

**REPUBLIC OF CROATIA  
DISABILITY OMBUDSMAN**

**PARALLEL REPORT**

**on the implementation of  
the UN CONVENTION ON THE RIGHTS  
OF PERSONS WITH DISABILITIES  
IN THE REPUBLIC OF CROATIA**

**on the occasion of the review of the initial report of the  
Government of the Republic of Croatia  
before the UN Committee on the rights of persons with  
disabilities**

**Zagreb, July 2014**

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## INTRODUCTION

The office of the ombudswoman for persons with disabilities is an independent body protecting, promoting and monitoring the rights and interests of persons with disabilities based on the Constitution of the RC, international agreements and legislation (Act on the ombudsman for persons with disabilities, OG, No. 107/07). Since the CRPD is the most important international document for the rights of persons with disabilities, the ombudswoman for persons with disabilities protects, promotes and monitors the CRPD in line with Art. 33, para. 2 of the CRPD. The government of the RC in its reports to international and other organisations lists the Disability Ombudswoman in that capacity despite the fact that, except for the act on the ombudsman for persons with disabilities which fails to stipulate it precisely, this role is not stipulated in any other official document including the Initial report on the implementation of the DRPD. (More on this topic in Art. 33.) In accordance with the Paris Principles, the Disability Ombudswoman's mandate encompasses awareness raising activities, research, gathering and analysing data, proposing amendments and modifications to legislation to align them with international documents such as the CRPD, submitting annual reports to the Croatian Parliament, contributing to the reports of all international and national research on the status of the rights of persons with disabilities in the RC, as well as handling complaints submitted by persons with disabilities and visiting institutions in which persons with disabilities live, stay, work or are educated. (More in the Act on the ombudsman for persons with disabilities in the Appendix).

Pursuant to the Act on the ombudsman for persons with disabilities, the Disability Ombudswoman continuously cooperates with persons with disabilities and involves them through their representative organisations paying attention to including not only organisations at a national level but those at the grassroots level as well as ensuring participation of all disability groups in particular those that are underrepresented such as persons with intellectual and psychosocial disabilities. As a part of the mandate to monitor the implementation of the CRPD the Disability Ombudswoman has conducted various surveys the results of which have been presented in the annual reports to the Croatian Parliament. Results of some of those surveys are presented in this report. In 2009 the Disability Ombudswoman sent a survey to all national unions of DPOs concerning the key issues of different disabilities groups according to the areas stipulated in the CRPD. Following the surveys, the Disability Ombudswoman held individual meetings with all disability unions and the survey has been repeated in July 2014 on the occasion of drafting the Parallel report. In the meantime the Disability Ombudswoman holds regular meetings to exchange information and coordinate activities as well as agree on mutual advocacy goals. Meetings include associations representing persons with psychosocial disabilities and associations of self-advocates. Through visits to institutions where persons with disabilities are placed, they are given the opportunity to have their voices heard and stop being invisible citizens. For the purposes of drafting this Report and with the view of future formalizing of the cooperation with the members of the academic community, the ombudswoman held consultations and asked for inputs from the members of the academic community she cooperates with in performing her mandate. Their individual contributions have been quoted in this report. The Disability Ombudswoman also has ongoing cooperation with

other national human rights institutions undertaking joint promotional activities as well as coordinating advocacy efforts. The comments of Gender Equality Ombudsperson and the Ombudsman for children are part of this report. At the expense of exceeding the recommended number of pages we found it of extreme importance to include in this report the lived experiences of children and persons with disabilities that tell their stories in submissions to the Disability Ombudswoman.

The report also includes suggestions of questions for the List of issues and recommendations.

## **ABBREVIATIONS**

<b>Abbreviation</b>	<b>Name</b>
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>OG</b>	Official Gazette
<b>DPO</b>	Disabled People's Organisation

## **A LIST OF CONTRIBUTORS**

### **Federations and associations of persons with disabilities:**

Croatian Union of Associations of persons with disabilities - SOIH

Croatian Blind Union

Croatian Federation of Deaf blind persons „Dodir“

Croatian Cerebral Palsy Association

Croatian Federation of Persons with Mental Retardation

Croatian Paraplegic and Tetraplegic Alliance

Croatian Rare Disease Federation

Croatian Autism Association

Association of self-advocates

Parent's association „Oko“

Association of Parent's of children with Special Needs „Put u život - A Way into Life – Puž“

Association for psychosocial help „Susret“

Association for training guide dogs and mobility

Association for promoting equal opportunities- UPIM

Croatian association of youth and students with disabilities - SUMSI

Croatian federation of deaf and hard of hearing persons

### **Experts from the academic community:**

Prof. Marta Ljubešić, PhD, Faculty of Education and Rehabilitation Sciences, University of Zagreb

Prof. Lelia Glavaš-Kiš, PhD, Faculty of Education and Rehabilitation Sciences, University of Zagreb

Prof. Jasmina Frey Škrinjar, PhD, Faculty of Education and Rehabilitation Sciences, University of Zagreb

Tihomir Žiljak, PhD, assistant professor, Public Open University Zagreb - POUZ

Prof. Zdravka Leutar, Department of Social Work, Faculty of Law, University of Zagreb

### **Independent institutions:**

People's Ombudsman

Gender Equality Ombudsperson

The Ombudsman for children

## EXECUTIVE SUMMARY

As a positive development following the ratification of the CRPD in Croatia, the Disability Ombudswoman would like to highlight the area of participation in political life where amendments to legislation followed the CRPD provisions in allowing persons with disabilities unrestricted voting rights although the right to hold office is still to be ensured. Another important area that has witnessed positive developments is the commencement of the long overdue deinstitutionalization process, transformation of institutions and moving towards developing community based services. Positive developments have been noted on an increasing level in securing inclusive education for children with disabilities, promoting and supporting their employment, amending legislation to encourage employment of persons with disabilities by allowing them to retain family pension in case of unemployment as well as improving accessibility of the physical environment although there are further room for improvements in these areas which will be highlighted in this Parallel report. The strength of the disability movement in Croatia was demonstrated by the swift signing and ratifying of the CRPD as well as by establishing an independent national human rights institution - the Ombudsman for persons with disabilities and providing it with sufficient funding to perform most activities from its broad mandate. There is an awareness and considerable effort to align disability assessment and definition of disability with the principles enshrined in the CRPD but in the absence of international good practices there have been no tangible results in the area so far. According to the Croatian register of persons with disabilities in the Republic of Croatia there are 510, 274 persons with disabilities (308,060 males (60%) and 202,214 females). According to that data persons with disabilities make 12 % of the population.

