 6 of the Law 5 February 1992, n° 104 "Framework-Law for the assistance, social integration, and rights of persons with disadvantages" that it is the competence of the State to carry out the necessary interventions to assure the prevention and the early and prenatal diagnosis of disabilities. For the first time with the Law 5 February 1992, n° 104, a big importance has been attached to our code to assure those interventions which can avoid or reduce the causes which provoke disabilities.</p> <p>The information and sanitary education of the population on the causes of the consequences of disability are sent by the State to the Regions with the Law 5 February 1992, n° 104 "Framework-Law for the assistance, social integration, and rights of persons with disadvantages".</p>
<p>Social security</p>	<p>The first organic systemisation of the regulations concerning financial assistance appeared with the Law n° 118 of 1971. This law, although later modified and integrated by numerous successive regulations, constitutes a fundamental stage and remains as a basis of reference for those economic benefits that disabled persons</p>

<p>Social benefits</p>	<p>have the right to. The first continued economic benefits for disabled persons are established in this law: disability pension and a monthly allowance. An important change in security and a notable step forward in the principle of social security came about with the Law nº 18 of 1980, which established the additional compensation for disabled persons, defined as invalids by law. This financial benefit is conceded to disabled persons who have been diagnosed as having a full disability making it impossible for them to walk or carry out daily tasks.</p> <p>The legislation on economic assistance, which has evolved following exclusively the principle of reimbursement of the damage, and only later that of social security, is currently made up of numerous prevention. The regulations that followed, besides maintaining the division of disabled persons in categories, have left substantial unchanged differentiation concerning the different types, the category of treatments and the socio-economic conditions for the right to them. The current regulation however, assures that those citizens recognised as disabled, bearers of specific incapacities (this is the definition still used in the legislation), the subjective right to receive certain financial benefits, although of different types and forms.</p> <p>Apart from the permanent economic benefits currently in force and available to disabled persons, there are other economic interventions which are established by law: tax benefits, tax exemption, compensation.</p> <p>Tax benefits:</p> <p><i>the reduction of VAT to 4% on the purchase of vehicles, on the purchase of accessories and prosthesis, and on the purchase of devices designed to facilitate hearing for the deaf and other devices which compensate disability.</i></p> <p>Tax Exemptions <i>Schooling fees</i> <i>Vehicle fees</i> <i>Cellphone levies</i></p> <p>Economic retribution: <i>Adapting of vehicles</i> <i>Accommodation for disabled persons</i> <i>Compensation from the State, established by the Law nº 210 1992, in the case of disability caused by obligatory vaccinations or owing to the infection of HIV through the transfusion of blood or derivatives.</i></p> <p>The Minister of Social Affairs (Unified Conference, article 8 of the legislative decree of 28 August 1997, N° 281) promotes statistical and cognitive investigation on disadvantage and convenes a national conference every three years on the policies to alleviate these disadvantages, to which public and private organisations, as well as individuals, are invited. The participants explain their activity in the field of assistance and of social integration of disadvantaged persons. The conclusions of the conference are transmitted to the Parliament with the aim of also individualising possible corrections to the legislation in force Law 21 May 1998, N° 162 <i>"Modifications to the law of 5 February 1992 nº 104, concerning support measures in favour of persons with serious disadvantages"</i>.</p>
<p>Access to information means for the access to</p>	<p>With the Law nº 833 1997, a "rate schedule" was established by The Ministry of Health, which enumerates the machinery, instruments, machines, prosthesis, and aid devices for disabled persons, that are supplied and repaired free of charge by the State. The Law 5 February 1992, nº 104 <i>"Framework-Law for the assistance, social integration, and rights of persons with disadvantages"</i> in article 34 establishes an</p>

<p>official documents for persons in situations of disadvantage (Braille system, easy-reading formats). access to the new technologies</p>	<p>increase of the original enumeration, created principally with a psychiatric vision, with new aids which permit a greater independence not only for the physically disabled, but also for those with hearing and sight impairments, hearing difficulties, and all who have language difficulties. It is important to underline that new items are approved in the rate schedule nearly every year.</p> <p>The State guarantees free access to the new technologies for all those disabled persons who are in need of them. In particular they guarantee technical and educational equipment for the insertion of disabled students.</p>
<p>Quality of life General measures aimed at improving the aspects of the social group's quality of life not previously mentioned (personal assistants, financing of technical aids, specific services, etc).</p>	<p>Assistance</p> <p>The Law 5 February 1992 N° 104 "<i>Framework-Law for the assistance, social integration, and rights of persons with disadvantages</i>" establishes the institution of personal aid services for all the disabled citizens with a serious limitation of personal autonomy, incurable through the provision of technical, computerised, or prosthetic aids, or other forms of support aimed at facilitating self-sufficiency and integration. The interpreter for deaf citizens is included in this service.</p> <p>With the Law 21 May 1998, N° 162 "<i>Modifications to the law of 5 February 1992, n° 104, related to support measures in favour of persons with serious disadvantages</i>" the right to independent living is ratified and guaranteed for persons with permanent disability and serious limitations of personal autonomy in the exercise of one or more essential life functions, insurmountable with the use of technical aids. Furthermore, the methods used in executing aid programmes for persons are established, administered indirectly and through plans personalised by those subjects who demand them, with verification of aid/benefits provided and their effectiveness. This law establishes the financing to the Regions through the institution situated in their territory which is responsible for the service of personal aid to disabled persons.</p> <p>The Decree of the President of the Republic 24 Julio 1996, n° 503 "<i>Regulation with respect to the norms for the elimination of the architectural barriers in public services, spaces, and buildings.</i>" redrafting all the precedent norms which regulate this sector, sanctions that the following are to be removed: the physical obstacles that are a source of difficulty for mobility of every person, and in particular those that, for any reason, have a permanent or temporary reduced or impaired motor capacity; the obstacles that limit or impede any person using, comfortably and securely, parts, equipment, or components. It also sanctions that warnings and signs that permit orientation and recognition of places and sources of danger for any person, and in particular for the blind, those with impaired vision, and the deaf, are to come into force.</p> <p>Rehabilitation</p> <p>The treatment and the rehabilitation of the disabled person is carried out with programmes that establish sanitary and social benefits integrated within them, that assess the ability of every individual person with disadvantages and act on the global situation of disadvantage, involving the family and the community. With this aim in mind, the National Sanitary Service, by means of own or other structures, assures: the interventions for the early rehabilitation or treatment of the person with difficulties, as well as the specific ambulatory rehabilitating interventions, in-house or in socio-rehabilitating and educational day centres or residential centres; the provision and reparation of apparatus, equipment, prosthesis, and the necessary technical advice for the treatment of disabilities.</p>

	<p>Schooling</p> <p>With the Law 4 August 1997, n° 517, special schools are abolished. From this moment onwards, the disabled pupils attend ordinary classes in all kinds of centres at all levels, guaranteeing integration and support services.</p> <p>The social integration is initiated in the educational structures themselves, and this principle is later confirmed in the Law 5 February 1992, n° 104 "<i>Framework-Law for the assistance, social integration, and rights of persons with disadvantages</i>".</p> <p>The Law 28 January 1999, n° 17 "<i>Integration and modifications of the framework-law of 5 February 1992, n° 104, for the assistance, social integration, and rights of the disadvantaged persons</i>" specifies that students with disadvantages who attend university are guaranteed specific technical and educational guidance, as well as the additional support services of specialised tutorial. It also establishes individualised treatment of disabled students, authorised for the passing of university exams, with the previous agreement of the teaching staff of the subject in question and with the aid of the tutorial service. The use of specific technical aids in relation to the type of disability, as well as the possibility of realising equivalent exams at the suggestion of the specialised tutorial service, are also authorised.</p> <p>According to this law, through specific provisions the universities are able to institute a professor delegated by the rector whose functions are those of co-ordination, monitoring, and support of all the initiatives reacted to integration in the university environment.</p>
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Immigrants

The general guidelines of Italian politics concerning immigration were established in the law N° 40 1998, commonly known as the Turkish-Neapolitan law.

The programmatic guidelines of Italian politics concerning immigration are established by the Government every three years in a programmatic document related to immigration policies and the foreigners within the territory of the State. The Government are committed to the defence of public order and public safety as well as to the integration of the foreigners who live in Italy.

It is a limited and controlled open policy, always respecting the laws which regulate entrance to the country, with a gradual process of integration in accordance with the capacity of immigrant admittance of the Italian State.

The regular migratory phenomenon appears in at least three different forms, each requiring a different policy. This refers to foreign workers, refugees, asylum seekers and those seeking temporary protection for humanity reasons, and finally family re-encounters. The Italian Government programmes the flow of the workers who do not belong to the European Union, while family re-encounters and the requests for asylum are regulated by international conventions. A new law concerning asylum requests is currently being discussed by the Parliament.

The policies for the integration of immigrants are fundamental for non-conflictive insertion of foreign peoples in the Italian society and to guarantee the protection of "the person's well-being". The policies for integration attend particularly to schooling, universities, teaching of the Italian language, work, housing, health, the fight against discrimination, and the recognition of the rights of citizenship and representation.

Work	The entry of foreigners in the State territory for third party work, seasonal work, or self-employed work, is included in the field of established entrance quotas. Law 6 March 1998 n° 40 – " <i>Regulation of immigration and rules on the conditions of</i>
Help at work	

<p>Specific work conditions</p> <p>promoting higher professional qualifications</p>	<p><i>foreigners”.</i></p> <p>The Social Security and obligatory assistance for foreign workers is that established by the laws currently in force in each sector of activity: disability pensions, retirement pensions, widow/widowers pensions; medical insurance; professional health insurance, accident insurance, maternity insurance.</p>
<p>Health</p> <p>Medical Assistance and Health prevention</p> <p>Health information and education</p>	<p>All foreigners legally residing in Italy are under the obligation of inscribing in the National Sanitary Service, and they receive the same treatment and have equal rights and duties with respect to Italian citizens in reference to contribute duties, assistance carried out in Italy by the National Sanitary Service, and its temporary validity: foreign residents awaiting employment, either working for a third person or self-employed, or who are inscribed in the job placement lists; foreign residents or who have applied for a residence permit, for self employed work, for family reasons, for political asylum, for asylum based on humanitarian reasons, for application of asylum, for an awaiting adoption, for the attainment of citizenship.</p> <p>The medical assistance, on the other hand, aids family members who are in the charge of regular residents. Minors, children of foreigners who have been inscribed in the National Sanitary Service, are assured the same treatment as Italian citizens – Law 6 March 1998 n° 40 – “<i>Regulation of immigration and rules on the conditions of foreigners</i>”.</p> <p>The Law 6 March 1998 n° 40 – “<i>Regulation of immigration and rules on the conditions of foreigners</i>” also establishes that the foreign citizens within the national territory, who, in accordance with the entry and residence regulations, are not legally present in the country are assured public protection and are guaranteed ambulatory and urgent (or at a minimum essential) hospital treatment, even if this treatment is ongoing, be it because of illness or accident. This treatment shall include programmes of preventive medicine in order to protect the health of both the individual and society as a whole. The following are particularly guaranteed: the social protection of pregnancy and maternity, parity of treatment with Italian citizens, the protection of the health of minors, the vaccinations in accordance with the regulations and with regards to the interventions of social prevention campaigns authorised by the Regions, the interventions of international prevention, the prophylaxis, the diagnosis and treatment of infectious diseases and the control and elimination of sources of infection.</p> <p>The access to health structures by those foreigners who do not have their papers in order can not be cause of any distinctions made by the authorities, except in those cases where a medical report is obligatory, in parity with the conditions of Italian citizens.</p>
<p>Social security social benefits</p>	<p>The Regions, in collaboration with the Provinces and the Councils and with the Associations and Organisations of volunteers, have at their disposal specific centres for accommodation, as well as those centres for Italian citizens or citizens from other member states of the European Union, which provide accommodation for foreigners who reside in Italy on a regular basis for reasons other than tourism, and who are temporarily unable to provide for their own needs of accommodation and subsistence. These accommodation centres are aimed at helping the foreign persons become self-sufficient in the shortest time possible. The accommodation centres provide, where possible, the appropriate social and cultural services which help towards independence and the social insertion of the interested parties - Law 6 March 1998</p>

	<p>n° 40 – <i>“Regulations of immigration and rules on the conditions of foreigners”</i>.</p> <p>Social Assistance</p> <p>Foreigners who hold resident permits and holders of resident permits for periods of one year or more, as well as minors inscribed in their resident permits, are placed at the same level as the Italian citizens in order to enjoy the aids and benefits, financial benefits included, of the social assistance, including those for the deaf and dumb, the blind, the disabled, and the needy. Law of 6 March 1998 n° 40 <i>“Regulation of immigration and rules on the conditions of foreigners”</i>.</p> <p>Political asylum</p> <p>In defence of the right of asylum, Italy has signed multilateral international conventions and agreements with the compromise of respecting the European values which affect it. <u>A new law on the subject of asylum</u> is currently being discussed in the Italian Parliament - Law 6 March 1998 n° 40 – <i>“Regulation of immigration and rules on the conditions of foreigners”</i>.</p> <p>The fight against the exploitation of foreigners</p> <p>With respect to the action of the Italian Government against exploitation in Italy, the only current instrument is article 18 of the Legislative Decree n° 286 1998, which establishes the concession of a special permit of temporary residence for victims. In other words, if during welfare interventions of the social services of local entities situations of violence or serious exploitation are diagnosed and a real danger exists for their physical well-being, as a consequence of trying to free themselves from the criminal organisations, they are given a special residence permit and they are made to participate in an assistance and social integration programme.</p>
<p>Access to information</p> <p>means for the access to official documents for persons in situations of disadvantage(Braille system, easy-reading formats).</p> <p>access to the new technologies</p>	<p>On the 19 September 2000, the Government financed a specific campaign of information on the toll-free number in the fight against the use of women for sexual exploitation, also carried out with the use of television advertisements.</p> <p>With the aim of communicating to the foreigner the procedure related to entrance, residence, and expulsion, the documents are translated, even in a summarised format, into a language which is understood by the interested party, or when this is not possible, into the French, English, and Spanish languages, with preference into that language indicated by the interested party – Law 6 March 1998 n° 40 <i>“Regulation of immigration and norms on the condition of the foreigner/foreign person.”</i></p>
<p>Quality of life</p> <p>General measures aimed at</p>	<p>The right to the Family Unit familiar</p> <p>The right of maintaining or recuperating the family unit is recognised to the foreign persons who possess a residence permit or a permit of residence for a period of over one year granted for third party work or for self-employed work, or also for asylum, studies, or religious reasons - – Law 6 March 1998 n° 40 <i>“Regulation of immigration</i></p>

<p>improving the aspects of the social group's quality of life not previously mentioned (personal assistants, financing of technical aids, specific services, etc)</p>	<p><i>and norms on the condition of the foreign person.”</i></p> <p>National Fund for migratory policies</p> <p>The National Fund for migratory policies is instituted under the presidency of the Council of Ministers. It is designed to finance initiatives which have as an objective the integration of foreigners in Italy – Law 6 March 1998 n° 40 <i>“Regulation of immigration and norms on the condition of the foreigner/foreign person.”</i></p> <p>Schooling of foreign persons</p> <p>– Law 6 March 1998 n° 40 <i>“Regulation of immigration and norms on the condition of the foreign person.”</i></p> <p>The foreign minors who reside in Italian territory are subject to obligatory schooling. All regulations currently in force concerning the right to education, the access to educational services, and the participation in the life of the educational community apply to them.</p> <p>The compliance of the right to study is guaranteed by the State, by the Regions, and by the local entities, even through the implementation of initiatives and complementary courses for the learning of the Italian language.</p> <p>The educational community assumes the linguistic and cultural differences as fundamental values for mutual respect, for the interchange of cultures and for tolerance. As such, they promote and favour initiatives aimed at reception, the protection of the culture and the language of origin, as well as the carrying out of common intercultural activities.</p> <p>With regards to access to a university education and interventions related to the right to study, the parity in treatment of the foreigners and Italian citizens is assured.</p> <p>The State, in collaboration with the Regions, the Provinces, and the Local Councils, in the corresponding field of competence, and in collaboration with the Association of foreigners and with the Organisations that work steadily in their favour, as well as the collaboration with the authorities or with the public and private entities in the countries of origin, promotes: the activities undertaken in favour of the foreigners resident in Italy on a regular basis, also with the aim of carrying out courses on the culture and the language of origin, in foreign cultural institutions and schools which are legally operating in the republic; the diffusing of all information useful for positive integration of foreigners in the Italian society, in particular with regards to their rights and duties; the diverse opportunities of integration and personal and community development offered by the governmental offices and by associationism, as well as the knowledge and the assessments of the cultural, recreational, social, economic, and religious expressions of the foreigners who are resident in Italy on a regular basis. Prevention of racial discrimination or xenophobia; also through the gathering, in school and university libraries, of books, newspapers, and audio-visual material produced in the language of origin from the countries of origin of the foreign residents in Italy or which come from those countries; the organisation of training courses, inspired on criteria of co-existence in a multicultural society and the prevention of discriminating, xenophobic, or racist behaviour, designed for the employees of public organisms and offices and private entities that regularly maintain relations with foreigners or that execute actions pertinent to the subject of immigration. – Law 6 March 1998 n° 40 <i>“Regulation of immigration and norms on the condition of the foreigner/foreign person.”</i></p>
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THE POOR

In Italy, the policies to fight against poverty are indirect or implicit. The policies against poverty which are considered implicit are those that are inserted in the fragmented panorama of the social protection policies without constituting an organic approach to poverty, and consequently without constructing a complex and integrated system of instruments designed at intervening in the diverse aspects which characterise poverty.

Indirect policies are those which are non-explicit and exclusively aimed at fighting poverty, or when, at the least, there may also be subjects or categories among the beneficiaries that do not necessarily suffer economical difficulties.

In short, there has not been up to the present time an organic system of national policies of the coverage of the multiple risks and forms of poverty, thus creating forms of internal inequality within the Welfare system. It must be said, however, that in the last few years we have seen the beginning of an answer to this imbalance in the Italian social policies, implanting instruments which are designed to support those individuals and families in conditions, or at risk, of poverty.

<p>Work</p> <p>help at work</p> <p>specific work conditions</p> <p>promoting of higher professional qualifications</p>	<p>Jobs which are both socially useful and of use to the public.</p> <p>Job offers</p>
<p>Health</p> <p>Medical Assistance and Health prevention</p> <p>Health information and education</p>	<p>In the National Sanitary Plan 1998-2000 a particular attention was placed on all subjects who do not dispose of the social or economic conditions that permit them to live a decent life and as a consequence are bearers of complex needs. A fundamental objective of the National Sanitary Plan 1998-2000 is to implant within the health system those conditions which allow for more equity in the supply of services in the different categories of population in conditions of need.</p> <p>In Italy, the partial or total exemption of the cost of social benefits is assured, based on the economic conditions of the subject in question, and this permits the part of the population with fewer resources the possibility of enjoying social benefits. Legislative Decree n° 124 1998, “<i>Legislative decree ex article 59, section 50 law 449-97, concerning the re-definition of the system of participation in the cost of social benefits and of the regime of exemptions</i>”.</p>
<p>Social security</p> <p>social benefits</p>	<p>The State policies against poverty are:</p> <p>Income support policies</p> <p>This refers to instruments whose immediate objectives are to guarantee a sufficient income for individuals or families with certain characteristics of social disadvantage: the elderly and disabled persons. These instruments are the social allowance for the elderly with low incomes and without the right to welfare, Law n° 335 1995, “<i>Reform of the system of obligatory and complementary pensions</i>”; the monthly assistance allowance; the disability pension, Law n° 222 1984, “<i>Review of Regulations on types</i>”.</p>

	<p><i>of disabilities with rights to pensions”, and the complementary compensation designed for disabled persons, Law n° 18 1980.</i></p> <p>Housing Policies</p> <p>The policies aimed at facilitating access to housing, that consequently cover the risk of exclusion of housing -Law n° 431 1998 “<i>Regulation of accommodation and of assignation of properties for the use of housing</i>” and the D.M. of 7 June 1999 “<i>Minimum requirement for tenants to benefit from the extra revenue designed to complete the resources assigned to the National Fund of support for access to housing in article 11 of the Law n° 431 1998, and criteria to determine these.</i></p> <p>Family policies</p> <p>In the field of policies for families we find interventions of the State, which have as the target beneficiary the family nucleus, and that are designed to improve the conditions of the family unit. A allowance is given to those families with particular income requirements for the family unit which includes the spouse, children or brothers and sisters in their charge - Law n° 153 1998 “<i>Conversion into Law, of the Law-decree 13 March 1988, n° 69, with regard to norms concerning what is established, in order to improve the actions of those entities dealing with sanctions and urgent regulations</i>” and the Law n° 451 1994 <i>Conversion to Law, with modifications, of the LD 16 March 1994, n° 199, regarding urgent regulations concerning the activity and overseeing of tax burdens</i>”.</p> <p>The minimum income requirements are used for the assigning of the maternity allowance. This benefit was introduced as recognition of a citizenship’s right within the Legislative Decree n° 109 1998 “<i>Definition of the unified assessment criteria of the economic situation of the subjects that apply for established social benefits, in accordance with the norm of article 59, section 51, of the Law 27 December 1997, n° 449</i>” and Ministerial Decree n° 306 1999 “<i>Rules concerning the regulations for maternity allowance and family allowance, in accordance with the norm of articles 65 and 66 of the Law 23 December 1998, n° 448 as modifications of the Law 17 May 1999, n1 144</i>”.</p> <p>Minimum insertion income (MII)</p> <p>The minimum insertion income, introduced experimentally, is the only pure instrument of contrast for poverty and social exclusion in Italy, Law 27 December 1997 n° 449 and L.D. n° 237 1998 “<i>Regulation of the experimental introduction of the minimum insertion income, in accordance with the norms of article 59, sections 47 and 48, of the Law 27 December 1997 n° 449</i>”. The MII provides an economic support to those subjects at risk of social marginalisation and who cannot possibly care for themselves or for their children owing to social, mental, or physical difficulties. It does not consist solely of a monetary allowance but also establishes interventions of social integration designed at promoting individual abilities as well as the economic autonomy of the individual. For those persons of working age, unemployed and with the capacity of working, it is obligatory to attend professional training and employment courses when required.</p>
<p>Access to information</p> <p>means for the access to official documents for persons in situations of</p>	

disadvantage(Braille system, easy-reading formats). access to the new technologies	
Quality of life General instruments designed to improve the life of those groups not included in the earlier systems (personal assistants, financing of technical aids, services, etc.)	Welfare Fund Unemployment compensation. Mobility compensation.

The elderly who find themselves in a situation of financial difficulties are another group that the Italian government undertake protective measures for. The instrument used for the intervention in favour of this group is the social allowance, with the simple demonstration of not exceeding a certain income level serving as the sole requisite for access. Along with social allowance the minimum retribution of the pensions is added. Together with these two benefits, the elderly are able to obtain the allowances for the family unit, and naturally, the benefits of companionship and treatments for disability and incapacity in the case of a recognised disability.

The State covers everything in relation to health benefits, cures, and rehabilitation.

The poorest amongst the poor are the women. Poverty is a phenomenon that can affect men and women to different degrees. At the same time, the facts which determine the beginning and the end of a period of poverty are significantly different for women than for men. The economic dependence on their partners, a greater risk of social exclusion for a question of gender, and a lower level of professional qualifications lead to women becoming poorer than men .

MENATALLY ILL AND EX-HOSPITALISED PSYCHIATRIC PATIENTS

<p>Work</p> <p>help at work</p> <p>specific work conditions</p> <p>promoting of higher professional qualifications</p>	<p>This group is also included, in relation to work, among the beneficiaries of the Law 12 march 1999, n° 68 “Rules and regulations for the right to work of the disabled”.</p>
<p>Health</p> <p>Medical Assistance and Health prevention</p> <p>Health information and education</p>	<p>The Law n° 180 1978 “Framework-Law for psychiatric reform” marks an important moment as it confirms the existence of the possibility of carrying out psychiatric interventions without having to recur to the recuperation in a hospital. With this Law the de-institutionalisation of the disabled persons in Italy comes about, as the medical assistance and the treatments that these persons need are not exclusively carried out in psychiatric hospitals, but interventions are already taking place in the place of residence of the interested party.</p> <p>In accordance with the Law n° 883 1998, the sanitary treatments and diagnoses are, in general, voluntary, but in exceptional cases obligatory sanitary treatment and diagnosis may be ordered by the sanitary authorities in order to respect the dignity of the person and the political and civil rights, including, where possible, the right to the free choice of doctor and place of treatment.</p> <p>The obligatory sanitary diagnoses and treatments are carried out by the public territorial sanitary services and centres, and in the public or designated hospital structures when hospitalisation is necessary. The obligatory sanitary treatments diagnoses must be accompanied by initiatives aimed at assuring the consensus and participation of those who are obliged to undergo the treatment. During the obligatory sanitary treatment process, the patient has the right to communicate with whoever he or she feels is most appropriate. The obligatory sanitary treatment for mental illness may establish that the care be administered in conditions of hospitalisation or admittance only if there are mental disturbances to such a degree that a urgent therapeutic intervention is required, provided that this is not accepted by the patient and that there are not conditions or circumstances that allow for the possibility of adopting appropriate and adequate sanitary measures of an out-of-hospital nature.</p> <p>The interventions of prevention, cure, and rehabilitation related to mental illnesses are carried out by norm by the non-hospital territorial complexes and services.</p> <p>The Local Sanitary Organisms must act in an attempt to reduce the obligatory treatments described above, developing initiatives of prevention and health education and promoting the relations between service and community organisms.</p>
<p>Social security</p> <p>social benefits</p>	<p>This group is guaranteed the same permanent economic aid and other interventions of an economic nature, such as tax rebates, tax exemptions, and compensations that other disabled persons enjoy.</p>

<p>Access to information</p> <p>means for the access to official documents for persons in situations of disadvantage (Braille system, easy-reading formats). access to the new technologies</p>	
<p>Quality of life</p> <p>General instruments designed to improve the life of those groups not included in the earlier systems (personal assistants, financing of technical aids, services, etc.)</p>	<p>The joint actions and the co-ordination of the activities carried out by the psychiatry services and by the local socio-sanitary services (Clinics, Drug dependency Centres) allow the persons with psychiatric disabilities to live in the heart of their own community.</p> <p>The Law nº 180 1978 can be considered as one of the laws of the sector which has favoured the idea of integration. In fact, by establishing as an objective the elimination of the need for psychiatric hospitals, this law has brought about multiple interventions: the out-of-hospital assistance that is undertaken with sanitary activities (medical visits, psychotherapies, pharmacological benefits) as well as social service benefits (home visits, the search for alternative solutions to recovery, protected communities, etc)</p> <p>Much attention has been placed on re-socialisation and therapeutical programmes, in accordance with what was established in the DPR April 1994 “<i>Approval of the objective-project – protection of mental health</i>” that favours the direct participation of the users, of the families, and of the social networks in process of treatment. Furthermore, in accordance with this decree, the creation of residential and semi-residential structures with the aim of catering for persons with mental disabilities is favoured.</p> <p>Objective Project Protection of Mental Health</p> <p>The parliament decided to eliminate the National Sanitary Plan in favour of a Objective project for the triennium 1994-1996, with the aim of standardising and homogenising the interventions in the psychiatric field, outlining a series of organisative and cultural criteria for a solid achievement of the psychiatric reform. The Objective Project (OP) is a document at national and regional levels that proposes rules, guidelines, and perspectives directed at the mental protection of the citizen. The OP contains a series of theoretical statements on the concept of health, on the problem of the social implication that is involved in the defence of health, addresses the individual, social, economic, and ecological factors that are involved in the defence of mental health among the duties of the social politics of the country given that each citizen has the right to this commodity, as they have the right to freedom, justice, education , etc.</p> <p>At the same time, the OP is a “organisational manual” of the services that are involved in the practical application of the Project, such as the social and sanitary services, medicine, and services for families, as well as for the protection of jobs, schooling, social relations, housing conditions etc</p>

DRUG ADDICTS

<p>Work</p> <p>Help at work</p> <p>Specific work conditions</p> <p>Increase of higher qualifications</p>	<p>The workers that are diagnosed by the State as drug addicts and try to overcome their addiction by means of a therapeutic and rehabilitative programme have the right to keep their job while they are interned for rehabilitation, providing that this rehabilitation period is no longer than three months – Law 309 1990 “<i>Sole text of the laws concerning the regulation of narcotics and psychotropic substances, prevention, treatment, and rehabilitation of the relative states of drug addiction</i>”.</p>
<p>Health</p> <p>Medical Assistance and Health prevention</p> <p>Health information and education</p>	<p>Any person that consumes narcotic substances may apply to the public health service for the diagnosis and to outline a therapeutic and socio-rehabilitative programme.</p> <p>The interested parties have the choice to anonymity in their relations with the services – Law 309 1990 “<i>Sole text of the laws concerning the regulation of narcotics and psychotropic substances, prevention, treatment, and rehabilitation of the relative states of drug addiction</i>”.</p> <p>The therapeutical programme shall be carried out in the Public Structures of intervention (SerT) and in therapeutical communities deemed as “proper acts” and more highly considered together with a constant parallel offer of insertion of the drug-dependent persons in high-threshold recovery programs with tendency to produce radical solutions to the problem.</p> <p>The benefits of the SerT are as follows:</p> <ul style="list-style-type: none"> • Quick acceptance and diagnosis • Specific pharmacological therapies, substitutive or not, included in the clinic and laboratory monitoring • Rehabilitation activity • Activities of screening, prevention, and participation in the treatment of the correlated pathologies <p>With the Guideline n° 463 26/11/98 the intervention plan was established for the education for the health and prevention of drug addicts with a regulation coherent with the reform processes that accompany the transformation of the educational system.</p>
<p>Social security</p> <p>Social benefits</p>	<p>The definition of a therapeutical programme that must be formulated in respect of the dignity of the person, taking into account in every case the work and study demands and the conditions of the drug addict’s family and social life - Law 309 1990 “<i>Sole text of the laws concerning the regulation of narcotics and psychotropic substances, prevention, treatment, and rehabilitation of the relative states of drug addiction</i>”. The rehabilitating programme can be carried out in public as well as private structures and the retribution will be met by the National Sanitary Service.</p>
<p>Access to information</p> <p>means for the access to official documents for persons in</p>	<p>The Ministry of education promotes and co-ordinates, within the ordinary development of educational activity, initiatives on health educational and on information about the damage caused from alcoholism, smoking, and the consumption of drugs, as well as the pathologies derived from these - Law 309 1990 “<i>Sole text of the laws concerning the regulation of narcotics and psychotropic substances, prevention, treatment, and rehabilitation of the relative states of drug addiction</i>”.</p>

<p>situations of disadvantage (Braille system, easy-reading formats).</p> <p>access to the new technologies</p>	<p>The national information campaigns are carried out through the media – private and public radio and television – daily and periodical newspapers and magazines, signs, both telematic and telephone information services, and consultations, which are financed with a maximum amount of 10,000 million liras yearly, taken from the part of the National Fund destined for the interventions against drug and allocated to interventions established in article 127. The President of the Council of Ministers or the Minister of Social Affairs, through the delegate, determine by means of their own decree (as an exception to what is established in the norms of publicity undertaken by the Public Administration) the distribution of the financial resources of the daily and periodic press, radio and television broadcasts on a local ad nation-wide basis, in addition to favourable initiatives in communication to be developed on a nation-wide scale. Law N° 45 of 1999 “Regulations for the National Intervention Fund for the fight against drugs and concerning personnel of the services for Drug addiction.”</p>
<p>Quality of life</p> <p>General instruments designed to improve the life of those groups not included in the earlier systems (personal assistants, financing of technical aids, services, etc.)</p>	<p>25% of the available National Fund, established with the Law 309 1990 “<i>Sole text of the laws concerning the regulation of narcotics and psychotropic substances, prevention, treatment, and rehabilitation of the relative states of drug addiction</i>” must be allocated to the financing of projects aimed at the prevention and the rehabilitation/recuperation of the drug addicts and alcoholics.</p> <p>The projects presented with regards to the aforementioned are aimed at:</p> <ul style="list-style-type: none"> • Promoting experimental prevention programmes throughout the national territory; • Undertaking of initiatives of the rationalisation of the systems of data gathering and assessment • The devising of effective links with the initiatives taken on by the European Union • The development of initiatives on information and awareness • Personal training in the sectors of specific competence • The carrying out of health education programmes • The transferring of data between local and State governments – Law n° 45 1999 “<i>Regulations for the National Fund of intervention for the fight against drugs and concerning the personnel of the Services for drug addicts</i>”.