Highlighted here are the areas which require prompt addressing and cause special concern for the Disability Ombudswoman and individuals and organisations that have been involved in the drafting of this report. Six years after entering into force of the CRPD, **the level of awareness** on the social model of disability and the obligation of the state to ensure reasonable accommodation continues to be low among policy makers, professionals, the general public but also among persons with disabilities and their representative organisations.

There was **no public campaign** conducted by the Government. The **review of the alignment of the legislation with the CRPD** has not been undertaken yet. The issues of persons with disabilities have been segregated into the Ministry of Social Policy and Youth. Late submission of the initial state report on the implementation of the CRPD also speaks of the **shortcomings of coordination on the level of government and marginalization of the issues of persons with disabilities**. Inclusion of children with disabilities into mainstream education is significantly hampered by the government's failure to define the required support in legislation. This makes it difficult to reverse the current poor numbers on the educational level of persons with disabilities: according to the Croatian register on persons with disabilities 65% of them have only primary school education or less<sup>1</sup> which leads to difficulties in employment and participating in life in general. These figures also point to the conclusion that **secondary school education is the weakest link in education of persons with disabilities in Croatia**. Of particular concern is that the Ministry of Science, Education and Sports in June 2014 issued a document

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<sup>1</sup> Report on the persons with disabilities in the Republic of Croatia, Croatian Public Health Institute, February 2014

listing vocational occupations and “medical contraindications” for enrolling in individual educational programmes thus completely ignoring support and reasonable accommodation available to children with disabilities in primary education and later on in employment and falling back to the medical model of disability. Although the Ministry of Science, Education and Sports after considerable pressure from the Disability Ombudswoman and umbrella DPOs modified the document, we find this kind of thinking and lack of up to date educational programmes as one of the reasons why the impact of the Government’s measures to increase employment of persons with disabilities through extending the quota on employment of persons with disabilities to the private sector and introducing its monitoring is questionable. Insufficient attention has been paid to introducing flexible ways of working and ensuring support and reasonable accommodation for employment in the open labour market. Apart from that, social policy measures discourage employment because disability based benefits are revoked if a person is employed. **A professional rehabilitation system** is almost non-existent so persons with disabilities with a lower work capacity are mostly placed in early disability retirement.

Complaints received by the Disability Ombudsman show increasing difficulties for persons with disabilities in accessing health care particularly in the area related to rehabilitation treatments aimed at preventing further disabilities as well as a lack of experts specialising in disability related health issues. Austerity measures have led to a decrease in the level of orthopaedic and other aids available to persons with disabilities. Although early intervention has been introduced into the Social Care Act (2011) according to the data provided by the Ministry of Social Policy and Youth there are 4,800 who require that service, while there was only 641 users in 2013, that is 13 %. This indicates that **an exceptionally high number of children with disabilities do not have access to early intervention services**, with children with autistic spectrum disorders being most disadvantaged. *It was agreed with the Ministry of Social Policy and Youth to commence with systematic addressing of issues of early intervention, inclusive benefit and financing of DPOs from September 2014.*<sup>2</sup>

In the RC there are only 2 000 **children and adults** registered **with the autistic spectrum disorders** while based on the prevalence it is assumed there is 40 000 of them. Due to failure to recognise their difficulties and substituted diagnosing, the majority of adults with autism live in institutions without adequate professional treatment and under a long term therapy with psychotropic medication or with aged parents excluded even from a limited number of activities available to other disability groups. A long term failure to develop a system of care for persons with autism resulted in them being the socially most excluded group of persons with disabilities and exposed to severe violations of their rights as demonstrated by several cases of violence against persons with autism received by the Disability Ombudswoman as well as complaints of injuries they sustained.

The **overdue process of deinstitutionalisation and transformation of institutions** in which persons in particular those with intellectual and psychosocial disabilities have been

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<sup>2</sup> *Croatian Union of Associations of persons with disabilities - SOIH*

separated has commenced but is progressing slowly. Since the Master plan<sup>3</sup> was enacted in 2010 only some 400 out of over 7 000 persons placed in institutions have started living in the community settings. It is of concern that at the same time there is **insufficient and inconsistent development of service providers' network** including a lack of housing programmes, accessible transportation, and specialised health care as well as lack of personal assistance and support for employment in the whole territory of the RC. This is confirmed by a still long waiting list for placement in institutions which violates the right of persons with disabilities to live independently in the community. In such circumstances DPOs have been forced to take over the provision of services at the expense of their advocacy role and thus becoming increasingly dependent on government funding while at the same time persons with disabilities receive services dependent on insecure project funding.

**Persons with psychosocial disabilities** are in a particularly grave situation due to the **complete lack of out-patient treatments and any form of community based services** which lead to multiple hospitalisations, application of forced interventions, loss of working abilities and subsequently to their separation from the community to receive treatment or to be placed in social care homes. They are frequently placed under guardianship as the only measure of protection in the place of non-existent support.

**Amendments to legislation regulating guardianship failed to introduce supported decision-making models.** A serious impediment to addressing violations of the rights of persons with disabilities to education, employment, independent living and others is the **lack of statistical data** required for policy planning, resources allocation and systematic monitoring of undertaken actions.