HIV POSITIVE AND PERSONS WITH AIDS

<p>Work</p> <p>Aid at work</p> <p>Specific work conditions</p> <p>Promoting higher professional qualifications</p>	<p>The invention practices and the notable improvement in living conditions has increasingly permitted the application of health measures to this group, such as hospital and/or home assistance and initiatives of social reinsertion programmes, principally in the job market.</p> <p>The Law n° 135 of 1990 is the first real organic answer given to the problem of AIDS by the Italian judicial code. The law prohibits discrimination, underlining that the diagnosed infection of the HIV can not constitute a reason for discrimination, with a particular mention made to school enrolling, participation in sports activities, and to the access to, or keeping of, job positions. The principle was later re-enforced by article 6 with the prohibition for employers (in both the public and private centres) of carrying out investigations to discover, within both the staff and candidates for a job position, the existence of persons suffering from AIDS,</p>
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	<p>establishing categorised sanctions. These regulations adhered to those established in the Statute of Workers, which prohibits the employer from carrying out sanitary diagnosis of the employee's suitability and illness. At the same time, article 11 establishes a particular regulation for the worker with AIDS and sets down certain obligations for the employers, intended to impede any type of discrimination and guarantee job security and assistance with the aim of avoiding the diffusion of the infection.</p> <p>The workers who are HIV positive and those who suffer from AIDS have the same rights as all other workers.</p> <p>The workers who are HIV positive have the right to secrecy over their own state of health, and providing that the risk of transmission within the work environment is the same as that of any other pathology, differentiating treatment is not needed.</p> <p>The situation of a worker suffering from AIDS is different, recognisable when they suffer periods of a constant state of difficulty, with a decline in their own capacity and their working capability, added to frequent interruptions in their activity due to the acute stages as well as cycles of hospitalisation when their condition becomes unstable; in this case, their absolute incapacity to work will be verified and subsequently there will be a suspension of the working relationship due to illness, within the time limits established by regulatory law.</p>
<p>Health</p> <p>Medical assistance and health prevention</p> <p>Health information and education</p>	<p>Article 32 of the Italian Constitution states that nobody can be forced to undergo sanitary treatment. Yet, at the same time, it states that the Republic must protect the health as a fundamental right of the individual and as an interest to the community, guaranteeing free medical assistance to all those persons who find themselves in a condition of financial need. People who are ill with AIDS, besides not disposing of an adequate social capacity, live in situations of particular disadvantage and are obliged to a chronic assistance dependency, are subjects of complex needs and as a result the national sanitary system takes responsibility for their problems and acts in a unitary mode to satisfy these needs. The medical and sanitary assistance for these people is covered by the State, independently if public and affiliated structures have the obligation of providing all sanitary assistance. Many prevention campaigns, as well as campaigns on information and education are undertaken by both Government and Ministry of Health. Furthermore, the Ministry of Education promotes campaigns carried out in education centres of all kinds at all levels.</p>
<p>Social security</p> <p>Social benefits</p>	<p>In conjunction with a certain state, the HIV infection becomes a disabling pathology, and therefore an intent assessment of the general clinic manifestations is fundamental for the recognition of the state of civil disability with rights to pension - Law 15 October 1990, n° 295 "<i>Modifications and inclusions to article 3 of the Decree Law 30 May 1998, n° 173, reformed, with the modifications of the Law 26 July 1998, n° 291, and successive corrections, concerning the review of the categories of disabilities and disabling illnesses</i>" – more than in relation to capacity in the job. Being HIV positive does not in itself give the right to the recognition of disability by the State, and in general the State will only recognise it when accompanied by one or more pathologies that detrimentally affect the ability to carry out normal work activities. Behind the recognition of at least 46% of disability, the carrier of the virus has the right to all benefits that disabled persons enjoy - Law 5 February 1992, n° 104 "<i>Framework-Law for the assistance, social integration, and rights of persons with disadvantages</i>"</p> <p>AIDS is an acquired illness which causes a series of injuries at the moment it appears (in the so-called window period). The cumulating of infections due to the decrease of immunological defences always makes the carrying out of every-day tasks and job activity all that more difficult. These difficulties already have a</p>

	<p>designated term in the Italian judicial code: disability. It is obvious that a person who can no longer work or lead an independent life not only suffers from economic harm but also a social harm which the Italian State take in their charge. The economic benefits for those persons suffering from AIDS are as follows:</p> <p>Civil disability pension</p> <p>Monthly aid benefit/payment</p> <p>Complementary compensation</p> <p>Compensation for reiteration</p> <p>Besides the permanent financial aid, there are other interventions of economic characteristics established by law, as with the case of disabled persons: tax rebates, tax exemption, compensation.</p>
<p>Access to information</p> <p>means for the access to official documents for persons in situations of disadvantage(Braille system, easy-reading formats).</p> <p>access to the new technologies</p>	
<p>Quality of life</p> <p>General instruments designed to improve the life of those groups not included in the earlier systems (personal assistants, financing of technical aids, services, etc.)</p>	<p>Respect to privacy</p> <p>In Italy a particular importance is given to the protection of the rights to discretion and anonymity. The Law n° 135 1990 “<i>Programme of urgent interventions for the prevention and the fight against AIDS</i>” establishes in article 5 the norms that the sanitary staff are obliged to abide to when, in the course of their duties, they come across a case of AIDS or the infection of HIV. They must offer the required assistance to the person in need of cure, adopting all necessary measures to protect their privacy. Furthermore, to be able to carry out analysis inherent to the infection of HIV, they are obliged by this law not only to obtain previous consent from the interested party but also to anonymously deliver the specimens taken for analysis with the absolute impossibility of a third party being able to deduce the identity of this person.</p> <p>This special regulation established by Law n° 135 1990 complements what has already been established in our codes, where the right to privacy is fully recognised and understood as a essential feature of the human being, sanctioning any act or behaviour that makes public those situations which were not intended to be of any other nature than for personal knowledge. All the above is clearly stated and</p>

specifically regulated by the **Law n° 165 1996**. The communication of the results of those analysis diagnosed for the infection of HIV are given exclusively to those persons who have undergone the tests. **Law n° 135 1990** "*Programme of urgent interventions for the prevention and the fight against AIDS*"

Educational insertion.

The **Law n° 135 1990** "*Programme of urgent interventions for the prevention and the fight against AIDS*" confirms all that is established in the Constitution, with schooling not being solely an obligation but also a right for all, and consequently, for those children who are infected with HIV or are suffering from AIDS, as well. In other words, their situation must not a reason for discrimination in the educational environment. Furthermore, it asserts that the presence of a student with HIV or suffering from AIDS in the college or school must not be made public. It is not necessary, nor compulsory, nor appropriate, to inform other students or teaching staff. However, it would be appropriate to inform the school doctor for a greater protection of the student who suffers from AIDS or is HIV positive.

In-Home assistance

The **Law n° 135 1990** "*Programme of urgent interventions for the prevention and the fight against AIDS*" establishes that the persons affected by AIDS or derived pathologies are to enjoy in-house assistance. Their home support is designed to guarantee an ideal and qualified assistance in the cases which, once the acute stage of the illness has passed, a hospital discharge is possible and the therapies are able to be continued in the patient's home. The in-house assistance is carried out by nursing staff of the hospital from which they were discharged, by persons belonging to voluntary associations, and by nursing staff and other personnel of the territorial services. Specifically, the in-house assistance carries out the physio-kinesic-therapeutical and pharmacological therapies when these are required, as well as psychological support, the recuperation of family relationships if necessary, health education and awareness on the appropriate methods of prevention given to all members of the family, accompanying and providing support in social and other centres that can promote a valid social integration; the fight against all kinds of marginalisation and aid when the person is not self-sufficient. The service is carried out by a multidisciplinary team that consists of doctors, nurses, social assistants, phsychologists, in-house assistants, and rehabilitation therapists.

The **Objective Project AIDS 2000-2002** approved by the Council of Minister places attention on the out-patient assistance services, elaborating in the following manner:

- Integrated in-house assistance, which is to say, integrates sanitary activities with interventions of a socio-assistential character aimed at treating, helping, and rehabilitating those persons suffering from AIDS in their own homes.
- In-home hospitalisation, that is the transferring of equipment and assistance procedures to the patients house. These relate to the professional work of permanent hospital staff.
- Assistance in accommodation centres/refuges, in other words, structures which take in those persons deprived of a home.

Prison

Article 286 bis of the Penal code establishes that preventive custody in prison cannot be held/maintained in the cases of AIDS in the phase of exposure or serious

	immune deficiency. In other cases the incompatibility for the infection of HIV will be assessed by a judge. In the cases of incompatibility the judge orders the revocation of the preventive measure and the house arrest of the interested party in his or her place of residence.
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MINORS AT RISK

In Italy a new chapter in the field of policies concerning minors begins with the Law n° 285 1997, “Regulations for the promoting of rights and opportunities for childhood and adolescence” that encourages the development of projects in their favour.

The law is connected to the first action plan of the Government on the childhood and adolescent periods, and allows one to form a new way of seeing, perceiving and recognising childhood and adolescence, not only as receivers and users of services, but also as major participants, as citizens with full rights.

The Law expresses a strong decision towards a centred social policy:

- In the promoting and development of a culture and all forms of acceptance;
- In the promoting of activities of widespread prevention
- In the development of specific interventions for protection in high risk situations
- In improving the quality of services and interventions, in the experimentation of innovative services.

The Law defines the policies for childhood and adolescence not as a subsector of assistance type, but rather as a differentiated treatment of the social policies and for citizenship.

On the operating plane, the law makes available substantial amounts for financing, but the cultural political and symbolic value is decidedly higher than the economic value.

<p>Work help at work</p> <p>Specific work conditions</p> <p>Promoting higher professional qualifications</p>	<p>The Law n° 216 1991 “<i>First interventions in favour of minors at risk of involvement in criminal activities</i>” arises as an emergency rule to curtail the phenomenon of juvenile delinquency, in particular the recruitment of minors by organised crime. The norm, in the absence of a Framework-Law on the subject, attempts to stimulate through the concessions of contributions, the resources which are present in the national territory, the carrying out of actions on prevention of juvenile delinquency and the re-socialisation of those minors that have committed a crime.</p> <p>The Law particularly supports initiatives directed at protecting and favouring growth, the individual maturing process, and the socialisation of the minor, with the aim of eliminating the conditions of difficulty through the community process of childminding for those minors who are considered to require a temporary separation from their family environment, the application of family support interventions, even after the insertion of the minor subsequent to the elimination of the risk situation, in particular on reaching the legal leaving school age; the activity of initiative and meeting centres, of social presence in areas of risk; the carrying out of those interventions which are to be undertaken, in previous agreement with the competent educational authorities and based on the objectives of the Ministry of Education, in the area of educational structures outside of school hours or during holiday periods.</p> <p>To respond to the aims and objectives described above, the following have been established in the Circular n° 3863 of 6 February 1998 (G.U. of 19.02.98, supp. or n°</p>
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	<p>28) :</p> <p><u>Job insertion</u>: formalised by contracts with the company, handicraft and agriculture co-operative or commercial administration, providing a previous availability exists.</p> <p><u>Practice in socially useful services</u> in particular in the field of defence of the environment and public green areas, in social voluntary associations.</p> <p><u>Training Practice with work grants</u> also in companies and handicraft and agricultural co-operatives or commercial operations providing that there is availability.</p> <p><u>Social secretary services</u> Through the constitution of an information desk that constitutes an instrument to give information on the available resources in the area and to activate a psycho-social intervention.</p> <p><u>Information-Advisory services</u> for youths, with the aim of supporting them in surmounting the difficulties of choice and guidance that they come across, especially when they find themselves in conditions of disadvantage or marginalisation.</p> <p><u>Innovative experimental activities</u>: directly connected with the aims and objectives established by article 4 of Law 216/91 “interventions of prevention of delinquency and of resocialisation of the penal area of minors”</p>
<p>Health</p> <p>Medical Assistance and Health prevention</p> <p>Health information and education</p>	<p>The Law nº 285 1997 establishes the institution of a national fund, by the Presidency of the Council of Ministers, designed to carry out interventions to favour the promoting of rights, the quality of life, and the individual development and fulfilment of the minor. In particular, article 4 deals with the rights of children who are sick and hospitalised. The objectives of the law can be resumed in:</p> <ul style="list-style-type: none"> - the development of the synergies for the promoting of health - modulate the responses favouring the subjects with greater difficulties - establish alternatives to hospital recuperation <p>In these years a tendency to reduce the number of hospital admittances and in particular to reduce the length of hospitalisation of the child and the mother. Avoiding unnecessary hospitalisation and guaranteeing the rights of the child in the hospital in the case of admittance are given priority in this field. No lesser relevance should be given to the correct informing of the illness to the individual in the assessment period (especially in the case that it is chronic) and in the preparation of the therapeutic-diagnostic procedures that he or she must undergo.</p>
<p>Social security social benefits</p>	<p>The Law nº 285 1997 regulates the type of actions that the State must comply to in the carrying out of services aimed at the fight against the educational internment, establishing support measures for the families and the minors themselves or other measures such as placement in a family, fostering, and assistance in the case of sexual abuse, maltreatment, or violence. In all of these cases the regulations try to favour dis-institutionalisation processes of minors in situations of difficulty and offer concrete answers to the problems of violence, abuse, and any state of ill being in general, maintaining a progressive transition of the assistance policies and of the fight against social exclusion and in favour of the development of the persons.</p> <p>The same Law establishes the offer of socio-educational services for the first childhood and for the parents, through actions aimed at the support and development of recreational and educational services for the children’s free time during periods</p>

	<p>when there is no school activity. This tries to recovery a educational function for free time along side recreational and associative functions.</p> <p>Schooling is a right as well as a duty and there are many activities aimed at the insertion of this group in the heart of the educational and training entities, carried out by the Ministry of Education and the Ministry of Social Affairs.</p>
<p>Access to information</p> <p>Means for the access to official documents for persons in situations of disadvantage (Braille system, easy-reading formats). access to the new technologies</p>	
<p>Quality of life</p> <p>General instruments designed to improve the life of those groups not included in the earlier systems (personal assistants, financing of technical aids, services, etc.)</p>	<p>The Law nº 285 1997 promotes actions for the promotion of the right to the improvement in the children’s and teenager’s quality of life, taking into account the differences in gender, race, and cultures. It seems fundamental, especially in the cities, to restore characteristics which are compatible to the demands of children to a place in everyday life. The projects of the childhood friend city should therefore be combined with an effective diffusion and impulse of the social knowledge of childhood rights.</p> <p>A few days ago the Senate of the Republic approved on a definite basis a text of law which dictates that all centres which take in minors deprived of their family or with families in difficulty must be closed by the year 2006. “Modifications to the Law of 4 May 1983, Nº 184 with regard to “Regulation of adoptions and the surrender of minors”, in addition to title VII of the first book of the Civil Code.</p> <p>The Law holds that the conditions of poverty of the parents or parent who has legal authority are not to be an obstacle for the exercising of the right of the minor to a family. As such, there are support and help interventions available in favour of the family.</p> <p>The State, regions, and local entities, within the fields of their relative competence, maintain (with the most appropriate interventions, and in regards to their autonomy and the limits of available financial resources) the families at risk, with the aim of preventing the abandoning of the minor and allow for the upbringing to take place within his own family. Furthermore, they promote public awareness initiatives on the commitment to, adopting of, and the support for the activity of family type communities, as well as organising professional courses to prepare and bring social agents up to date, and preparation and training courses for those families and persons that intend to obtain the guardianship or adoption of minors. The same entities may stipulate accords with non-profit entities or associations that operate in the field of</p>

	<p>protection of minors and of families.</p> <p>The right of the minor to live, grow, and be brought up in a family environment is assured without distinguishing between gender, race, language, or religion, and with respect towards the cultural identity of the minor.</p>
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Alemania

Actions of the federal government concerning the specific groups

People with Disabilities

Work	<p>The help concerning work for persons with a disability is regulated in detail within the code of social law, book 9 and especially in the law for fighting unemployment of severely disabled persons, which has been effective since 1.10.2000. Those laws plan detailed actions. Specifically included in these are mentally disabled persons with respect to sheltered workshops. Sheltered workshops for people with disabilities offer an all-round social and educational care, the co-workers receive a workshop-salary and supporting social income support. They have a pension-scheme and after 25 years they have the right to receive an invalidity pension which enables a good life. Furthermore there are sheltered workshops for the blind for those people who are skilled in crafts.</p> <p>As far as professional training is concerned, people with disability have the opportunity to partake in a resident job-training at a vocational training institution or in an out-patient job training with an employer. Training with a vocational training institution can also be done in an out-patient mode. For supporting this, a budget-regulation for persons with disabilities is being worked out. According to the regulations of specific handicrafts and the chamber of industry and commerce there is the opportunity for learning-impaired people to reach practice-oriented qualifications with tests from both chambers. People who have become disabled while already working, have the opportunity to learn a different job with a job-training institution or with the company they are already working with.</p> <p>According to the code of social law, book 9 people with disabilities have the right to receive appropriate technical aides in their area of work and to a barrier-free work-space. Depending on the competence there are different paying authorities, such as job-office, integrative office and pension-insurance. The right to assistance at the working-space has been specifically regulated : Persons with a disability have the right to receive assistance at the working-place and for reaching the working-place as a personal benefit. For doing so, they can hire an assistant. Furthermore, the employer can apply for a care-support as well as a compensation for less-performed work from the integrational office. Employers who have hired less than 5 percent persons with disabilities, have to pay a compensatory levy to the integrational office, which then pays the compensations named above.</p> <p>When pursuing a profession, people with a disability have the right (apart from voting for the employee-representative and the staff council) to vote for their own representatives for severely disabled persons. These representatives then participate in job-interviews with disabled persons. One further job is to write up integrational regulations with the companies and watching over the realisation of those regulations. Because of the grade of their disability, people with a disability have the right to four days extra vacation and to a special form of protection against unjust dismissal. People with a disability can only be dismissed with the agreement of the integrational office.</p> <p>Further measures for the increase of the occupation of people with a disability are planned for actions in the field of labour promotion. In particular the financial integrational aide (according to the code of social laws, book 3) has to be named. The support is granted for at least three years. Furthermore a financial support to temporary work-contracts is granted which lasts for half of the time the contract is valid.</p> <p>In order to put severely disabled persons into work, integrational services have been</p>
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	<p>established on national level. Furthermore, there is support by the state for integrational departments and companies, who (with a percentage of 50% max. of people with disabilities) have the job to integrate people with disabilities to the job-market and to arrange jobs for them with other employers. The Job-AQTIV-law, effective from 01.02.2002 constitutes a new possibility to support the training of low-qualified (i.e. learning-impaired) persons. In that case, the office for integration comes up with the salary that the learning-impaired person in training receives.</p>
<p>Health</p>	<p>Valid jurisdiction and laws on health in the Federal Republic of Germany, referring to article 1 basic law: "<i>The dignity of a human being is untouchable</i>" grants the right to the general protection of health. This protection of health on one hand is put into reality through the code of social laws, book 5, for members of public and private health insurance and the members of their families, as well as according to the federal law for public welfare for those who are not insured and who do not have enough income to cover health-costs. Those persons have the right to benefits of the local public health insurance. There are special rules and regulations for the protection of health and life for people with a disability, such as the prohibition of euthanasia within the penal code (§ 216) and the law for protection of embryos, which prohibits pre-implantation diagnostics, for example. Based on the protection of data within the health system, the health insurance companies do not know which medical benefits are connected to which patient. This is done to prevent the exclusion of extremely cost-intense insurance members. This way, health insurance for people with disabilities is safe.</p> <p>According to code of social law, book 5 and to the catalogues of technical aides issued by the health insurance, technical aides are to be granted to people with disabilities. The following articles have to be counted as technical aides: prostheses, wheelchairs, seeing-aides, canes, guide-dogs for the blind, special care-beds etc. In order to guarantee health care, the basic rule of "rehabilitation before pension" is written down in the code of social laws, book 9. Furthermore it is rooted in the law for work-protection. According to the code of social laws, book 5, the health insurance companies have the duty to support self-support groups for chronically ill persons. The code of social laws, book 11 offers the basis for the nursing-insurance, which is an obligatory insurance and which regulates care within the field of bodily care, clothing, care for the household. Home health care, according to the code of social laws, book 5 is a benefit performed by the health insurance companies. Services of personal assistance, which are covered neither by nursing-insurance, nor by the health insurance, are secured through integrational aide stated in the federal law on social welfare.</p> <p>In the past, the costs for care and nursing have led to the fact that persons with disabilities were forced to live in a sheltered home. The code of social laws, book 3 puts reasonableness before costs. Furthermore, the federal state of Rhineland-Palatinate leads a state-wide model on personal budgets, in which the costs for sheltered homes as well as for home-care are met by municipal and state offices fifty/fifty in order to prevent that municipalities put people who are in home-care into sheltered homes for reasons of cost.</p> <p>Now, with the anti-discrimination law the legal basis has been created to make the single federal states require barrier-free access from doctors and other institutions of health-care in their state building codes.</p>
<p>Social Security</p>	<p>The German system of social security is based on the health insurance, unemployment insurance, and care-insurance, pension-schemes and the federal law for social welfare. In several areas of the law, special regulations apply for people with disabilities.</p> <p>With health insurance it is the already named catalogue of technical aides and the granting of all-round medical care in all areas of stationary rehabilitation such as special kindergartens, sheltered homes, vocational training and retraining centres. The insurance and pension insurance as well as the professional associations have</p>

	<p>created hospitals for rehabilitation. These serve to prevent the occurrence of disabilities.</p> <p>The nursing-insurance secures the health-care for people with a disability on home and hospital level. The unemployment insurance is the paying authority for measures concerning training and rehabilitational retraining for persons with a disability. Within the framework of professional rehabilitation, it is for those persons who have worked longer than 15 years. Severely injured persons have the right to a shortened life-work-span, which has been prolonged for three years during the last pension-reform. One further social step back is the combination of invalidity pension and occupational incapacity pension into a limited incapacity benefit, which leads to the fact that those persons with disabilities who need to receive their pension earlier, need to receive social welfare since the pension-reform took place.</p> <p>According to the federal law on social welfare there is a regulatory budget for blind persons which is not connected to the actual income, the so-called compensation for the blind. It is paid on a monthly basis, the amount varying from 325 to 350 Euros depending on the federal state it is paid from and it is not related to the actual income. Two federal states – Rhineland Palatinate and Bremen – have a state-wide compensation for care for those persons with disabilities who suffer from disabilities in both legs or arms and who do not receive money from the nursing-insurance. The federal states of Saxony Anhalt and Bremen have a state-wide compensation for the hearing-impaired.</p> <p>All other benefits for people with a disability are granted according to the federal law for public welfare within the framework of neediness-regulations, meaning that they are only granted to persons of low wealth and income. Among those are the integrational aide (participation in social life), the right to a living-space adequate to the grade of disability and supports for food, especially for diabetics.</p> <p>The multiplicity of possible benefits within the framework of the federal law for public welfare is reduced, as it mostly states “can”- and not “must”-benefits. Therefore, persons with disability are dependent on the financial situation of the actual welfare department. Attempts such as the personal budget in Rhineland-Palatinate are first tries to offer persons with disabilities an independently controlled budget. The budget regulations of code of social laws, book 9 could be a first step in the right direction. Remaining parts of social aides can be seen in the exemption from TV- and radio-broadcast charges for the blind and persons with special disabilities as well as the exemption from basic charges of the German Telekom AG. The German Railroad AG equals severely disabled persons to retired persons.</p> <p>The demand imposed by the disability-movement to develop the code of social laws, book 9 into a benefit-law, was not put into reality after 18 years of arguing.</p>
<p>Access to information</p>	<p>The most important regulations about the access to information for persons with disabilities can be found in: Code of social laws, book 5 § 33 , effective December 20,1988 (BGBl. I S. 2477), Code of social laws, book 7, § 31, effective August 7, 1996 (BGBl. S. 1996), Code of social laws, book 9 § 31, Code of social laws, book 11 § 40 effective May 26, 1994 (BGBl. I S. 1014, ber. S. 2797), Regulations on integrational aides to DVO47BSHG, § 9-10, effective February 1, 1975; with the renewal and reterming of the code of social laws, book 9, changes will also be made in books 1 and 10 of the code of social laws, as sign-language has been added.</p> <p>The summary of basic laws in the field of the code of social laws, the federal law for public welfare and the Federal care-law states the basis for improved and better regulations concerning the access of persons with disabilities to communicational aides and support of communication.</p> <p>The paying authority lies with the health insurance companies and the welfare department concerning aides for the private field, school and university. Technical</p>

	<p>aides for the workplace have already been named above..</p> <p>Communicational aides such as technical aides for writing and reading Braille-texts, computer-reading-machines with enlargement of the screen or voice aide, hearing aides and hearing supports go along with the catalogue for technical aides issued by the health insurance companies, i.e. all that which is not part of the everyday needs of all people.</p> <p>Former state-owned companies, such as the German postal service and German telecom, offer special rates for blind and seeing-impaired persons. Newspapers on tape and broadcasts in Braille-writing are transported free of charge, access to telephone is reduced in charge. Telecom offers writing-telephones for persons who are hearing-impaired.</p> <p>With the revision of the code of social laws 9 another important step has been taken: The German sign-language has been acknowledged officially as a communication for the hearing-impaired. Hearing-impaired persons have the right to have a translator present in any form of public discourse. Several laws follow this regulation and have therefore been adapted, among others the code of civil procedures.</p> <p>The new anti-discrimination law for persons with disabilities, which up to now (March 1, 2002) has been ratified by the German Bundestag, but not yet by the Bundesrat states, that all internet-offers of the public services need to be adapted to computers with voice-read or Braille-reader. At the same time, the anti-discrimination law offers the measure of the target-setting, which lays the ground for the German club for blind and seeing-impaired persons to be able to set agreements together with the German board of newspaper and magazineprinters on the accessibility of daily newspapers for blind or seeing-impaired persons.</p> <p>The term barrier-free as stated in the anti-discrimination law not only means physical barriers, but also existing barriers which prevent access to information for blind, seeing-impaired, hearing-impaired, learning-impaired persons as well as mentally handicapped persons. The last group will have the right to easy-read versions of texts for the public eye when the laws have been put into reality.</p>
<p>Life-quality</p>	<p>Assistance</p> <p>The Prussian cripple-law from 1905 ruled for the care and stay of disabled persons in special schools, sheltered homes and institutions. From that, a tradition of large sheltered homes for disabled persons developed, which led to the fact that in Germany the priority of life outside of institutions or sheltered home, i.e. a sheltered home with external care or assistance developed relatively late.</p> <p>§ 93 of the code of social laws, effective March 23,1994 (BGBl. I S. 646) states this priority and stresses that the interests of persons with disabilities are to be obeyed.</p> <p>The code of social laws, 3 clearly stresses that home-care is to be favoured even when it exceeds the costs that would arise from institutional care, when institutional care would be an extreme burden to the disabled person. In order to provide a broader base to home-care, the first level of the nursing-insurance became effective in 1995 (law on nursing-insurance, effective 26.05.1994 (BGBl. I S. 1014, 2797)) within the code of social laws 11. All persons who must be health-insured pay their shares for the nursing-insurance. By doing so, they achieve the right to receive financial or payment in kind benefits when having to use institutional care or home-care. In the field of home-care even family-members can receive money from the nursing-insurance as soon as they take up with nursing the family-member. Nonetheless, the nursing-insurance pays more money to registered home-care-services than they do for family-members or assistants who have been hired by the</p>

	<p>disabled person. In order to break this uneven share, the governmental coalition has stated in their coalition-agreement, that direct payment – meaning that the person with a disability is the employer of the assistant – is to be supported as a part of the home-care program. This plan has not been realised completely on national level, though. It is being promoted in Rhineland-Palatinate though.</p> <p>Although the basic law states that all federal states have to provide the same living-conditions, this is not the case for persons with a disability. The federation as legislator can only create laws that serve as frameworks, as far as the social field is concerned. The executive laws and guidelines lie with the individual states.</p> <p>Rehabilitation</p> <p>The code of social laws 9 supports the motto: "Rehabilitation before pension". That means that the rehabilitation system in Germany is reformed in such a way that independent life and participation in working-life become possible. For doing so, health and safety protection guidelines and the respective laws as well as the guidelines for professional associations have been changed, as also the implication process for limited capacity benefits will only be successful when there has been an unsuccessful rehabilitation attempt before. For those persons who acquire a disability during their working-life via accident, increasing illness or sudden incapability, the private and professional rehabilitation is begun during the process of medical rehabilitation already (code of social laws 9). The health insurance companies, pension-scheme insurance and professional associations have a broad network of rehabilitation hospitals and rehabilitation home-care institutions. At this point of time, their capacities are sufficient to cope with present cases of rehabilitation. For the rehabilitation of children or youths, the school-laws of the federal states offer the possibility to prolong the time of school-education when children cannot attend school for reasons of illness or rehabilitation. This is also the case for university students. Usually pupils and students are given the opportunity to use the service of an international aid.</p> <p>Education</p> <p>Due to the control of the domain of education that lies with the federal states, there is no regulation applicable to the whole federation of Germany which concerns the schooling of children with a disability.</p>
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MIGRANTS AND SEEKERS OF ASYLUM

The legal regulations on foreigners in Germany have been shaped due to the traumatic experiences that Germans seeking asylum during the fascist reign between 1933 and 1945 had. Many times they were rejected by countries they were seeking asylum from. Therefore they could not leave the realm of German fascism and ended up in concentration-camps.

Article 16 a of the basic law guarantees the **right to asylum**, which was enormously weakened though through the reform that took place in 1993 (the so-called third-state-regulation).

The groups we will look at in this report are 1. Rejected seekers of asylum who are allowed to stay for humanitarian reasons 2. Recognised (legal) seekers of asylum 3. Refugees for reasons of civil war 4. Foreigners from states other than EU.

Work	§ 10 of the law on foreigners sets the framework for residence permits for the reason of searching for and pursuing a job in Germany. This is restricted by the regulations of the Minister for Domestic Affairs in agreement with the federal states
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	<p>and the Bundesrat. Usually, foreigners then receive a residence permit for seeking a job, as soon as the economic need is proven. This is especially the case for the 50.000 Green Card - Applicants within the field of information-technology, who receive a residence permit limited to max. 5 years.</p> <p>Since there has been a stop in hiring foreigners virtually only those who can get a residence permit are those who already have relatives in Germany or who can meet their own expenses, i.e. via scholarships from universities. Furthermore there is a quota for so-called "Volksdeutsche" (national German), meaning citizens of other states who can prove that they have German ancestors. This is especially the case for people from the GUS and South-America. Recognised seekers of asylum without a permanent residence permit can receive a work-permit if they can prove that there is no German applicant available for their job. Until their recognition, seekers of asylum are generally not allowed to take up work.</p> <p>Work support for foreigners is given within the framework of semi-governmental programs for language-qualification, aides for finding a job and through the support of the chambers of commerce for foreign entrepreneurs. Foreigners, who pursue an occupation in Germany have the right to the same tariffs and social rights as German employees.</p> <p>The Law on Master -BAföG, which has been effective since January 1, 1996, regulates state-support for handicrafts with the status "journeyman" who seek training to be a master of their craft. According to the crafts code the training to be a master with a master's certificate is the precondition for being an independent craftsman with one's own company in Germany. The law on Master -BAföG stresses large support of foreigners:</p> <p><i>Personal Qualifications</i> <i>Nationality</i> <i>(§ 8 AFBG)</i> <i>One further precondition for the granting of educational support is that the applicant is a</i></p> <ul style="list-style-type: none"> - <i>German in the sense of the basic law , or</i> - <i>stateless foreigner in the sense of the law on the rights of stateless foreigners on the territory of Germany or</i> - <i>Foreigner with the right to asylum, who lives in Germany or</i> - <i>Refugees according to § 1 of the law within the framework of humanitarian actions of support for refugees or</i> - <i>foreigner with permanent residence on German territory. Here one parent needs to be German or</i> - <i>Foreigner from an EU-nation who was pursuing an profession in Germany before the training started and who goes through training in connection to his profession.</i> - <i>Foreigners who can prove 5 years of legal residence and an occupation.</i>
<p>Health</p>	<p>With the exemption of seekers of asylum, foreigners who reside in Germany in the sense of this report are equal to Germans in terms of health-care as well as all claims due to disabilities and chronic illnesses. That means that the individual paying authorities (usually the health insurance companies) come up with services no matter what the nationality might be.</p> <p>Foreigners who only transit Germany or tourists have to rely on the coverage of costs through the health insurance company in their home-country. In case they have no financial means, only directly needed care will be performed.</p> <p>Seekers of asylum according to the law on benefits for seekers of asylum from 1998 (limited edition) only have the right to the following benefits:</p> <p><i>Benefits in the case of Illness</i></p>

	<p><i>Medical help and help for the sick will only be performed in cases of direct illness and states of pain as well as in the case of pregnancy and the state of giving birth. (see. § 4 AsylbLG)</i></p>
Social security	<p>Foreigners with a secured state of residence have the same social rights (such as the right to financial support for children called "Kindergeld") and duties as German citizens.</p> <p>Seekers of asylum receive (among the rules of social insurance) receive restricted benefits in form of commodities and not in form of money, effective 1.1.1999: <i>Basic Benefits and Pocket-Money</i> <i>Benefits are nominally lowered by 15%, the real decrease lies with 25% compared to the federal code of social welfare (BSHG) though, as they are (compared to social-welfare-rates) supposed to contain one-time-only aides such as clothing.</i> <i>The benefits need to be granted within the first place of arrival in form of commodities. In other shelters commodities are prioritised. Coupons and monetary benefits are also possible though, as far as the circumstances are against commodities. A refugee older than 15 years receives pocket-money at the amount of 80 DM per month, those who are younger receive. The monetary amount for refugees held on remand pending deportation is only 70% of that amount. (see. § 3 AsylbLG)</i></p>
Access to Information	<p>The state-owned broadcasting stations of Germany broadcast daily programs via one channel which last 30 minutes. The languages of those mother-language broadcasts are those which are the most common in Germany.</p> <p>The offices for foreigners – mostly identical with the residents' registration office - and the service-points for seekers of asylum offer multilingual forms.</p> <p>In municipalities with a large number of foreigners among their inhabitants (e.g. Berlin) there are 24 hour programs for radio-broadcast and television in the Turkish language. The political parties offer multilingual informational brochures in centres of population.</p> <p>Almost every federal state in schools with high shares of foreigners offers classes held in the mother-language alongside classes in German. Language-classes for foreigners are financed from public budgets. They are supported by adult education centres as well as by charitable institutions.</p>
Life-Quality	<p>Naturalisation Young foreigners, according to the law on foreigners have an easier way to achieve naturalisation and therefore for receiving the same social and political rights: § 85 <i>Simplified Naturalisation of young foreigners</i> (1) <i>Foreigners who apply for naturalisation between the age of 16 and 23 are to be naturalised when he/she</i></p> <ol style="list-style-type: none"> 1. <i>rejects his former nationality or loses it,</i> 2. <i>has had his regular residence within the territory of Germany for the last eight years,</i> 3. <i>has visited a school within the territory of Germany for six years, four years of which he has to visit a school of general education and</i> 4. <i>who has not been sentenced as the result of a crime he committed.</i> 5. <i>There is no right to naturalisation if the foreigner does not possess a residence permit. Naturalisation can be denied if there is a reason for deportation according to § 46 NR. 1.</i> <p>According to the immigrants act which was reformed in 1999 foreigners whose former home-country denies the dismissal from the nationality can achieve naturalisation.</p> <p>Foreigners Representative The federal government has a foreigners representative. It is their duty to further the needs of foreigners against any national institutions and to fight for their integration. The foreigners representative reports to Bundestag and media regularly.</p> <p>Advisory Council for Foreigners</p>

	<p>Almost all federal states state the institution of advisory councils for foreigners in their local constitutions. Those councils either consist of the delegates of foreigner associations or of resident foreigners, who have been elected by fellow foreigners. It is their duty to represent the needs of foreigners against the committees of the local institutions and counties as well as to be an institution for matters of foreign citizens within the local municipality.</p>
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Foreign policy is very much in flux in Germany right now, as there is an ongoing problematic discussion on a draft on immigration. As there is no telling right now whether or not the draft will pass ratification in Bundesrat at the end of March or whether there will be further changes, we cannot dwell on this matter here.

THE POOR

With the **law on social welfare** and the 11 existing **codes of social laws** Germany has many instruments for the prevention of poverty, to help those who are poor and to help free them from poverty. The reason for the fact that there poverty still exists despite the many instruments has its cause in the fact that the law on social welfare has many regulations with a “can” instead of a “must” status. That means that they lie with the rules that the local welfare departments apply. Fighting poverty therefore is a matter of existing financial means. On the federal level one can say that families with children receive generous amounts of support; tax-free allowances, housing benefits, etc. have been raised. To describe the complete system would take up several hundreds of pages and it would definitely blow the format of this study out of proportion. Therefore we limit ourselves to stressing single facts and paragraphs.