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<sup>3</sup> Ministry of Health and Social Welfare , 2010, Plan on the deinstitutionalisation and transformation of social care homes and homes established by other legal entities carrying out social care activities in the Republic of Croatia 201- 2018: [http://www.mspm.hr/content/download/6087/47360/file/plan\\_DEINSTITUCIJALIZACIJE.pdf](http://www.mspm.hr/content/download/6087/47360/file/plan_DEINSTITUCIJALIZACIJE.pdf)

## ARTICLES 1-2 PURPOSE AND DEFINITION

**Disability definition:** In the 2011 Social Welfare Act, the core act regulating entitlements on the grounds of disability, the Government made some attempts to align the disability definition with the CRPD. However, this was done by copying the CRPD definition and replacing the term persons with disabilities to *include* persons with disabilities *are* thus demonstrating a lack of understanding that the CRPD does not purport to give a final definition of disability but rather an open list of impairments and explanation of the social model of disability. The proposal of the single list of impairments with the purpose of aligning disability assessment with the CRPD involves expanding the list with intellectual and psychosocial disabilities. In that way persons with intellectual and psychosocial disabilities have been recognised as persons with disabilities but they still do not have access to the same disability entitlements as persons with sensory and physical impairments since other acts grant disability entitlements based on the percentage of physical impairment. The currently valid List of physical impairments following from the Act on the list of physical impairments from 1998 (OG, No. 162/98) 6 years after the entering into force of the CRPD continues to attribute a certain percentage of physical impairment to a medical condition without individual assessment of needs and barriers in the environment. Persons with disabilities are defined differently in different systems (education, social care, employment, transportation, sports) and these definitions have not been aligned with the CRPD. There has been no analysis of the alignment of the existing legislation with the CRPD although an analysis of the implementation of the CRPD in Croatia was conducted in 2012.<sup>4</sup>

***The disability definitions in various systems should be aligned with the principles of the CRPD.***

***The existing legislation should be subjected to a comprehensive review to identify gaps with the CRPD.***

***While enacting new legislation its compliance with the human rights principles enshrined in the CRPD should be ensured.***

***To that effect a matrix with effects of legislation on persons with different types of disabilities should be developed and implemented consistently and members of parliament and public officials should be educated and informed about it.***

***It should be ensured that the existing legislation is interpreted in line with the purpose of the CRPD.***

***Terminology used for persons with disabilities should be reviewed in the whole legislation paying attention to applying appropriate terminology while enacting new legislation.***

***The obligation to directly implement the CRPD in the work of all state bodies should be emphasised.***

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| <ol style="list-style-type: none"><li><b>1. In what way does the Government plan to align the disability definition in various policy areas with the CRPD?</b></li><li><b>2. Are there plans to review the alignment of the existing legislation with the CRPD?</b></li></ol> |
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<sup>4</sup> Analysis of the implementation of the CRPD in Croatia, Ministry of Social Policy and Youth, Anka Kekez Koštro, UNDP Croatia consultant, Zagreb, April 2012

## ARTICLES 3-4 GENERAL PRINCIPLES AND GENERAL OBLIGATIONS

The principle of reasonable accommodation has been introduced into Croatian legislation through the Anti-discrimination Act (OG, No. 85/08, 112/12). The Act also defines denial of reasonable accommodation in all areas of life as a form of discrimination. However, the forms of reasonable accommodation have not been mainstreamed in other legislation pertaining to education, health, transportation for instance while entering the principle of reasonable accommodation into the act regulating employment of persons with disabilities demanded a significant persuading. The principle remained absent from the general Labour Act.

Universal design is not prescribed by legislation. *There is lack of awareness and knowledge about the notion of universal design.*<sup>5</sup>

***The principles of reasonable accommodation and universal design should be introduced into legislation and reasonable accommodation mainstreamed into legislation outside of the Anti-discrimination Act to define forms of reasonable accommodation and universal design in areas such as education, health, transportation, construction and others.***

- 1. What does the Government plan to do to prescribe forms of reasonable accommodation and mainstream it in areas other than work and employment of persons with disabilities?**
- 2. What does the government intend to do to introduce and mainstream the principle of universal design in legislation?**

## ARTICLE 5 EQUALITY AND NON-DISCRIMINATION

Persons with disabilities in Croatian society are placed in an unfavourable position compared to persons without disability at every step: impossibility to enter public premises due to their inaccessibility, impossibility to independently use services due to the lack of sign language interpreters or accessibility elements for the blind, impossibility to ensure dental and other medical care when it requires reasonable accommodation are just some of the many examples. In certain areas all persons with disabilities face equal discrimination while in other areas only some disability groups are discriminated against. Discrimination is not equal for all disability groups as it will be explained further. Service providers lack awareness that the inaccessibility of the services they provide to persons with disabilities is denial of reasonable accommodation sanctioned by the Anti-discrimination Act. The same lack of awareness and familiarity with the principle of reasonable accommodation is present among judges, lawyers and persons with disabilities themselves. The Disability Ombudswoman was a partner in the EU funded project Use Your Rights! Realise equal opportunities and Fight Discrimination at the local level. The project was run by the Croatian Legal Centre in cooperation with associations of persons with disabilities from three counties. As part of the project an anonymous survey was conducted on the sample 1017 persons with disabilities. 886 persons with disabilities were questioned using a standard questionnaire while for 131 persons the survey was specially adjusted for persons with intellectual disabilities. The respondents in three counties listed different issues they

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<sup>5</sup> Association for promoting equal opportunities UPIM

consider discriminatory: denial of human rights due to certain characteristics, inaccessibility of premises and services as well as inaccessibility of education and/or employment. A great number of respondents were not quite sure about the meaning of discrimination. In two counties respondents placed rude behaviour as a behaviour that places them in unfavourable position compared to persons without disabilities while in one county that answer came second. That answer came before challenges with mobility and receiving disability entitlements. The fact that respondents reported lack of consequences as an outcome to seeking help that is protection after experiencing discrimination explains meaninglessness of seeking help and protection and the fact that a very small number of persons with disabilities report discrimination.

Disability based discrimination cases at courts are few despite the widespread discriminatory practices. There have been only 17 judgments in 5 years following the entry into force of the Anti-discrimination Act on 1 January 2009.