<p>Work</p>	<p>Work instead of social welfare</p> <p>Many federal states, cities, counties and municipalities offer support-programs which imply that persons who are eligible for social welfare can be brought to an activity subject to compulsory insurance. For doing so, the paying authority has to secure the activity to be an additional activity serving the public. The subvention of the salary usually ranges between 80% and 100% of the gross wage costs.</p> <p>Analogous to job creation schemes these usually are work-contracts for a limited period of time (1 to 2 years). The work-contract is usually worded in a way that the person seeking help is still available for the job-office to be delegated to another occupation and that the seeker still has to look for another occupation. Should there be another occupation available, the contract can be terminated by the employee without further notice.</p> <p>When the employee is not transferred into an unlimited working position after the scheme runs out, the person will usually not receive social welfare any longer as he has exceeded the timelimit necessary for receiving unemployment benefits.</p> <p>Help to overcome special social problems</p> <p>This is a benefit within the framework of assistance in special situations of life from the federal code of social welfare (BSHG). The special restrictions for this assistance can be found in § 72 BSHG and in § 1 DVO72BSHG. Assistance for overcoming special social problems aims at persons who cannot compete with the rising demands of a modern industrial society, i.e. who cannot rise to the demands out of their own force. They are to be granted assistance</p> <p>The groups of persons who are eligible for that kind of assistance are: persons without proper shelter, homeless, ex-convicts, young persons with behavioural problems who are not eligible for help to education.</p>
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	<p>Precondition is that the special circumstances of life of the named group of persons (the group of persons is not named conclusively) which prevent them from participating in social life within the community, i.e. make participation in social life a lot more difficult. Those obstacles need to be of an extreme intensity so that the persons seeking help cannot overcome them by their own individual force. (see § 1 paragraph1 DVO72BSHG)</p> <p>The benefits of that kind of assistance include all means and measures which are necessary to turn away the problems, get rid of them, decrease them or to prevent their worsening. First of all Counselling and personal help for the person seeking assistance, his relatives, help for education, finding and securing an occupation as well as means to find and maintain shelter (see § 72 paragraph2 BSHG). Actions of counselling and individual help are to be stressed in this field.</p>
<p>Health</p>	<p>When the rates for health insurance cannot be brought up from own financial means, the office for social affairs will pay them. Those, who do not have any insurance are taken care of so that they receive equal health-care according to § 37 BSHG, paragraph 3:</p> <p><i>§ 37Aid for the ill</i></p> <p><i>(1) The ill are to be granted aid for the ill.</i></p> <p><i>(2) Aid for the ill includes medical and dentist treatment, access to medicine, dressing material, dentures, medical treatment at a hospital as well as other means and benefits necessary for curing the effects of an illness or bettering the state the person is in. The benefits should be equal to the benefits that will be granted by public health insurance companies.</i></p> <p><i>(3) Doctors and dentists have the right to claim the payment that the local health insurance companies will pay for the treatment of their members. The ill person has the freedom to choose among doctors and dentists who declare themselves prepared to perform medical or dentist benefits within the framework of "aid for the ill", under the rates of payment stated in sentence 1.</i></p>
<p>Social Security</p>	<p>§ 1 of the federal law on social welfare defines content and tasks of social welfare:</p> <p><i>(1) Welfare includes help to support everyday life and help in special situations of life.</i></p> <p><i>(2) It is the task of social welfare to enable the receiving person to lead a life which adequately meets the presumption of the dignity of a human being. Welfare, as far as possible, should enable him to live independently from it; the person has to support this according to his abilities. Welfare contains help to support a living and help in special situations of life. "</i></p> <p>Means to support life financially are granted to single-living persons and to persons living in a family. It is a fixed amount of money paid for the buying-costs of food, personal care, clothing, magazines, etc.. According to BSHG, persons without an own income furthermore receive money to cover the costs for renting an apartment of adequate size as well as the costs for electricity and the kinds of energy-sources needed to prepare food. Furniture for the apartment and clothing are also paid for in fixed amounts of money. The same is the case for extra-costs which arise due to child-raising.</p> <p>Recipients of social welfare have a social-ID which allows them to access TV and radio broadcasts free of charge and grants them reduced fares for public transport, museums, and institutions of adult education, etc. . Costs for schoolbooks for children and for further individual professional qualification are granted as well. Elderly persons and persons with a disability who live in sheltered homes, receive pocket-money (as regulated in BSHG).</p> <p>Homeless persons can pick up an amount of money at the welfare department. It is</p>

	<p>to be picked up on a daily basis. Persons who have an income below the upper limit of assessment of the regulations of social welfare are granted supporting welfare. Even if the upper limit of assessment is exceeded, citizens with large families and low income can receive housing-benefits and additional help from the welfare department. In very rare cases, the welfare department grants loans.</p> <p>The law on private bankruptcy is an important revision for the social security of persons who are deeply in debt. According to that law, under special circumstances individual persons and families who are deeply in debt can apply for private bankruptcy in order to escape the “indebtment-trap”.</p> <p>One further important instrument is legal aid, which is granted to poor people should they be participants in a legal dispute.</p> <p>Preventive aid for the homeless makes it possible to put the persons back into the already existing apartment by legal force if there should be a termination or eviction at hand which would leave individual persons or a families without any other place to stay.</p> <p>Within the framework of so-called voluntary benefits counties and municipalities are financing large institutions for counselling the poor and those threatened by poverty.</p>
Access to Information	<p>See also the arguments listed in “social security”:</p> <ul style="list-style-type: none"> - Receiving of TV- and radio-broadcastings free of charge - The taking over of costs for newspapers and magazines - Counselling Institutions
Quality of Life	<p>Social laws are arranged in a way that there are ways offering help when trying to exit poverty. This is especially the case for the group of children and youths. A large code on assistance for the youth secures means and measures which secure training and education for youths who come from so-called socially weak families.</p>

Those affected the most strongly by poverty are the group of elderly persons. This is especially the case for women who either through occupations in a field of low professional qualification or in agriculture or through freelance-occupations in the minimum-area of existence have not paid pension-scheme rates or only to a very small extent. It is impossible for them to free themselves from poverty. They are equal to the other persons in their rights to geriatric care, usage of home-care and institutional services, care for technical aides etc.. When they use the services of institutions such as homes for the elderly though, they only receive a very scarce allowance, which leaves them no freedom of choice. Persons who, by being homeless have exited the social network and who therefore have a hard time accessing a shelter and services granting basic needs, also have great difficulties. In the group named last, medical care is only granted by voluntary medical services, just as it is the case with recognised seekers of asylum. The shelters for the homeless have a standard that can only be called sub-standard for a country like Germany. Many municipalities try to drive the homeless away from the city-centres.

MENTALLY HANDICAPPED

According to the federal law on care, persons who are mentally ill in Germany have the same status as persons with physical disabilities. Within the framework of questions that this study raises, there are only few legal regulations dealing exclusively with persons who are mentally handicapped, as usually laws and regulations applying to persons with disabilities are valid.

Work	<p>One of the worrying disabilities which can occur during the working-life is the mental disability. Although the number of unreported cases is high, one can still state a strong increase. The code of social laws 9 pays tribute to this by stating in § 100 parag. 3 that it is a decided task of integrative services to offer companionship-services for persons with mental disabilities:</p> <p>Code of social laws, 9, § 100 paragr. 3:</p> <p><i>(3)There is increased need for companionship in work and profession. Especially for persons with severe disabilities of mental, psychological, bodily, sensewise or multiple kinds, as they affect working-life in a very disadvantaging way. That alone and/or the combination with further problems hindering the acquisition of a job (age, long-term unemployment, lacking qualification, reduction of performance) makes a participation in working-life on the first job-market more difficult.</i></p> <p>Its tasks are to support psychologically handicapped employees in their work, their co-operation with colleagues and employees as well inner and outer relationships.</p> <p>Apart from sheltered workshops for persons with disabilities, sheltered workshops for persons with mental disabilities as well as day-support-centres have been instituted according to the law on sheltered workshops, both having the task to reintegrate persons with mental disabilities into a working-life.</p>
Health	<p>The Psychiatry-Survey of German Bundestag has led to a change of paradigms concerning the care for mentally ill and mentally disabled persons. Based on laws ratified by the individual federal states, a care close to municipality, off-patient in its character for mentally ill persons has been secured. Day-clinics and day-care institutions with therapeutic programs are also part of this.</p> <p>The code of social laws, 5, § 27 states as a rule: <i>"The special needs of mentally ill persons are to be respected in health-care. This is especially the case for the matters of medical treatment and rehabilitation."</i></p> <p>The law on psychiatry regulates committals to healing and care-institutions in a restrictive way.</p>
Social Security	<p>Persons with mental illnesses are equal to persons with disabilities in all fields of social security. Please see: Specialist report guidelines on the grade of disability (GdB).</p>
Access to Information	<p>According to basic law, all people in Germany have the same freedoms of opinion and information. These freedoms are not restricted for persons with mental illnesses.</p>
Quality of Life	<p>The law on care, which became effective 1.1.1992 states an enormous increase of</p>

	<p>life-quality for persons with mental disabilities. Care can only be instituted for parts of life, for example. health, care, legal business, financial issues. Complete "legal incapacitation" does not take place anymore. Care can only be summoned when all other means and measures have shown no results. Usually, the persons in question themselves apply for it. In individual cases a court of justice can take actions. The court of law, in co-operation and with the consent of the person who is being taken care of states the caregiver. The person can ask for another caregiver, should he/she not be contented with the choice. In cities without a county and administrative district there are departments for care which monitor the caregiver and who are the connecting links between the persons taken care of, the caregiver and the courts of justice. This way it is taken care of that dignity and the commitment to citizens rights are respected for persons with a mental disability.</p>
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ADDICTS

Dealing with addicts and the relationship to them in Germany is determined by the grade of societal acceptance that specific forms of addiction and their economic importance have, especially in areas where the production of alcohol plays an important role. In almost all federal states of Germany the consuming of beer due to its alcoholic content is sanctioned not only for traffic and in operating other machines. This is also the case for the working-place, care-institutions and institutions of rehabilitation – transported by societal rites – at least for certain times of day. Yet, in Bavaria, beer is legally recognised as food, i.e. something that is considered vital. This fact leads to consummation "around the clock" and also to the fact that the offering of beer and its consummation takes place in the working-place, at rehabilitation institutions, care taking institutions, youth-hostels, etc.

Generally one can say that in Germany the tolerance of alcohol is higher when compared to other substances such as addictive substances which are named in the law governing the use and traffic of drugs or nicotine. As far as so-called "soft" drugs (especially cannabis-based products) are concerned, bigger parts of society have assumed a semi-tolerant view. An efficient fighting against drug-criminality is hard to pursue, as the usage of addictive substances is abolished (see law governing the use and traffic of drugs). This is why the criminal departments usually only get hold of consumers and small traffickers, not of the organisations though.

According to the new federal government, the centre of their drug and addiction policy is information, prevention and help for addicts. Addicts should not have to live with the threat of criminal justice. This should not mean though that criminal actions against drug-traffic are neglected. A visible sign for this new direction is the fact that the federal government's representative for drug-matters has been linked to the ministry of health and not to the ministry of domestic affairs, as before. Furthermore it is taken to be important to not only look at illegal drugs, but also the dangers to health that occur due to consuming cigarettes, alcohol and addiction to medical substances.

<p>Work</p>	<p>According to the law on company codes of practice employee representative committees and staff council representatives are encouraged to draft so-called "internal agreements" with the employer, which also regulate the treatment of conflict-burdened co-workers. Most internal agreements feature so-called representatives on addiction matters, who help addicted persons within the company and who talk to representatives of employer and employees about means and measures for rehabilitation as early as possible and co-ordinate them. Goal of this action is to maintain the job.</p> <p>Mai 331, 2001 the German Bundestag ratified a decision on changing the regulations for work-spaces in order to improve the protection of non-smokers in companies.</p>
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<p>Health</p>	<p>There are programs for the handing out of one-way syringes for persons addicted to heroine in single federal states of Germany. The intention is to lower the risk of infection with for instance hepatitis and AIDS.</p> <p>A model project on heroine-supported treatment, which was launched in February 2002 plans to hand out heroine to heavily addicted persons as a medicine as part of a scientific study. Target groups are addicted persons who have failed in other forms of therapy in the past. It is the aim of this project is an end to addiction and the rehabilitation to working-level.</p>
<p>Social Security</p>	<p>The treatment of addicts is performed according to the code of social laws, 9 and its fixed rule of “rehabilitation before pension”, which is especially stressed by the paying authority of rehabilitation actions.</p> <p>The regulations on rehabilitation actions are mainly dealt with in the code of social laws, 5. The pension-scheme insurance has to come in when there is a danger that working abilities are extremely in danger or are reduced due to disabilities or illnesses. In all other cases the health insurance company is the paying authority, especially when rehabilitation benefits have to be performed.</p> <p>Transitions between the single paying authorities, especially when pension- and health-insurance are concerned, are floating. Especially with ill or addicted persons it is very often a goal to socially and/or professionally rehabilitate the person. That goal is closely linked to medical rehabilitation. Those cases need to be decided between the paying authorities in question and on a case-to-case basis.</p> <p>The federal court for social issues has ruled the pension-insurance companies to be liable for medical rehabilitation:</p> <ul style="list-style-type: none"> - for reasons of exiting addition (for addicted persons) - as institutional treatment in case of addiction to medical drugs - as long-term drug therapy and in case of - Psychologically caused impairments of speech.
<p>Access to Information</p>	<p>The federal representative for drug-related matters published a report on drugs and addiction in the form of a brochure in 1999.</p> <p>The federal government stresses programs for information and communication in their actions for the prevention of addiction. They say, this focal point is more and more gaining importance due to the increase of risky behaviour especially with youths. To do that, several actions were taken up:</p> <ul style="list-style-type: none"> - In order to reach youths with risky forms of consummation who will not seek help from a drug-counselling-institution, the internet-project www.drugcom.de started in 2001 (summer). It is to address young people who have already had first experiences with drugs – mostly with cannabis and Ecstasy. The project wants further communication with young adolescents who do not accept moralist messages, but who still are interested in anonymous information and counselling. - For prevention of smoking the competition "Be Smart – don't Start" has to be named – 109.000 pupils applied for it during the last run. - October 8, 2001 saw the start of the competition "exemplary strategies of municipal prevention of addiction ", which is to further innovative ideas.
<p>Quality of Life</p>	<p>In the field of therapy and help for survival, the federal government stresses the importance of preventing deaths and the improvement of life-quality for heavily</p>

	<p>addicted persons:</p> <p>The substitution treatment of heroine-addicts (Methadone-treatment) has been improved. It is the aim to make the access to this form of treatment easier and to raise the quality-standards.</p> <p>One first analysis of the work of rooms for drug-consummation reaches the result that, as hoped before, the survival of the addicts is secured, hard-to-reach addicts receive a stabilisation of their health, and that this program often is the first step to accessing rehabilitation institutions for the first time.</p>
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HIV-POSITIVE AND PERSONS SUFFERING FROM AIDS

Arbeit	<p>Persons who, through an HIV-infection or the occurrence of an illness caused by HIV, have to face restrictions in the sense of federal law on care (Grade of disability), are equal to persons with disabilities. Thus, all regulations for the field of work are identical with the paragraph on persons with disabilities.</p> <p>Due to the law on the protection of data, doctors, health-insurance companies and institutions for counselling are bound to their duty of silence, so that HIV-positive persons are protected from their employer being informed about their infection. The same applies for the field of training and education.</p>
Health	<p>HIV-positive persons and persons who fall sick from that infection are considered equal to persons with disabilities. Thus, the regulations mentioned in the referring paragraph apply.</p> <p>Chronically ill persons are freed of charges as soon as the payments for medical drugs and transport exceed a certain percentage of the gross income. This is exceptionally important for persons suffering from AIDS who need expensive medical drugs.</p> <p>An HIV-test can only be performed on demand and anonymously.</p> <p>Within the benefits during a pregnancy counselling of pregnant women shall also cover HIV-infection and suffering from AIDS. If the pregnant person wishes so, an examination can be performed to exclude an infection.</p>
Social Security	<p>The poverty and wealth report of the federal government quotes research done by the Robert Koch-Institutes (RKI) which stated that at the end of 1998 the number of HIV-infections since the beginning of the epidemic was to be named between 50.000 and 60.000. The overall count of AIDS-cases was 21.000, 16.000 of whom had already died. Accordingly, in the end of 1998 about 37.000 persons were living with HIV/AIDS, 5.000 already suffering from AIDS.</p> <p>Compared to other persons with chronic illnesses, the persons suffering from HIV and AIDS are comparably young. According to RKI almost 60% of the persons suffering from AIDS had not yet reached the age of 40. 57% of the persons in question fell sick between the age of 20. and 39. Among those persons who died from cancer, 70% were older than 65 years when they died. Many persons suffering from HIV/AIDS live off –partly supporting – social welfare, as they, due to their age, have not yet acquired the right to a pension. This means life in neediness for many people. The German AIDS foundation grants financial help for persons with HIV/AIDS who are needy. They do so to improve the quality of life for the sick and to improve their self-</p>

	respect. In 1998 the number of financial supports ran up to 4,1 Million DM. A variety of other organisations also give enormous and important help. As the time of survival for persons suffering from AIDS has increased due to medical improvements, the future will see even more persons suffering from this illness who will need support.
Access to Information	The federal department for health education at Berlin has established a large, publicly accessible service for counselling and information for HIV-positive persons and their relatives . It is accessible via internet and via the AIDS-Hilfen (helping institutions for AIDS related problems).
Quality of Life	The German Aids Fund and the local AIDS-Hilfen create a network which is greatly supported by financial means from the public. This network secures counselling and help in difficult situations of life and health, preparation for death and the process of mourning.

SOCIALLY DISADVANTAGED YOUNG PERSONS

Since the foundation of the Federal Republic of Germany in 1949, a network of **laws on help for children and youths** has been created. In the beginning (1950s), the actions of the federal government mainly aimed at means and measures preventing the “brutalization” of youth in public life. One can say that in those times you could speak of **protection of youth** rather than help for the youth, and especially in the field of visiting public institutions, dancing-events, pubs and movie-theatres it was extremely restricting. The realisation that abolishment laws rather intices persons to break them than to obey them, it came very slowly in the form of a large socially educational studies approach. It then found its expression in the **federal law on social welfare** and especially in **the code of social laws, 8, effective March 15, 1996**. All levels of the federal republic, the federation, the federate states, district governments and governmental presidencies, districts and district-free cities up to medium-sized district-cities have their own **ministries of youth, i.e. departments of youth**. It is their job to control the help for young persons, to steer and lead the actions, especially though the planning of the help for young persons. Instruments and paying authorities are of a semi-state or public benefit- kind. A very important step has been taken by the German Bundestag speaking in favour of the **rights of children** and the **abolishment of bodily penalties**.

Work	<p>The legal basis for measures against the social exclusion of young persons finds its expression in the laws on help for the youth within the code of social laws, 8, which was effective March 15, 1996 (BGBl. I p. 477):</p> <p><i>§ 13 Social work for the youth</i></p> <p><i>(1) Young persons, who need social-educational help in levelling social disadvantages or in overcoming individual obstacles have to be offered social-educational help within the framework of help for the youth. This is to further their school- and professional education, their integration in the job market and their social integration.</i></p> <p><i>(2) When the education of young persons is not secured by measures and programs of other paying authorities and organisations, actions fit to cover their needs can offer social-educational training-programs, which pay respect to the abilities and the state of development that the young persons are in.</i></p> <p><i>(3) Young persons can be given an accommodation in social-educational ways of shelter while they participate in educational or training programs or in programs for integration in the job market. In these cases, the needed expenses for the young person as well as aid for the ill (according to §40) have to be secured.</i></p> <p><i>(4) The offers are to be co-ordinated to fit the measures of school-administration, federal department of work, paying authorities for internal or external training as well as with paying authorities for occupational offers.</i></p>
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Basing on this law, a load of external and institutional measures for the professional integration of socially disadvantaged young persons were created. This is especially the case for young persons coming from a dysfunctional family-background, young criminals as well as other young persons who have been "watched conspicuously".

The instant youth program JUMP

After a very positive report on the **instant youth program "JUMP" started in 1999**, the federal government has decided to offer this program in 2001 and 2002. JUMP offers loads of programs for young persons to make training, qualification and the maintaining of an occupation accessible for them. In an overall count starting January 1 1999, young persons have been supported in almost 500.000 means and measures of this instant program.

According to a report that the federal department for work published on the instant youth program in 2001, 40.900 young persons found an occupation with additional financial support for salaries. That were almost 20 % more than in the year 2000. 20.800 young persons participated in **measures for further professional training**. Compared to the year before, it were 80% more. 32.500 persons participated in **qualification and job-creation schemes**, the increased rate being 58% here. 22.230 young persons could be supported with **measures for social counselling** (+ 24 %). 5.934 used the **mobility-aides for taking up work at a detached place**, which was created in 2001.

In 2001 the federal department for work paid 1.138,2 million EUR for the instant program. That were 184,5 million EUR (plus 19,3 %) more than the year before. In the year 2002 the federal department for work has 1 billion EUR in its budget for the instant program.

Starting January 1 2001 the federal government decided to exert changes to the rules and regulations concerning the handling of the instant program for fighting youth-unemployment. Motivated by the difficult job-situation for young persons in the new federal states, an increase of "JUMP" action in the new states had to be performed.

By installing mobility-aides, the federal government wants to place unemployed young persons in jobs who cannot find jobs in the new federal states or in the old states (at places with extremely increased youth-unemployment) by offering them jobs in other areas of Germany. The local work departments in question can use up to 5 % of their budget for instant-programs to further the mobility-aid, in order to further legal possibilities of support and other measures of the instant program through individual aides for job-placement. By doing so, the federal government puts encouragement of partners in the coalition of work, training and competitiveness into reality, which had been decided to decrease youth-unemployment.

Unemployed young persons who have a new job-position at least 100 km, or at least 1.5 hours of driving-time, away from their old hometown, can apply for additional mobility-aides when their unemployment has reached a time of at least 3 months and when they are threatened by further unemployment. Mobility aides can be paid in form of the costs for moving or for weekly rides home within the period of 6 months after taking up a new employment. It can also be granted in the form of the payment of monthly benefits which are needed to cover or support the costs for social-educational help for the young person.

Apart from creating additional mobility aides for unemployed young persons within the instant-program, the federal government wants to support the mobility of young persons seeking employment within the framework of **job-training-aides** according to the code of social laws, 3. Job-training-aides can be received by apprentices who work in recognised professions under certain conditions, when they live in places other than their families. In 1999, the local departments for work have spent 390 million marks on this.

Health

All laws and regulations in the field of health-care, healing, caring for the ill and rehabilitation obey the special needs of children and young persons. A detailed description would therefore need an individual study.

There are some especially significant means and measures though:

- **Vaccination free of charge** against dangerous diseases that can affect children and young persons,
- regular **medical and dentist check-ups at kindergartens and schools**, which secure an overall health-control,
- **Courses of treatment and therapies** especially for children and young persons, as well as
- The offer of **free medical check-ups with young persons in areas of high social problems, with young prostitutes and drug-addicts**

Social Security

The code of social laws, 8 in its fourth paragraph regulates "*Help for education, educational aides for mentally disabled children and young persons, help for young adults*". The following fields are covered in the §§ 27 to 41: Educational counselling, social group-work, assistance for education, care-aides, social-educational family aides, Education in a day-group, full-time care, education in a sheltered home, counselled forms of living, intense social-educational support of individual persons, Help to sustain a living, aid for the ill, help for young adults.

The **poverty and wealth report** published in 2001 by the federal government, states, that poverty with children mostly finds its causes in lowered chances for income of their parents. Poverty means for children that their opportunities to experience, develop, and learn are limited. Children are especially hindered in their development when burdening factors cumulate. One extreme form of poverty with children is experienced by those 7.000 youths who spend most of their life on the streets.

In the case of the **prevention of "Streetcareers"** of children and young persons, the federal government is currently checking how model-projects and scientific research can support the improvement of helps for street-children. In general, the local **departments for the youth** have to grant care for street-children. They have a wide spectrum of aides for education and intermediary actions available to protect children and young persons – closer descriptions can be found under the code of social laws 8, as listed above. Most big cities also have so-called **low-barrier-oriented institutions**.

The federal government has been strengthening the **support of families** since 1998. Families also find relief in the raise of children's benefits for first and second child in two steps (30 DM and 20 DM) to 270 DM (138 €) per month, a new tax benefit for child-raising" (Betreuungsfreibetrag) for children under 16 as well as for adult children with a disability at a level of 3.024 DM (1,546 €), a slow decrease in basic-tax-schemes and the raising of the basic exemption for families. The second level of the **family benefit, effective January 1 2002** brings along further improvements for families. The relief through the tax-reform will still pay off in the following years. With the changes on the federal law on financial support of education and the further development of educational vacation to parents time and with the part-time and limiting law the federal government grants better possibilities to connect family and professional occupation.

Access to Information

According to **the federal code of social laws 8** help to support education is generally granted to the person who educates a child, i.e. mostly the parents (see § 27 parag. 1). **Children can seek counselling with the department of youth**, and can, under certain circumstances, be counselled without the knowledge of the parents (**see § 8 SGB 8**). By showing the department of youth that there is a need to support the education they can trigger that kind of help.

Quality of Life	<p>The right to violence-free education</p> <p>The German Bundestag has ratified a law on the right to violence-free education in 2001. The initiative for this law was taken by the federal ministry for families, the elderly, women, and youth and the ministry of justice. This law declares bodily and psychological punishment and injuries to be measures without dignity and therefore as unjust. Parents are offered help and counselling with questions in the field of education in order to provide that children can grow up without fear and violence.</p> <p>Work with Girls</p> <p>According to § 9 of the code of social laws 8 the gender-specific differences in situations of life for girls and boys are to be taken into account when tasks of youth-work and social work for the youth are to be worked on. Equal rights for girls and boys are to be supported.</p> <p>This is why there is a need for specific youth-work with girls, as long as girls use the offers of youth-work less than boys and as long as there are more male than female co-workers in this field.</p>
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GAYS AND LESBIANS

The **penalty code** along with **§ 175** (since the foundation of the German Reich 1871, and on insistence of the wife of the emperor Wilhelm I.) considered **male homosexuality to be a felony and therefore being an "act against nature"**. This paragraph was intensified during the times of fascism, as a result of the so-called "Rohm-Toppling". The intensified version of § 175 existed until 1969. By taking various steps of reform it was reduced until the end of the century, so that today it is only a felony for two men to have sexual intercourse when one is older and the other younger than 16. This so-called "protectoral age-border" lies at 14 years of age when referring to sexual intercourse with girls. There has never been a regulation on female homosexuality.

The fact that homosexuality was considered a crime for a very long time understandably has led to the fact that there is no federal agreement to level disadvantages of homosexuals, apart from the **law on registered partnership**, of course.

The federal government is preparing a **anti-discrimination law** initiated by the federal ministry of justice which aims at putting persons equal under the civil right. It is to include the group of homosexuals.

Work	<p>During the last 10 years there were rulings of state-courts and the federal court which abolish the exclusion of homosexuals from profession such as police, fire-department, army and German border police.</p> <p>In order to decrease discriminations against homosexuals, big companies like Ford at Cologne or Lufthansa at Frankfurt have drafted special supportive programs for homosexual co-workers within the framework of diversity-management.</p>
Health	There are no special state-programs for homosexuals.
Social security	<p>The coalition-agreement between the parties of government SPD and Bündnis 90/the Greens plans a law against the discrimination and for the equal treatment of homosexuals.</p> <p>Through the law on registered partnership, which became effective August 1, 2001, the positioning of the co-habitation of homosexual couples as an institution at family level with rights and duties was reached.</p>

	<p>The registered partnership can be done at the registry office. The partners have the right to financial support by the other, and duties as well. Registered partners are allowed to bear the same name. They have the right to refrain from testimonies against their partners. After the death of a partner, the remaining partner can legally receive objects from the partner and can take over the contract for renting an apartment.</p> <p>Furthermore, partners can legally represent each other. For instance, they are allowed to visit the partner at an intensive care unit at a hospital and to receive information from the doctor; they will be able to sign the allowing of surgery for their partner. The changes in family-law which have to be made due to the new law were published in form of a brochure by the federal ministry of justice, called "Matrimonial- and family-laws".</p>
Access to Information	There are no special state-actions for homosexuals.
Quality of Life	<p>According to the laws of all federal states, the homosexual way of life is not to be defamed during sexual information in school-education.</p> <p>The federal ministry of justice published a report on the disadvantaging of persons with same-sex orientations in January 2000.</p> <p>It was the aim of this study to provide empirical, socially scientific results on the social situation, forms of life and partnership, the related ways of behaviour and the opinions of persons and couples living in same-sex relationships. Furthermore it was an aim to find out about specific markers and similarities of homosexual and heterosexual partnerships. It was yet one further goal to collect detailed information on experiences of homosexuals with equal and unequal treatments in specific fields of life (work, living, public life, families and relatives).</p> <p>By doing so, the study includes general legal questions as well as specifically relevant topics of matrimony and family and therefore it is aimed to serve as a basis for discussions on legal and societal equality of homosexuals.</p>

The groups threatened by exclusion treated in this topic constitute an approximate selection. Two groups who have a long history in their exclusion in Germany are missing: Namely those persecuted for "race-wise" and political reasons. The disadvantages of those groups is abolished in the basic law, and yet it still exists. This is also supported by basic legal beliefs such as German nationality, which still considers the principle of origin and not that of territory. According to § 39 of the law on nationality of the German (1913) Reich, which is still effective, only those persons who can prove their origin to be German down to the third generation is considered a German. This law was and still is used by the registering offices to deprive members of the Sinti and Rome of their German passports, if they have one, because they cannot prove their descent. A German family-name is not effective either. Many members of the Sinti and Rome who survived the concentration-camps were deprived of their statements of origin by officials of the German Reich, who then destroyed them. They cannot prove their nationality.

Going along with the prohibition of the communist party of Germany (KPD) and the prohibition to work for persons considered close to communism at the beginning of the 1970s, a political persecution was started which has only started to be repaired by German courts of law during the last two years.

According to the poverty and wealth report by the federal government and the reports of the association of welfare-institutions and churches, the members of the group treated in this study are still threatened by poverty. According to the federal government's report, the gap between rich and poor is widening. And in a time of privatisation of state benefits the access to institutions and programs, which means the participation in social life, is increasingly hindered by financial barriers.

Neoliberal economy has left its mark all over Europe, and obviously the motto: "Only the rich are right" gains foothold. This has to make us think, especially when we take into account that the groups which are still socially excluded today were put in concentration-camps and threatened by death during the third Reich, such as Jews, Sinti, Rome, homosexuals, mentally disabled, the chronically ill and so-called inherited ill. Or they were put in so-called "re-training-camps". The motto was to "destroy life that is unworthy of living".

Even in our modern democratic societies there are still mechanisms of exclusion at work whose means and measures (genetic diagnosis or the closing of borders for refugees) seem to be aimed at "avoiding" the groups in question or preventing them from even entering society. Even if there are well-meant national and European programs for social integration, the members of the disadvantaged groups have to keep in mind that only they themselves can support the integration and participation in social life in order to succeed. Only when we, as the persons concerned enter our issues into society, we will be accepted and will contribute to their wealth, such as the multiplicity of cultures and their co-operation can constitute the wealth of Europe.

Living the exclusion: disability

In March 2000, the European Council of Lisbon established a new strategic objective for the European Union: to become, within the next decade, “the most competitive and dynamic knowledge economy in the world, capable of maintaining a sustained economic growth with more and better jobs and a better social cohesion.” A general strategy which is focussed on, among other considerations, the fight against social exclusion is required to achieve this objective. In the belief that “a society with more social cohesion and less exclusion consolidates a better economy”, the European Social Agenda, in the Nice Summit, agreed to include (within its six future guidelines for social policies) “the fight against poverty and all forms of exclusion and discrimination in order to promote social integration”.

Among the policies to be brought about according to the aforementioned guidelines, it was agreed to:

- Implement, as of June 2001, national schemes to fight poverty and social exclusion.
- Assure monitoring of the 1992 recommendation to establish guaranteed minimum resources provided by the social protection systems

Most of the governments within the European Union are currently setting these schemes in motion, with varying degrees of effectiveness and emphasis, which are directed towards the social inclusion of all social groups that are, or run the risk of being, excluded socially. In other words, their aim is that no citizen is outcast from the advances made in the quality of living in society in general.

The work that is detailed below is centred on the suitability of such measures from the point of view of one of the social groups belonging to the so-called population at risk of the social exclusion at which these schemes are aimed – disabled people.

In spite of the fact that there has been notable progress made throughout recent years in various aspects regarding the quality of life and the social integration of disabled people, many impediments still remain for numerous elements that hinder the exercising of their rights of equality which are present in the legislation of all the European Union countries.

The objective of this document is two-fold:

- To know the meaning of the concept of social exclusion for a social group that is, by definition, at risk of exclusion – disabled people. The question is whether both government and citizens refer to the same when they speak of exclusion and identify those social groups included within this term.
- The second objective is to put forward the point of view of disabled people on fundamental aspects that constitute the daily lives of any citizen in the European Union and that are the target of priority actions within the design of the National Schemes for the fight against social exclusion, their personal assessment of these aspects, as well as the assessment of how they are addressed by the different governments.

The aspects which we are referring to, as being of fundamental access for any citizen, are as follows:

Employment:

And more specifically the measures for

- Promoting employment
- Conditions in the work place
- Promoting higher professional qualifications

Health:

Understood as

- Specific health and medical assistance

- Research
- Educating and informing on health issues

Social Security/ Social Welfare Benefits

Access to information:

- Measures which permit disabled people to have access to public documents (Braille, easy-reading formats, architectural barriers in public centres).
- Access to the new technologies.

Quality of life:

- General measures designed to improve the lives of this social group which have not been included in the other sections (personal assistants, financing of technical aids, specific services, etc.)

At the same time we wish to discover if there are differences in the assessment of the access to these aspects among disabled citizens in Germany, Italy, and Spain, as well as the actions undertaken by the different governments of these countries.

TECHNICAL REPORT

To obtain this information, it was proposed that field work be carried out based on qualitative techniques of discussion groups, with professionals from the three participating countries in the study previously carrying out tasks of organisation and design.

This section offers an elaborate presentation of the procedure through which we obtained the information that our analysis was aimed at, presenting the final objective of the work carried out, the specific objectives laid down, and the work plan which was drawn up.

General objective:

To carry out an analysis of the concept of social exclusion seen from the point of view of disabled people.

Specific objective:

With the work of a discussion group and a technique similar to brainstorming, an analysis of the concept of social exclusion was carried out. The basis of this analysis were the opinions of the work group, and the possible causes as well as solutions to the problem of social exclusion were also analysed. A consensus in the conclusions was sought at all times.

Work plan:

Three sessions were undertaken, with eight participants in each session, resulting in the compilation of a sample of the opinions of 24 people from each participating country, and a final general sample of 72 people, naturally all of whom are disabled.

Each session lasted approximately 70 minutes, consisting of a presentation of the intended objectives for 10 minutes followed by 60 minutes of group work.

The groups were composed of people of diverse ages and socio-labour conditions (employed, unemployed, receivers of welfare benefits, etc) and balanced in terms of gender, which provided us with a wide range of situations and varying points of view yet at the same time with homogenous personal profiles in which priority would be given to dynamic and participative individuals who would be capable of streamlining and making the most of the groups' work.

The group co-ordinators recorded each session in full, which permitted the posterior task of transcribing **all** comments and ideas put forward.

The system of work and the composition of the groups were similar in all three countries working on the project.