The greatest number of discrimination complaints submitted to the Disability Ombudsman in the period between 2010 till 2014 was related to access to goods and services, work and employment and education. The number of complaints to the Disability Ombudsman remains low and in a great number of cases some other violation is found or unjust treatment which does not constitute discrimination in accordance with the Anti-discrimination Act and the CRPD. The table below gives a comparison of statistical data from 2012 and 2013 on complaints on discrimination submitted to the Disability Ombudsman broken down by the areas of discrimination:

Area	Number of complaints	
	2012	2013
Work and working conditions	10	14
Education, science and sport	9	7
Access to goods and services	14	16
Health care	1	1
Social welfare	2	6
Justice and administration	1	4
<b>Total</b>	<b>37</b>	<b>48</b>

Persons with disabilities in particular complain of the difference the state makes between persons with disabilities concerning the cause of impairment. Depending on the cause of disability, persons with disabilities in Croatia are entitled to different benefits. The most important distinction of this kind involves the distinction the state makes between persons with disabilities whose disability is the consequence of the war and those that are not disabled war veterans. In other words, in order to be entitled to certain benefits envisaged by the law they have to meet certain criteria related to the cause of disability, that is disability has to be the

result of the war or it has to be the result of a work related.<sup>6</sup> The other distinction based on the cause of disability concerns those persons with disabilities whose disability is not a consequence of a work related injury but an injury sustained outside the work place and who are not entitled to disability pension under the same conditions as persons with disability whose disability is a consequence of a work related injury.

Discrimination is present at the level of law in unequal treatment of athletes with disabilities and in receiving disability based entitlements pursuant to the Social Care Act which places persons with disabilities whose disability is not physical in an unfavourable position. Persons with intellectual and psychosocial disabilities and persons with autism are treated unequally in receiving disability based entitlements and benefits.

In 2007 the Act on modifications and amendments to The Social Welfare Act (OG, No.79/07) introduced a legal category of parent carer and stipulated conditions under which this status can be granted. The parent carer category was established to ensure that children with the “most severe type and level of disability that are entirely dependent on the support and care of other persons” receive the care required for meeting basic needs by their parents in their families thus preventing their institutionalisation. A parent would then be paid compensation and de facto be employed as a carer by the state. Since 2007 this type of care has been extended to adults with disabilities and the number of beneficiaries in 2014 reached around 3 000 persons. In an attempt to limit the number of entitlements the state introduced numerous restrictions which resulted different treatment for persons with different types of disabilities. Legal stipulations thus treat more favourably persons who are unable to move even with the aid of orthopaedic devices; that is persons with physical impairments in relation to those who have an equally severe level of impairment - disability which leaves them equally dependent on the care of other person to meet their basic needs (persons with psychosocial, intellectual and sensory impairment.<sup>7</sup> For example, deaf blind persons who cannot move, communicate, take and process information outside their apartments and carry out the simplest activities and task inside apartments without the assistance and care of other persons despite the preserved function of their limbs are not entitled to the parent carer support. The same is true for persons with the most severe forms of autism and psychosocial or intellectual disabilities who, despite the functionality of their locomotive systems entirely depend on

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<sup>6</sup>*The Constitutional Court of the Republic of Croatia in its decision No U/I/1201/2006 of 30 April 2008 stated the following: 'With regards to the arguments of the claimant that the disputed provision discriminates persons with disabilities in relation to disabled Homeland war veterans when it comes to tax exemptions, the conclusion of the Constitutional Court is that this particular case concerns two different groups in terms of circumstances and causes of disability, and the lawmaker is authorized to arrange their rights, duties and responsibilities in different ways. The issue of equality before the law could be of constitutional relevance only if the lawmaker prescribed differences in tax exemptions within one and the same category of disabled persons without stating constitutionally accepted reasons. Therefore, the Constitutional Court does not find the claimant's view that the disputed legal provision puts disabled Homeland war veterans into a more favourable position in relation to other persons with disabilities grounded.'*

<sup>7</sup>*The Social Welfare Act, art. 74, para. 2 states: „The right to the parent carer status is given to one of the parents of the child or a person with disabilities who are due to their disability entirely nepokretno even with the assistance of orthopaedic aids as well as the child or a person with disabilities with more types of severe impairments (physical, mental, intellectual or sensory) as a result of which they are entirely dependent on the assistance and care of other persons in meeting their basic living needs.“*

complete and continuous support of other persons for basic self-care, mobility, communication and ensuring personal safety. Thus separated only one type of disability is contrary to the CRPD model of disability since it supports the old understanding of disability as a condition connected with physical impairment. This understanding was retained in the provisions regulating the parent carer institute in the modifications of the Social Welfare Act which entered into force on 2 January 2014 despite the warnings of the Disability Ombudswoman.

In September 2013 the Disability Ombudswoman submitted before the Constitutional court of the Republic of Croatia a motion for initiating a procedure of assessing the alignment with the constitution and the CRPD of the provisions of the Act on modifications and amendments to the Act on Sports (OG, No 94/13). Article 4 Act on modifications and amendments to the Act on Sports stipulates a right to a monthly monetary benefit as a national award for a special contribution to the reputation of Croatia. This benefit is granted to athletes who won medals at the Olympics, Paralympics, and Olympic games for the deaf and world senior championships in Olympic sports and disciplines. At the level of Olympic Games the lawmaker does not make difference between athletes with and those without disabilities. However, at the level of world senior championships the lawmaker makes a distinction between athletes with disabilities and those without disabilities by limiting the right to a permanent monthly monetary compensation only to athletes who won medals at the world senior championships in Olympic sports and disciplines. Athletes who won medals in the world senior championships in Paralympics sports and disciplines as well as Olympic sports and disciplines of the deaf, that is athletes with disabilities, are not entitled to that benefit. Sport competitions of persons with intellectual disabilities such as the Special Olympics are not recognised either.

***The data on court cases on disability based discrimination should be made available to the interested public as to enable analysis of whether the courts apply the CRPD principles as well as enable the whole professional community and persons with disabilities to educate themselves on forms of disability based discrimination and empowerment for reporting and processing such discrimination.***

***A greater attention of all stakeholders should be paid to initiating strategic litigation as well as empowering DPOs for that role in order to reverse trends which indicate the prevailing attitude of persons with disabilities that there is no point in reporting discrimination since there are no consequences as well as training the entire legal system on how to process disability based discrimination cases, including recognizing the failure to provide reasonable accommodation to persons with disabilities<sup>8</sup>, assessing undue burden and shifting the burden of proof.***

***We recommend that the disability based rights should be equal for all persons with disabilities irrespective of the type and cause of disability. Additional monetary entitlements which are compensatory by nature should be paid from special budgetary allocations clearly separated from disability based benefits and entitlements.***

***In order to achieve equality in realising disability based entitlements criteria for their allocation should be defined in such a way as not to discriminate against persons with different types of disabilities.***

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<sup>8</sup> People's Ombudsman

1. What measures does the Government plan to take to familiarise the judiciary and other stakeholders with the principle of reasonable accommodation, social model of disability and other principles enshrined in the CRPD?
2. What measures does the Government plan to take to remove unequal treatment towards persons with disabilities depending on disability types and causes?

## ARTICLE 6 WOMEN WITH DISABILITIES

Although the Republic of Croatia recognised the need for promoting the rights of women and girls with disabilities particularly in national strategies and policies as well as multiple discrimination as the most common form of discrimination encountered by women with disabilities, the majority of measures are conducted through project activities managed by DPOs which makes their implementation uncertain. On the other hand, in the area of quality and accessibility of health care, reducing unemployment, increasing the representation of women with disabilities in public offices, the state failed to recognise the need to undertake special measures aimed at improving the situation of women with disabilities.

According to the data from the Croatian Public Health Institute on 13 February 2014 there were 202, 214 women with disabilities with accounts for 40 % of the total number of persons with disabilities. 77 % of the total number of women with disabilities have only primary school education or less. According to the Croatian Employment Service In the period between 1 January and 31 December 2013 a total number of 1,744 persons with disabilities were employed; with men with disabilities comprising 62, 67% of that number while women with disabilities accounted for 37, and 33% of the total number of employed persons with disabilities.

On the occasion of the International Labour Day the Disability Ombudswoman in cooperation with the UN Development Programme, the Network of women with disabilities within the Croatian federation of associations of DPOs and the Network of blind women within the Croatian Blind Union organised a public debate on the topic: *Successful women with disabilities in the world of work - are there such women in Croatia?* The purpose of the debate was to raise awareness of the audience as well as the public on women with disabilities successful in the world of work so that their experience would encourage employers and authorities to employ women with disabilities more as well as motivate women and men with disabilities to fight for their right to work. The experiences of women with disabilities showed that they achieved professional recognition and independence despite the system than thanks to its support relying on their own strengths and the support of their families.

***Experience of a woman with a disability:*** *I lost hearing as a baby. Fortunately my parents knew a lot of people who were willing to help. Through family friends we met Professor Guberina who developed the verbo tonal method for rehabilitating deaf children. He took on a challenge of starting a programme for deaf babies. My wish was to enrol at the Faculty of kinesiology. When they realised that I was deaf, I was not allowed to take the entrance exam with the explanation that that faculty was not for me since I would not be able to get employment. After the initial rejection, I graduated from the Faculty of kinesiology as the first deaf person who managed to achieve that. Soon the Faculty of kinesiology changed its statute and allowed deaf persons and other persons with disabilities to enrol following additional*

checkups. Now I work at the SUVAG Polyclinic, a health institution dealing with specialist consultative health protection of persons with speech communication issues.<sup>9</sup> I work as a teacher kinesiologist in rehabilitation of small children. I am happy with my job. I have two high school daughters who do not have hearing problems. Raising them was not easy since both me and my husband are deaf. Balancing professional and private life is additionally difficult because of communication, that is information problems.

In 2012 the Disability Ombudswoman together with the Gender Equality Ombudswoman organised round tables in four cities with the aim of empowering women with disabilities in all areas of life, raising awareness and to combat prejudice towards women with disabilities to facilitate their acceptance as active and equal members of the community. Main speakers were women with disabilities who publicly spoke about their needs and barriers they encounter in everyday life. What they reported most were prejudices against them being mothers and active equal contributors in a household as well as their inability to handle tasks in a work place.

**Measures stipulated in the National strategies on equalisation of opportunities for persons with disabilities pertaining to women with disabilities should be consistently applied together with emphasising good practice examples in order to empower women and girls with disabilities and facilitate their broader inclusion in various social activities.**

**All offices related to employment and labour, employers, instructors, agencies, unions and other stakeholders should be informed about the needs of women and girls with disabilities in order to understand, accept and promote their right to employment and retaining work places corresponding to their abilities and with adequate support and accommodation.**

**1. What measures is the Government taking and what measures does it plan to take following the Council of Europe recommendation CM/Rec (2012)6 to its member countries with respect to the protection and promotion of rights of women and girls with disabilities which the Council of ministers adopted on 13 June 2012?**

## **ARTICLE 7 CHILDREN WITH DISABILITIES**

The Disability Ombudswoman promotes, protects and monitors the rights of children with disabilities on an equal basis with other age groups and pays attention to asking for and listening to their opinions concerning their lives. Although Croatia over the last 10 years made inroads in implementing measures and activities aimed at improving the quality of living and participation of children with disabilities, from the experience of the Disability Ombudswoman it is evident that there is still room for significant improvement especially in areas as highlighted in this report: access to health care, in particular early intervention, education and social protection. Unfortunately, following the severe economic crisis of the past 6 years, the funds intended for the purposes of rehabilitation and inclusion of children with disabilities are often used for meeting basic needs of whole families which are in difficult socioeconomic situation and where disability benefits sometimes become the only source of income. The social protection system in Croatia is designed in such a way that “funds do not follow users” which

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<sup>9</sup> <http://www.suvag.hr/en/>

means that the state provides support and funds when a child is placed in an institution but does not provide the same amount of funds to be used for services supporting families which are left to their own resources. There are also no psychological support programmes for parents and families of children with disabilities.

The Disability Ombudswoman also warns about discriminatory provisions of the Act on Child Benefit. Parents who can receive child benefit only till their child turns 27 complain about being put in a more unfavourable situation than parents who were entitled to receiving child benefit till 1 January 2002 and can receive it even after their child turned 27 years of age following Art. 38 of the Act on child benefits which stipulated this entitlement until a special regulation on disability benefits is enacted. However, such a regulation has not been enacted since 2002 so for years one group of beneficiaries receives the benefit and the other not. The Constitutional Court submitted a report to the Croatian Parliament and Government warning about unviability of the transitional provision of the Act on child benefit. However, the Government has not rectified that irregularity despite the fact that the Act on Child Benefit was last amended in 2012.