In each group there was a group co-ordinator whose functions were as follows:

- Introduction and sequence arranging of the topics to be discussed.
- Recording of the session.
- Dynamization of the group.
- Establishing control of total time and time allocated to each topic.
- Encouraging the participation of all group members.
- Directing the participants towards a consensus on the conclusions of each topic.
- Drawing up of a final session report

Once the effective session begins, the following topics are raised:

1. What the term 'Social Exclusion' means to the group:
 - 1.1 What is social exclusion?
(Is it related to a social or economic term, health, quality of life, etc?)
 - 1.2 Do they feel themselves to be people at risk of social exclusion? In what sense?
(related to the definition in 1.1)
 - 1.3 Which social groups do they consider could be encompassed within the term of excluded or at risk of exclusion?
2. In the following points (included in the section above):
 - Employment:
 - Promoting of employment
 - Conditions in the workplace
 - Promoting of higher professional qualifications
 - Health:
 - Specific health and medical assistance
 - Research
 - Educating and informing on health issues
 - Social security / Social welfare benefits:
 - Access to information
 - Measures for access to public documents by disabled people (Braille, easy-reading formats, architectural barriers in public document centres)
 - Access to new technologies
 - Quality of life:
 - General measures aimed at improving the aspects of the social group's quality of life not previously mentioned (personal assistants, financing of technical aids, specific services, etc.)

The following issues were addressed:

2.1 What measures do they **know** of that are being developed by the public administration and the assessment of these measures by the group (Are they positive? Do they not have positive results?)

2.2 What action measures will be set in motion by the group members in relation to the aforementioned issues to give rise to the social inclusion of their social group.

It is important to stress the fact that the administrative measures that are assessed are those that the group indicates are known to them, and not *all* the existing measures. In this way, the extent to which the group are aware of the measures carried out by the institutions is also an indicator of the efficiency of these actions.

Gathering of information:

Once the sessions were recorded, the recording was analysed to extract information of interest for the study (namely those topics mentioned in points 1 and 2). This analysis was carried out following the steps outlined below:

1. Transcription of all contributions made by the group members within all sectors of interest. The registry sheets (Annex 1) were used for this purpose.
2. Analysis of these contributions that included which ideas were expressed with the greatest percentage of support, which ideas had raised most controversy, which of the governmental measures were supported the most, and which were most rejected. The sheets (Annex 2) were used for this purpose.

RESULTS OBTAINED:

Throughout this section the results obtained from the work of the groups previously mentioned are presented. The results shall be organised in relation to topics dealt with.

MEANING OF THE TERM SOCIAL EXCLUSION.

1. What social exclusion is for the groups.

Social exclusion is understood as a multi-dimensional phenomenon.

This group considers that social exclusion concerns many fields, and thus can be addressed taking into consideration the social and economic aspects, as well as those related to health.

Social exclusion is the non-participation in the general context of life and work environments, implies a non-participation in the mechanisms and activities of society, has an influence which affects the quality of living of individuals and is defined as a structural violence.

Exclusion exists owing to the fact that the social environment is not appropriately adapted to the needs of specific members of society (e.g. physical or language barriers, lack of sign-language interpreters, etc)

Social exclusion is experienced in terms of violence. This means the suffering of both physical and psychological violence.

And the change in the understanding of exclusion as a purely economic phenomenon (poverty) is seen as a result of the introduction of social variables in recent times.

2. Perception of belonging to a group at risk of exclusion.

All the groups coincide that, on being considered as disabled persons, they are also to be considered as persons at risk of exclusion, however, from certain points of view it is stressed that

One must be aware that it is not the disability itself that creates obstacles, but the structure in which it is experienced.

For a large number of disabled female members of the group, the situation is even more serious. They feel themselves to be excluded amongst the excluded, thus experiencing a double discrimination: first, for being disabled, and second, for being women.

The society in which they live does not allow them to fulfil the role of women, wives, mothers, workers, etc. From early childhood they are not recognised as being female, and the family plays an important role as far as trying all possible ways to repress their sexuality and therefore eliminate the emergence of any idea they may have with respect to one day becoming wives and mothers. The repression of these ideas is so well executed that, in the end, a large number of disabled women do not even have the desire to experience their own sexuality, and when it does exist they will do everything possible to deny it to themselves and to others.

Their level of schooling is lower, even compared to that of disabled males, and this also implies a lower possibility of integration in the workplace.

There are disabled women who have accomplished their desire of being a mother; however, even in these cases, they have not been and are not able to fully carry out this role. A significant example that may clarify the reason for the lack of full participation is that of life with the children themselves. There are cultural and environmental barriers that unavoidably condition them and prevent them from

experiencing very important emotional moments in the mother-child relationship. The presence of architectural barriers impedes the mothers from enjoying walks with their children or from taking them to school or the doctor's.

Some groups indicate that there is a sense of feeling threatened which runs parallel to that of being socially excluded.

The participants generally feel threatened by the mechanisms of violence, segregation, non-participation in the economic development of society, the need to justify one's disability, the limited choice of housing, employment, and place of residence (especially when one must move to another residential area). They are afraid of possible abuse in situations of assistance, which could lead to acts of violence by others. Furthermore, they fear the higher risk of physical or sexual attacks, especially in institutions or within the family itself. Senseless decisions by health care providers and the lack of environmental adaptations to the needs of people with disabilities are criticised (e.g. the non-existence of traffic lights for blind people).

Within the groups, the members have considered the different reasons and factors that, according to them, lead to exclusion:

- The discrimination towards those people that don't comply with the established standards creates a method of cohesion for the standard majority.

The group feels that this behaviour is a form of power on the side of the excluders: through discriminating people who deviate from the "standard", the majority cements its cohesion. But in reality, there are few people who are not deviating from the standard of a "successful, young, white, heterosexual etc. male" The power surfaces as specific disadvantages and restrictions for the excluded and those who are threatened by exclusion;...

- Ignorant ad fear.

The reasons for discrimination based on distinct features are mainly ignorance and the resulting fear in dealing with people who "deviate from the standard".

- Lack of political response

The social-political problem, poorly and rarely confronted, namely that of exclusion being applied (whether consciously or not is of little consequence) when a "diversity" exists, and this "diversity" is considered bothersome or clashes against economic, religious, cultural, or racial levels.

In fact, while aloud it is stated that "...diversity is a value..." the community expels from the social fabric itself those differences which cause ideological repulse or are suspected of being able to destroy the "securities". As time goes on, and there is a more advanced conception of Liberty and Democracy, some types of diversity that were excluded from the social board some time ago are today recognised and accepted, at least in the theoretical plane of the doctrine. With reference to Treaties and state legislation, the principles of "non-discrimination" and "equal opportunities" are sometimes also recognised; in Italy, there is a Ministry directly involved in the latter, although it is exclusively referent to the equality of sexes.

But what is still lacking is the judicial obligation of specifying these principles with precision: there is little sense in speaking of rights if they are not accompanied by a guarantee of the exercising of the rights themselves.

- When actions are taken, these are centred on the economic aspect of the problem.

For example, it is undeniable that in the sector of disability, the instrument adopted for integration is solely that of job placement.

3. Which social groups do they consider could be encompassed within this term of excluded or at risk of exclusion.

Every person or group that has a low economic or cultural level and that lives in areas where the economic development is unsatisfactory and the services are non-existent or practically non-existent are at risk.

These groups are as follows:

Poor people
Disabled people
Immigrants
People with AIDS or HIV positive
Vagrants
Elderly people
Women
Minors at risk

The German group also added the following to the list:

Gas and Lesbians
People from the new Lands of the Federal Republic of Germany
Those who receive State benefits

STUDY OF THE SPECIFIC TOPICS

EMPLOYMENT

Spain

Little is known by group members of the current resources available for promoting employment of disabled people

They speak about:

- The benefits for employers who hire these workers
- The State law which obliges organisations to reserve 2% of the jobs for disabled people.
- Specific services for integration in the workplace.

A negative view is held of all these mechanisms as they consider them to be symptoms of social exclusion. However, they are considered lesser evils and necessary systems as starting points for integration in the workplace.

They liken the system of subsidising employers in order that they hire disabled people to "blackmail". They claim that "if an employer hires a disabled person thinking that 'although he works little, you pay him less', he or she is going to work more than they are able because they have to demonstrate more than the others, and on top of that the employer receives a reward". They feel that this is not a good solution.

They feel that the fact that a certain percentage of places in State exams are reserved for them is a symptom of social exclusion. "We are people just as the others, and therefore we have the same exam; if you pass you are awarded a place the same as any other person, and if not you are left out along with everyone else". However, if that percentage

did not currently exist, no disabled person would be awarded a place through the system of State exams.

The services of integration in the workplace should be included in the public administration support systems for unemployed and as such it would be better that the search for employment of a disabled person followed the same course as that of an able-bodied person, even if they were to have special characteristics.

The following are an indication of possible corrective measures of these deficits:

- Special Job Centres
- Equal opportunity and anti-discriminatory policies along with schemes in specific areas that have to do with the process of exclusion, for example the national employment schemes.
- All this is enveloped in the philosophy of mainstreaming, which means that “we are all equal in the eyes of the Public Administration and therefore the creation of specific policies for specific groups shall try to be avoided”. This way of seeing things is an incorrect interpretation of mainstreaming, which is leading to continued inequality amongst groups, given that the differences which exist are not taken into account (for example between unemployed people and disabled unemployed people) and only the similarities are observed (both are unemployed).

In the case of Italy.

All legislative activity in favour of the promoting of employment for disabled people figures in the **‘Law N° 68 of the 1999 Rules and regulations for the right to work of the disabled’** whose text was written in full by the FISH (Italian Federation for the Overcoming of Handicaps), in 1995, drawn up and presented to all political forces. It consists of the text of a bill on job placement centred more on exact technologies and human instruments to make the work of disabled people productive rather than the “obligation” of the contract: namely “guided placement”

“By guided placement of disabled people we mean those series of technical and support instruments that allow for an appropriate assessment of disabled people in their work abilities and of integrating them in the appropriate job position, through the analysis of job positions, manners of support, positive actions and solutions to problems related to the environments, the instruments, and the interpersonal relationships in the daily workplace and social environment”.

The **“Rules and regulations for the right to work of the disabled”** also establish services to guarantee professional compatibility between the competence required and the stated or foreseeable potentiality in the presence of support instruments. This means that it is necessary to organise courses of “professional training and re-skilling”. In Italy, the Regions are generally responsible for these courses and are criticised for their lack of efficiency and effectiveness. In fact, they are not seen as courses that should professionally train individuals in developing a specific skill and in a specific environment that could be ideal for groups of people with different employment potential.

The **“Rules and regulations for the right to work of the disabled”** receive a positive assessment and it is considered meritorious that they try to eliminate the placement of the previous phase of welfare obligation by the corporate entities, to advance towards a placement which is productively useful, both for the company as well as the disabled worker. All the same, the regulation has not been able to reach the heart of the matter of the new principle: the general willingness that entails the professional training and re-skilling, regulation of placement in Social Co-operatives and the generalised incentives are, as an example, the testimony of a

undecided compromise and a uncertain judicial path to follow. Nonetheless, all the positive aspects to be found in this new method are being put into practice with determination and haste.

According to the group, and independent of the aforementioned assessed legislative regulation, we can find that among the reasons for the failure of creating jobs, some have a serious repercussion on disabled people. There is a notable inability to face the changes in the job market. There is a great untapped potential for the creation of jobs in the service sector, especially with respect to the new emerging activities. However, a large number of unemployed people, limited by the low, obsolete profile of their qualifications, are not in a position of being able to carry out these jobs. The progressive reduction in demand of repetitive manual jobs runs the risk of having a negative impact on the levels of employment of the disabled, at least for those whose cognitive resources are limited and only allow them to carry out elemental activities.

However, the development of the new technologies may facilitate the entry of physically disabled in the job market, for example the carrying out of tasks at home by means of telework. In general the new technologies may allow for greater access for disabled people to other sectors of daily life, that traditionally have been unattainable.¹

In relation to the telework, the group is highly criticising, because the job must not be only to obtain financial resources but above all it must be a means of achieving the integration of disabled people. Therefore, if the telework implies a segregational job, shut up at home, not physically at the company and in contact with the rest of the workers with whom they can relate socially, the job loses its meaning, which is namely one of the most efficient means for the fight against social exclusion.

In Germany

A central problem of the exclusion of disabled people from the job market is the training of those born with disabilities. The vocational training centres force people to undergo training for positions (e.g. clerk) which they are not able to obtain. Often they are not trained to acquire the necessary language skills.

According to the group, it is necessary to design special concepts that promote integration instead of leading to disintegration. It is vital that the ministries, the Ministry of Labour, and the businesses make concentrated, joint efforts. The programme "50,000 jobs for the severely disabled" has received a very positive assessment.

Supported employment is also positively assessed although it is considered that it cannot be offered to the necessary degree, because the governmental institutions that fund them have limited budgets. In most cases, the approach continues to be towards employment through special institutions.

Nevertheless, the group consider that working conditions for disabled people in the first job market have improved slightly over the last few years, although many disabled people who are currently working have low qualified jobs, (such as typing services, telephone services, and call-answering duties), do not have any perspectives of climbing the promotional ladder, and in general are employees whose jobs are slowly cut back.

The majority of working places in Germany are not accessible to people with mobility impairments, and the majority are not equipped with communication systems that can be used by people with sensorial impairments. Often, social rooms that would enable diabetics, for example, to take care of their needs, are not available. The application for working equipment takes about one year; by that time the working conditions have become intolerable.

The groups highly criticise the help received from the State for the adapting of the workplace. Some members of the group note that the time the public administration spend on revising applications for adaptive equipment is much too long. Thus, the beginning of work is delayed. Even though the financial means to provide adaptations in the workplace do exist, the lack of information in the governmental employment institutions, but also among employers and employees, prevents an immediate and targeted use of these resources.

Another important means for integration in the workplace is the effort in continuing the education of groups of people who are excluded from the job market. This should be promoted by the ministries as well as by the employers themselves.

As absurd as it may appear, important institutions that have responsibility in this field, e.g. centres for professional training, are not accessible. These centres should become decentralised in order to make training and continued education close to the home possible.

With reference to working conditions for disabled people, the group members ask for greater flexibility.

Not everyone is able to work a 40 hour week as the physical effort or the necessary level of concentration required may be too much. The work conditions in general should be better adapted to the person (e.g. relevant to child care) and not vice-versa.

HEALTH

Spain

Medical and health assistance work well; the only problem that the group places emphasis on is common to all social groups, namely the long waiting lists which are to be found in any hospital. However, a series of deficits are raised within the specific aspect of disability, and are as follows:

In smaller areas there are no doctors specialised in certain disabilities, and as a result they must travel to see doctors in other cities. They consider that these travel costs should be met by the State.

There are few health care personnel with a broad knowledge of the world of disabilities and on arriving at the hospital they find that they do not know how to physically handle or move us; if we have speech problems they ignore us – the doctors and other medical personnel should be more aware of the different types of disabilities.

Some of the group members feel that a serious ethical problem exists as regards some doctors who

take advantage of them when they go to the doctor's surgery and carry out studies and do research on their illnesses.

Part of the group propose the following measures to improve this situation:

- The existence of courses on health education for disabled people, so that they become increasingly more independent with regards to minor illnesses, etc.
- Given that they have certain physical or mental conditions, the health care personnel should carry out a more direct and personal monitoring.

Italy

In Italy, as in Spain, the legislation with respect to the topic of health is considered very positive and suited to the social group of disabled people. The law N° 104 (1992) "Framework Law for the assistance, social integration, and the rights of disabled people" emphasises, among the targeted objectives, that of "developing the scientific, genetic, biomedical, physcho-pedagogic, social, and technologic research through exhaustive programs in agreement with private and public institutions, particularly the universities, with the National Research Council, with health and social services, considering the disadvantaged person and their family, if they are involved, as fully aware and participating subjects.

With associations for disabled and families of mentally disabled acting as the driving force, towards the end of 1998 and coinciding with the passing of the law of financing in the Senate, the following item of agenda was adopted by the government:

"The Senate demands that the Government, through the Minister of Universities and Scientific and technologic research and in collaboration with the Minister for Social Solidarity and the Minister of Health, set in motion national research schemes for 1999, their objectives being activities of scientific research and applied with the aim of preventing illnesses that cause multiple mental disabilities and/or functional impairments from childhood, as well as activate national schemes to ensure this aim is achieved in accordance with the disposition of those integrated in the section and in accordance with the procedures and methods established by the current legislation in the field of administration of the special Fund for the applied research".

However, according to the opinion of this group, a high-level general national legislation does not correspond, in facts, to local programming and a network of health and social-sanitary services that are able to guarantee the minimum's laid down by law.

At a regional level, especially in the southern regions, the disabled are still basically "sick people" and the vast majority of the economic resources allocated for them are assigned and administered by the Regional Health Boards.

According to the group, the corrective measures for the current deficits would include:

- *Re-classification and diversification of the medical-rehabilitative offers. Increase of the benefits provided; control over the effectiveness of the services, redefinition of their geographic distribution..*
- *Re-classification of social services: diversification of the offers in all the territory and the creation of public services (day-time centres, personal aid services, social-rehabilitative centres for severely disabled and with multiple disabilities, apartment groups for the development of independent living, professional training centres and handcraft workshops, job integration services, self administered communities and/or families/homes.*
- *The definition of new expenditure procedures that facilitate the carrying out of social-sanitary services and actions, redirecting the resources saved in the sanitary field towards actions and social services of equality and opportunity.*
- *The drawing up of drafts on programme and protocol agreements of social-sanitary collaboration.*
- *The creation of a computerised assessment observatory of the present services which allows for a monitoring and ongoing control on the quality and quantity of public expenditure in the sector.*
- *The definition of a professional training plan both for the planned new professional figures (personal assistants, community encouragers, educators, field workers, peer advisors, job integration staff) as well as public servants, in light of the new vision proposed by the laws and by the associations of the sector.*

This implies introducing control mechanisms in the heart of the system of accreditation in which the users themselves (that is to say the disabled) have an active role, such as indicators of the cost-benefit ratio and indicators of efficiency and quality of services.