***We recommend that national, regional and local government involves children with disabilities in decisions affecting their lives and securing adequate support for their efficient participation.***

***Parents and families of children with disabilities should be supported particularly through psychological support programmes, ensuring of support services and designing social protection measures to ease their economic situation.***

*Children and youth with disabilities are insufficiently involved in the decision making process and they are frequently over protected by their parents.*

***Activities should be planned aimed at awareness raising of parents of children and youth with disabilities on the importance and psychological and other benefits of becoming independent of their parents.***

*The parent-carer benefit sometimes leads to the exclusion of children with disabilities from rehabilitation and educational programmes since the act stipulates that only parents whose children spend less than 4 hours per day in such programmes are entitled to that status.<sup>10</sup> Deaf children have been discriminated against since childhood since they cannot choose a method of rehabilitation and education that would be most appropriate for them because there is only one method available and that is verbotonal method.<sup>11</sup> In that way the right of deaf children to preserve their identities is violated.*

***Children with disabilities should be involved and consulted in evaluation of support services as well as included in the decisions concerning the support.*<sup>12</sup>**

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<sup>10</sup> Federation of associations of youth and students with disabilities SUMSI

<sup>11</sup> Croatian federation of deaf and hard of hearing persons

<sup>12</sup> The Ombudsman for Children

1. Are there plans to amend discriminatory provisions of the Act on child benefit?
2. How does the government plan to ensure that children with disabilities are involved and consulted in decisions affecting their lives?
3. What support does the Government plan to ensure for efficient participation of children with high support needs?
4. What measures is the government undertaking to enable in particular deaf children to preserve their identity and have access to learning sign language from an early age?
5. What measures does the government plan to ensure the funds intended for the purposes of rehabilitation and inclusion of children with disabilities are not used for meeting basic needs of whole families but that difficult socioeconomic situation of families of children with disabilities is addressed with different measures which are not at the expense of children with disabilities?

### **ARTICLE 8 AWARENESS RAISING**

Based on the work of her office since 2009 the Disability Ombudswoman concludes that despite improvements that can be noticed in the lives of persons with disabilities following the ratification of the CRPD and great efforts on the part of Croatian and international DPOs as well as the Disability Ombudswoman and other actors to increase awareness on the CRPD, the Croatian public as well as institutions from the local to the state level are still not familiar enough with who persons with disabilities are as well as with the notion that it is the barriers in the environment that turn their impairments into disability and that removing those barriers is not a matter of goodwill and charitable conduct but the obligation of the state to ensure equality and human rights for its citizens. The research which the Croatian Legal Centre conducted in 2013 on the sample of 1, 017 persons with different types of disabilities from three counties showed that 50 % of interviewed persons with disabilities were not sure whether the CRPD was in force in Croatia. Since the persons in the sample have a higher level of education than the average for persons with disabilities from their area and are much more active in the life of the community since they are members of DPOs it can be assumed that the average level of awareness is even lower. Although DPOs have been very active in promoting the CRPD, there has been no public campaign conducted by the Government that would be aimed at the general public neither through public media nor at government officials and its agencies and bodies. In a similar way in which persons with disabilities have been segregated in Croatian society and many of them reduced to invisibility through placement in institutions, issues concerning them at the level of the government have been segregated into the Ministry of Social Policy and Youth and before its establishment in 2011 into the Ministry of Health and Social Welfare. The other government ministries refuse to see persons with disabilities as a part of their portfolio.

Since persons with disabilities and their families despite representing approximately a quarter of the population lack economic power and influence their issues are rarely addressed at higher political levels. Moreover, politicians use persons with disabilities to demonstrate their charity while a broader commitment to embracing the change of paradigm has remained absent from the political and public discourse. *Designing policy measures for persons*

with disabilities is still not based on principles which would be in line with the social and human rights model of disability introduced by the CRPD.

Focus on taking care of persons with disabilities as vulnerable members of the society is still present in certain sectoral policies such as the social care policy. The policy development towards a broader social model is still in its initial stages. In Croatian documents through which policies are carried out the emphasis is rarely placed on the necessity to ensure the respect of human dignity as a basis for further development of policies for persons with disabilities. Respect of human dignity is used as an argument only when transferring international standards and documents into national legislation, in other words, only with external encouragement.<sup>13</sup> The Republic of Croatia protects human rights of persons with disabilities not primarily for protection of human dignity of its citizens who happen to have a disability but because of external standards which require it to do so.<sup>14</sup> Members of the academic community found that a lack of investing in life-long education of professionals in the social and health care system, education, employment and other systems is the chief reason for the still present medical model.<sup>15</sup> Faculties do not have courses on adaptations for persons with disabilities in education, ensuring accessibility, and health care, use of assistive technology, universal design or treating persons with disabilities<sup>16</sup>.

As part of the efforts to increase awareness on the CRPD, the Disability Ombudswoman and UN Development Programme Croatia prepared Croatian edition of the UN publication *Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities - From Exclusion to Equality: realizing the rights of persons with disabilities*<sup>17</sup>. The Handbook was distributed to members of the parliament, members of local and regional self-administration and various professionals working with persons with disabilities to familiarise them with the change of disability paradigm. In 2013 the Disability Ombudsman submitted a special report to the Parliament aimed at raising awareness on the CRPD and the social model of disability. The Disability Ombudswoman also published a Croatian edition of the UN publication *Monitoring the Convention on the Rights of Persons with Disabilities, Guidance for human rights monitors*<sup>18</sup> which was distributed to DPOs during visits to different parts of Croatia.

To increase awareness on the CRPD the Disability Ombudsman organised a visit to Croatia of the UN Special Rapporteur on Disability. During his visit to Croatia from 29 April to 3 May 2013 Mr. Shuaib Chalklen met representatives of legislative and executive branches of the government in the Republic of Croatia, visited two institutions for persons with disabilities undergoing transformation and met representatives of organisations and national umbrella organisations of persons with disabilities. The area that he specially emphasised in his press release as needing improvement was awareness raising and promoting the culture of human rights in general which he found insufficient. It is his impression that it is not only the Croatian

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<sup>13</sup> Anka Kekez Koštro, consultant of the UN Development programme Croatia, *Analysis of the implementation of the CRPD in Croatia, Ministry of Social Policy and Youth, April 2012, p.6*

<sup>14</sup> Ana Petek, *Transformation of policy towards persons with disabilities: Goals analysis, Anals of Croatian Political Sciences Society, 2010, year VII, p. 113*

<sup>15</sup> View of prof. Ljubešić

<sup>16</sup> View of Phd. Žiljak

<sup>17</sup> <http://www.ipu.org/PDF/publications/disabilities-e.pdf>

<sup>18</sup> [http://www.ohchr.org/Documents/Publications/Disabilities\\_training\\_17EN.pdf](http://www.ohchr.org/Documents/Publications/Disabilities_training_17EN.pdf)

society as a whole that does not understand the notion of human rights but also organizations of persons with disabilities fail to understand that persons with disabilities are rights holders and that the government has the obligation to ensure those rights.<sup>19</sup>

Humanitarian and charity model based on pity still prevails in presenting persons with disabilities in the media. Persons with disabilities are of greatest interest to the media when they serve the purpose of arousing pity and express outrage at the lack of compassion demonstrated by the government its agencies and bureaucracy in general. In order to change stereotypes and prejudice about persons with disabilities in the general public it would be important to include the education on human rights with a particular emphasis on disability in school curricula.

***The government and not only civil society organisations and DPOs should carry out public campaigns on the change of the disability paradigm and social model of disability.***

***The government should raise awareness on the CRPD and social model of disability in all its offices, agencies and bodies.***

***Public and other media should report on persons with disabilities in a way aligned with the CRPD and present more content especially in contexts that would not focus on disability and issues arising from disability but as other citizens.***

- 1. What are the examples of activities undertaken directly by the Government itself to raise awareness of the general public on the CRPD and social model of disability without this being left to the non-government sector given the weight of a message coming from the Government carries?**
- 2. What activities did the government take to raise awareness on the CRPD and social model of disability in all its offices, agencies and bodies?**
- 3. What measures does the public radio television conduct to align reporting on persons with disabilities with the principles enshrined in the CRPD, to educate themselves on them and thus abandon the charity model?**

## **ARTICLE 9 ACCESSIBILITY**

Accessibility is one of the preconditions for inclusion of persons with disabilities in the community. However, despite all plans and measures, tenders issued by ministries through which funds for making premises accessible are ensured, the measures undertaken by the local and regional self-government, society in general and the national government remain insufficient. Premises in which state services of special importance for persons with disabilities are provided such as Croatian health insurance offices, Croatian pension insurance, social care centres, Croatian Employment Service offices, hospitals and doctors' practices still remain inaccessible to a significant extent while the data on premises which were made accessible or have been moved to alternative accessible premises remains insufficient. Courts have an especially low level of accessibility. Many of these offices are located in protected cultural

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<sup>19</sup> Press release of the UN Special Rapporteur on disability during his visit to Croatia from 29 April to 3 May 2013, [www.posi.hr/attachments/article/476/Press%20release-SR.pdf](http://www.posi.hr/attachments/article/476/Press%20release-SR.pdf)

heritage buildings and according to the existing regulations it is not allowed to introduce modifications to make them accessible for persons with disabilities.

The National Strategy on Equalisation of Opportunities for persons with disabilities from 2007 to 2015 stipulated an unrealistic deadline for making all public premises accessible within 3 years that is by 2010. It is expected that upon expiry of the current National strategy the deadlines will be more realistic and measures more concrete and specific. There is a lack of compliance with the regulations on ensuring accessibility, inefficiency of sanctions imposed for their violation irrespective of public objects or privately owned buildings. There is also a lack of funding allocations for carrying out legal provisions on ensuring accessibility in different areas. Persons with disabilities report examples of objects which were granted certificate of occupancy that should guarantee that they were constructed in compliance with the Regulation on ensuring accessibility for persons with disabilities but persons with disabilities cannot use them. The 2011 report on implementing the National Strategy on Equalisation of Opportunities for persons with disabilities from 2007 to 2015 states that (...) the *Ministry of construction and zoning gathered data on accessibility of buildings from all counties and the City of Zagreb and the data was gathered only from 44 % of units of local government. Due to deficiencies in submitting the reports out of the total number of 126 towns in the RC, only 54 or 43% submitted the reports while out of the total number of 429 municipalities the reports were submitted by only 170 or 40 % of them. Only one county (Brodsko-posavska and the town of Zagreb) analysed the whole of their area including all the towns and municipalities. The other counties submitted partial data. ...*). Furthermore, the majority of counties did not complete listing public and business facilities so there is no complete data on the number of buildings in counties that is in the RC which should be adjusted to persons with disabilities and persons with diminished mobility. In most counties permanent expert working groups whose task would be to determine the existing situation, monitor ensuring accessibility and draft operational plans for implementing accessibility have not been established.

*Although the Regulation on ensuring accessibility of buildings to persons with disabilities and diminished mobility prescribes that all newly built structures should have built in induction loops for hard of hearing persons that Regulation is not enforced and only a few institutions have built in induction loops, mostly some banks<sup>20</sup> which are also the only institutions that have tactile guiding lines for the visually impaired.<sup>21</sup>*

**ACCESSIBILITY: Experience of a youth with a disability:** *I can't enter any room at the college independently. For every exam somebody from my family had to take me to the upper floor. The entrance to the college has been refurbished twice without paying attention to making it accessible for students with disabilities. The immediate result of the ombudswoman's intervention in this instance was giving classes and holding exams on the ground floor as a means of reasonable accommodation until other adjustments are made. The other action ensuing from this complaint was conducting research on accessibility of all higher education buildings which the Disability Ombudswoman undertook in 2012. 93 out of 135 high education*

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<sup>20</sup> Croatian federation of deaf and hard of hearing persons

<sup>21</sup> Croatian Union of Associations of persons with disabilities - SOIH

institutions submitted answers regarding the elements of accessibility of their premises for students with disabilities. 57 institutions reported to have an accessible entrance, 38 have an elevator, 31 have accessible toilet facilities while no institution has tactile guiding lines for the visually impaired. 26 institutions reported on other adjustments aimed at removing architectural barriers: the classes are organised in accessible premises whenever possible, handles and movable ramps have been installed. To sum up, only 40 % high education institutions has in place the basic accessibility elements, while only 30 % of them are partially accessible. Accessibility elements for the blind, deaf and deaf blind students are almost nonexistent.