Germany

As with the other groups, the German Health system is criticised to a lesser degree by disabled people than other public institutions and systems, and the deficits in general refer to problems which are common to all users.

Examples of governmental health care measures are hard to find. All members recall spontaneously their dental examinations at school. Health education in Germany is basically limited to the private sphere, these tasks are mainly fulfilled by parents. Bearing the importance of this mediating position in mind, the parents should be educated, according to the opinion of group members.

However, certain problems arise that in part coincide with those mentioned by other groups.

- It is pointed out that doctors lack specific knowledge of disabilities and there is mention of the limited medical support insofar as people with disabilities do not have free choice of doctors and therapists because many practices are not accessible.
- Instruction leaflets are often not read out to blind people and are not understandable to people with learning or mental disabilities. In addition, most packages for medication are not equipped with Braille and are so tiny that people with paralysis or motor disabilities of the hands can hardly handle them.

As a solution in this case, it is commented that

for the disabled as well as the mediating persons it is inevitable to promote health-related enlightenment, according to the opinion of the group. This attempt currently fails because people with disabilities are viewed as being "sick", whereas able-bodied people are considered "healthy" – but the disability in itself is not necessarily an equivalent to a sickness

SOCIAL SECURITY / STATE BENEFITS

Italy

The state benefits that currently exist in Italy are the disability pensions, classified according to percentages of disablement and a certain income limit of the beneficiary. In the cases of disability which do not allow the carrying out of daily tasks, the compensation for a companion is also considered, and is established at each level of income and is conceded as a sole degree of disability

A series of tax facilities are added to these financial benefits through exemption of payment of the health benefits or related taxes, as well as through the obtaining of benefits, subsidies, and vehicles or proteases which are included in the "rate schedule", which allow for free acquisition or through a contributory fee, grants for proteases included.

On the other hand, provision has been made for disabled people to have access to non-economic services and benefits, such as home-help etc, normally free of charge.

The current system is considered

more rational, as these benefits are carried out by means of "personalised projects" on social inclusion, predetermined by the Local Government of the place of residence, and

executed thanks to the co-ordination of actions taken by and which are programmed in the "Area Plans".

However, for the group

the contents/funds of the national social plan, that by means of the regional social plans are going to converge with the Area Plans, are not enough to guarantee those which the law incorrectly indicates as "demandable rights". It will be the financial reorganisation capabilities of the Councils and their ability to add resources from other private and public subjects around the personalised projects which will decide if the indications of the law will manage to be transformed into effective rights.

For the group, an historical step has been taken with the coming into effect of this law, as for the first time the universal principle has been adopted, insofar as all actions are for all similar groups. However, they strongly criticise the lack of streamlining in the procedure for sanitary verification related to the demands and which is necessary to obtain the pension, subsidy, or compensation, thus debilitating its full applicability.

On the other hand, the group denounce that the financial benefits are, on one hand, financial support to the income of those people who do not work (pensions) and on the other a partial compensation for the conditions of outcast that disabled people are forced to bear due to the mechanisms of social exclusion. The compensations are insufficient and one cannot think that a disabled person is able to plan and carry out an independent style of living with the meagre amounts that the State provide.

As a final conclusion it is mentioned that

The improvement in services, which also means being able to enjoy the services of all citizens, apart from the financial benefits that disabled people receive, is the first step towards a greater social integration. However, this integration can only be reached if the active participation of disabled people, the sole experts, is guaranteed, as they alone know exactly what their real needs are.

Spain

The system of benefits and the way the social security works in Spain is similar to that of Italy, with the sole differences being with regards to the amount and the requisites to be met in order to obtain the different economic benefits.

The group, having carried out a general review of the benefits that disabled persons are able to receive, negatively assessed the established system in this respect.

There is strong disagreement with which an illness is assessed.

with a number, and then in accordance with this number you either receive the benefit or you don't. The evaluation tends to be very low, taking into account only one of the illnesses although you may have several. As a result the majority of disabled people do not receive a pension nor do they have access to a decent job. This in turn creates a system of dependence on the parents, family members, etc. which the group do not agree with.

As with the Italian group, the incongruity is also found to exist between the state position on the fight for independent living of disabled people

Whereas things are done indirectly which result in disabled people becoming more and more dependent.

The group members do not understand why those who receive a state pension and begin to work should then lose those benefits, resulting in having to choose between the job or the pension.

Generally it is not worthwhile taking on the job, as it is usually only a short-term contract with a relatively low salary and more expenses (travel costs etc) which is nothing short of another way of separating them from the job market.

Having more financial aid is considered a priority topic

more aid for the different needs that must be purchased, such as glasses, wheelchairs, canes, etc. This also applies to decent housing, "not like that which currently exists" so that when there is nobody to take care of them, they are able to be well attended and live in decent conditions.

Germany

These groups make a special mention of the way in which the German society is moving backward with regards to social security, affecting more forcefully the less favoured groups, as for example the disabled.

Group members realise that there is a current tendency of the German Social Security towards the cutting of costs. In politics, "being short of cash" serves as an argument for limiting social benefits from the state.

The attempts to reduce costs sometimes lead to paradoxes; the state tries, for example, to limit the costs which result from medical prescriptions. Simultaneously, there are several barriers which hinder obtaining individualised technical aids which again result in greater costs. The abolition of permanent prescriptions creates a serious problem.

The earlier form of prescribing was abolished because of the fear of misuse. However, instead of reforming the system differentiating and creating meaningful means of control methods, the regulations were carried to the absurd.

On the other hand, and although the group concludes that the social security system as well as the health care system can be considered acceptable

Although the group members hold that the German Social Security system is relatively good, they point out that the Swedish model is the best to emulate. In Sweden, a minimum pension is assured, which creates a better base for the assurance of those in danger of exclusion.

Certain paradoxes are brought to light.

One positive aspect is the subsidies for accessible housing. However, there are not enough accessible apartments available.

ACCESS TO INFORMATION

Italy

The "Framework-Law for assistance, social integration, and the rights for disabled people" exists in Italy which promotes the carrying out of projects drawn up by dealerships for radio-television and telephone services aimed at benefiting access to radio-television information and

the telephone, also through the installation of decoders and complementary devices, as well as adapting public telephone boxes.

On the other hand it is anticipated that when modifications are made to the agreements for telephone or radio-television licences, initiatives in favour of the reception of information, cultural, and entertainment programmes by people with sensorial impairments are planned, as well as the distribution of decoders.

An in-depth study of the means of communication was carried out by the Italian group, and two groups within those with disabilities and that particularly come across difficulties in this field stand out:

We anticipate that the sector which is most affected by the problem of discrimination in reference to access to information are the deaf and the blind.

Television and Radio

The access to information on television is not adequate, especially for the deaf. Fifteen years ago, the State television introduced the use of sign language as well as that of subtitles in an effort to improve the integration of this sector. It is possible to benefit from the use of subtitles in a certain number of programmes (predominantly films), at the beginning of the evening, through the use of a Tele-video page. However, the services aimed towards the deaf, in general, cover an extremely limited number of programmes and only within certain time slots.

The public television entity began a service of spoken description for the blind two years ago.

Telephone

After a series of experiments carried out in the eighties, private services for the deaf and the blind have come into being. Specifically, telephones for the deaf which permit the transformation of the spoken language into written language are available for both private home use and for associations. These devices are provided to the deaf at cost price. As well, a number of these devices have been installed in public places (airports, train stations etc, etc). Yet, in general, this number is very limited and their location is not clearly indicated.

Recently, a private dealership has set in motion a verbal reading service for the blind of the GSM messages of cellphones. The service uses a special card of recognition to be used in the cellphone itself. In this case it also appears that the user does not incur any additional costs.

Information through libraries and centres of information.

The access to public reading material in public and private libraries is quite limited. Generally speaking, only a few state libraries and a limited number of local council libraries offer services which facilitate access for the blind. Other instruments which are used include the transformation of a written text into Braille, both through mechanical instruments as well as electronic. However, these services are extremely limited and are unsystematically distributed throughout the whole country.

Information through Internet and telematic services.

Recently the number of web sites that offer information aimed at disabled people and their families have grown immensely. However, these site do not always use interfaces which allow them to be used by those who present particular demands.

But in general, there is only a specialised knowledge of the interfaces that allow everybody to use the products either in an electronic or telematic manner. The products related to the hardware or software are present in the Italian market, but without the particular and

advantageous conditions for those users that have added difficulties to be able to enjoy the information services electronically transmitted through the computer.

And as a conclusion

the group regrets that although there are praiseworthy and innovative initiatives in Italy for access to information and culture, it is however particularly problematic for disabled people and in particular for the deaf and the blind, who experience severe discriminatory conditions and a lack of equal opportunities.

Spain

A general evaluation is made by this group on the access to communication but basing it on the physical access i.e. architectural barriers.

During the last two years there have been many improvements made in the removal of architectural barriers; all newly constructed buildings are adapted.

There should be an increase in aid given to those who suffer from a disability living in an inaccessible place and who experiences many difficulties, and to be able to offer them decent housing and all that they require, without having to wait very long before receiving the money; it should be paid in advance.

The blind and the deaf are pointed out as being especially vulnerable in this point

Nonetheless, it seems that blind people as well as deaf are not disabled because little is done for them. Public information should also be published in Braille. At least the most interesting or important news (laws, regulations, local council announcements) should be able to be understood by the blind as well as the deaf.

As a final conclusion, it is considered that it would be of special interest for the disabled to participate actively in the process of implementation of projects that are related to the access to information.

In the end, the conclusion was reached that all which involved the improvement of accessibility would be much better were it to be designed by a disabled person, be it roads, wheelchairs, or any type of accessory that the disabled could come to have a need for.

Germany

The attempts by the state and institutions to improve access to public documents, as well as access to information, is appreciated

For example the editions in Braille, information digitised in ASCII code, or internet without barriers.

However, it is stated that many public documents must be converted into accessible documents through the transformation to spoken language by reading services that charge for this service and a special mention is made to the limitation of adapted books which are accessible for the blind.

As we have been able to see from this group, as well as the others, special mention is made to the difficulties encountered by blind and deaf persons, however the assessment of the access to information for people with mental disabilities is presented for the first time.

Easy-reading formats for people with mental impairments are barely produced, a concern that is mostly taken care of by "People First" groups and the Lebenshilfe (translator's remark: The German association for mentally handicapped people). A big problem is information, documents and applications from public bodies and authorities, that are written in such a way that they are not understandable for people with mental disabilities. There is no staff that could explain these documents..

It is considered that the architectural barriers have been overcome with the implanting of barrier free access for people with mobility impairments to public libraries, university libraries, and archives.

Nevertheless, special attention should be paid to certain complementary aspects

It is necessary to educate the personnel that would be able to help in the acquiring and eventual reading of the documents. There is a lack of accessible tables for reading devices and adjustable terminals for research. For those people that live in institutions, the access to areas of research is often impossible given that they have no right to reimbursement of expenses incurred during a visit to a public library.

CONCLUSIONS

At the beginning of the new millennium, humanity as a whole is the repository of a wealth of treasures of incalculable value. We are referring to the great changes that took place during the 20th century that have affected all kinds of areas of life on earth: psychological, cultural, social, political, ideological, economical, scientific, etc.

Yet, paradoxically, in such an evolved context it is difficult to speak about the quality of living, at least for those people with more particular demands, as for example, the disabled.

When we think of the quality of living that a disabled person has, we think first of all of their recognition as a person in its subjectivity and uniqueness, with particular needs to which society responds unwillingly and with reticence. In a few words, to say that their human right to exist are recognised.

Actually, we could dare say that the needs of a disabled person are the same as those of a "normal" person: physiological and social needs, the need for love, friendship, self-determination, self esteem, self-realisation, autonomy, etc. What makes some needs peculiar as compared to others are uniquely the means and instruments through which they can be satisfied.

Parting from this interesting introductory reflection resulting from the work of the Italian groups, we are going to tackle this point from a general topic that could encompass what has been dealt with until now – this topic was that of the perception of the quality of life of the disabled persons from the viewpoint of the different groups.

The conclusions on the measures to be taken in this respect are a summary what has been studied by the groups until now. At this point of the report a series of currently non-existent measures are put forward which would include priority topics to be dealt with in order to promote social inclusion, according to the point of view of the participants.

In this section no distinction is made of the opinions given according to the country; instead we have gathered together the common aspects of the contributions of all the participants.

Final conclusions, measures to adopt to increase the quality of living of disabled persons and to promote social inclusion.

The measures which are contributed principally by the group are as follows:

- The possibility of personal assistance according to the employer's model, the possibility of having assistance during the holidays, the payment of assistance to attend public events.
- An accessible means of transport
- Support in the access to, adaptation of, and maintaining of employment.
- Accessible shops and department stores, with accessible changing rooms.
- Avoid "obstacles" at public events
- Social workers for disabled people
- Information for the disabled on sexual matters
- A greater integration in schools and kindergartens by means of specific figures to address this topic (integration assistants)
- Flexibility and quality of living for those people in institutions.
- Informing the population so that people can deal with "deviations" from ordinary behaviour and accept forms of communication or of emotional expression that are currently deemed as "disturbing" (e.g. "babbling" / "mumbling")
- A shift in perception of, for example, ministries, employers, and teachers towards a resource-orientated approach that is focussed not so much on deficits, but on abilities instead.
- Promoting "barrier-free tourism". A programme for barrier-free tourism should offer the following services: provide information on accessibility in tourist places, on travelling by train or by plane, as well as topics related to mobility.
- The quality of life must also be guaranteed in the family. The family has a greater need of physical, economic, and psychological help to face up to the presence of a disabled child more adequately and with more serenity.
- Apart from the legislative measures which already exist, or that may exist in the future, the inequalities can only be eliminated through education. It must be taught from early childhood that diversity does not kill, that it is good, and therefore must be promoted.

In conclusion, the group defines quality of living for disabled people as having at their disposal all instruments and means necessary to live in the community. Naturally, the instruments and means must be individual, chosen by the disabled persons themselves. The groups hold that if someone substitutes another in the carrying out of tasks, they are being deprived of their freedom. Only through participation and change can quality of life for all be achieved.

Conclusion

The European Council of Lisbon, held in March 2000, established a new strategic objective for the European Union: to become, within the next decade, “the most competitive and dynamic knowledge economy in the world, capable of maintaining a sustained economic growth with more and better jobs and a better social cohesion.” A general strategy which is focussed on, among other considerations, the fight against social exclusion is required to achieve this objective. But when social exclusion is defined, or better still, when social groups are labelled as “excluded” or “at risk of exclusion”, by doing so generally and categorically an error has been made. This generalist consideration of the term has led to the creation of unfair situations with individuals because of the mere fact of belonging to a group which is considered as “excluded” and they not being so in their daily lives.

The definition of social exclusion with the basis on social vulnerability would help to identify social groups that, owing to a lower availability of material and non-material assets, are exposed to abrupt, significant changes in their standard of living when faced with changes in the job situation of their active members. The idea of using the concept associated to living conditions is thus raised to have a multidimensional and complex look at a phenomenon that conceptually exceeds the idea of poverty. The introduction of the conceptual category “living conditions” is linked to the need of covering the diverse dimensions and levels both in the private life as well as in the community. This also refers to the multiple elements that may be indicators of differences and positioning in the social structure. In short, “living conditions” refers to the provision of household goods in relation to the number of members, to the characteristics of the occupational insertion of the members, to the levels of education which they have attained, the access to social benefits, and to the possibility of expression and participation in public life.

Therefore, the use of the notion of “social vulnerability” is linked to the conceptual line that poverty presents as lacks and it is presented as an analytical tool that permits the study of what happens in this large space of marginalisation and poverty, whose limits are diffusive and mobile, identifying diverse situations and with a different condition of risk. Thus, the concept would permit an improved approach to the diversity of situations that are faced by those who are, in one way or another, subject to some form of deprivation, including the most serious, for which the term social exclusion is reserved.

In this manner, the analytical wealth of the concept does not restrict its application to the current deficits, but would also permit the application to describe situations of risk, of weakness, of fragility, and of future precariousness from the conditions which are currently being experienced.

As it deals with a concept that can be ambiguous, polysemic, that has invaded the media discourse, with which it alludes to diverse phenomena and dissimilar situations, we part from, in operative terms, a definition of social vulnerability, understood as a social condition of risk, of difficulty, that renders unfit and disables, immediately or in the future, the affected groups, in the satisfaction of their well-being – their subsistence and quality of life – in socio-historical and culturally determined contexts.

A concept of vulnerability in the sense that has been thought of until now, alludes to situations of weakness, of deprivation in job insertion, of fragility in relationship ties; situations that, to a different degree, a diversity of social groups find themselves in, and not only those groups which are defined as poor according to the usual measurements. This universe would form part of the space where different poverty are inscribed, and it would integrate some of their dimensions, but vulnerability does not end in poverty; rather, it is included.

The vulnerable individuals are faced with a risk of deterioration, loss, or the impossibility of access to housing, sanitary, educational, work, and supply conditions, as well as conditions of participation and of differential access to information and opportunities.

In conclusion, as the group of disabled people stated during the interviews made for this study, quality of living means to have at their disposal all instruments and means necessary to live in the community. Naturally, the instruments and means must be individual, chosen by the persons themselves. The groups hold that if someone substitutes another in the carrying out of tasks, they are being deprived of their freedom. Only through participation and change can quality of life for all be achieved and social exclusion removed.

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