*The Disability Ombudswoman conducted research on the accessibility of social care centres for persons with physical disability. Comparing the data gathered in 2009 and then again in 2014 we can conclude that there has been an improvement. In 2009 out of the total number of 119 centres and their branch offices 48 or 40% of them sent their answers. 21 or 44% of them were inaccessible while 27 or 56% were partly accessible (have only accessible entrance) or entirely accessible (have both inaccessible entrance and toilet facilities). In 2014 out of the total number of 119 centres and their branch offices 100 or 84% of them sent their answers. 24 or 24% of them remained inaccessible while 76 or 76% are partly or entirely accessible.*

**Housing: Experience of a woman with a disability:** A single mother with multiple sclerosis who is a wheelchair user lives with her elderly parents and son in a building on the first floor in the capital. There are ten stairs which prevent her from exiting her flat since she is dependent on carrying out the basic activities of everyday living on the members of her family and her minor son. The only income she receives is the disability benefit and guaranteed minimal benefit (social aid) so she has no financial means to make the entrance to the building accessible. Despite all the regulations and reluctant agreement of other tenants to finance the necessary modification with the money from the joint building maintenance fund those means have been overspent and are not available. The person with disability remains trapped in her flat waiting for availability and readiness of her family to take her out. The only way to make the necessary modifications is initiating a charity fund raising. Apart from not having personal assistance, she also does not have other mobility aids which would help her transition from bed to wheelchair since she cannot afford buying it.

***Stock should be taken of public and business facilities that need reconstruction at the state, regional and local level. The review should be made for the purpose of planning the reconstruction and the making of annual operational plans for implementing accessibility with clearly defined and realistic deadlines.***

***It is necessary to ensure and present efficient examples of sanctioning the failure to comply with accessibility regulations at the national, regional and local level.***

***Professionals should be trained on the importance of applying the universal design principle while ensuring accessibility for persons with disabilities.***

***It is necessary to ensure participation of persons with disabilities in planning the removal of the existing barriers and make it possible for them to influence all stages of construction and in particular testing accessibility before issuing the certificate of occupancy.***

***It is necessary to introduce a priority quota for accessible apartments and develop a policy for modification/adjustment of apartments as well as introduce subsidies for adjusting privately owned properties.***

***The Government should ensure accessibility elements to housing, workplace, business/economic facilities in accordance with the principles of universal design to enable independent housing, work and living for persons with disabilities.***

***We recommend that the legislation on social housing be enacted.<sup>22</sup>***

- 1. Are data available on the number of new buildings which are not accessible for persons with disabilities despite regulations? Have sanctions resulted in their subsequent adaptation or only paying of the fine?**
- 2. What measures and activities does the Government plan to undertake to ensure that persons with disabilities can play a more active role in committees which make decisions on issuing the final clearance for building so that they are accessible for persons with disabilities?**
- 3. What measures does the government plan to take to ensure adjustments and modifications on apartments and privately owned apartment blocks when it comes to persons with disabilities without their own means?**
- 4. In what way will the government ensure accessibility for persons with sensory and in particular persons with psychosocial and intellectual impairments?**

## **ARTICLE 11 RISK SITUATIONS AND HUMANITARIAN EMERGENCIES**

There is no systematically defined rescue plan of persons with disabilities from buildings in case of evacuation from the building.<sup>23</sup>

**It is recommended to review and determine whether operational plans and plans for civil protection contain provisions on evacuation and rescue of persons and children with disabilities.**

## **ARTICLE 12 EQUAL RECOGNITION BEFORE THE LAW**

Croatia still has in place a substituted decision making model of guardianship. What is of special concern is that modifications of the Family Act regulating legal capacity failed to introduce any legal basis for developing supported decision making. In 2010 the Disability Ombudswoman gathered data from social care centres on the number of persons under guardianship. The research showed that the total number of persons under guardianship in Croatia was 16,362 (in the total population of 4,437,460). From that number 88 % of persons were placed under full or plenary guardianship while only 12 % were placed under partial guardianship. That indicated that there was no differentiation and individual assessment in guardianship appointing procedures. In order to change such practice and raise awareness on the requirements posed by the CRPD in the area of legal capacity, in 2011 the Disability Ombudswoman organised a conference with international participation on the topic *Legal*

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<sup>22</sup> Croatian Union of Associations of persons with disabilities - SOIH

<sup>23</sup> Parent's association „Oko“

*capacity and guardianship - discrepancy between the CRPD and practice.* The conference gathered 350 participants involved in the guardianship appointing procedures from social workers to medical experts and judges. A low level of awareness on the CRPD and the paradigm shift introduced by the CRPD related to the equal recognition before the law was noted. One of the conclusions of the conference was that persons with disabilities are placed under guardianship and deprived of legal capacity not only due to the lack of the supported decision making services but also due to the lack of other support services required for independent living in the community. A recommendation on the need to amend the Family Act in part pertaining to guardianship of adult persons was sent to the then Ministry of Health and Social Welfare. In 2012 the Disability Ombudswoman again gathered data on guardianship and the practice of deprivation of legal capacity. The ratio of persons under plenary and partial guardianship was a bit more favourable at the end of 2012 with a 4 % increase in the number of persons under partial guardianship in relation to those under plenary guardianship.

In 2012 social care centres reviewed only 16% decisions on deprivation of legal capacity and there were only 120 motions made by social care centres to courts to restore legal capacity. This points not only at violation of the CRPD but also of the Family Act which stipulates periodic review of decisions on deprivation of legal capacity (every three years). In 2014 the Ministry of Social Policy and Youth enacted the Family Act which disregarded all detailed proposals made by the Disability Ombudswoman aimed at introducing the institute of an assistant in supported decision making. The proposal took into consideration limitations of organisational and other resources and proposed a solution which would not require additional resources but would create legal preconditions for gradual introduction of supported decision making in practice and enable various segments in the society to get used to it. The proposal was rejected. As we mentioned, it is of special concern that apart from abolishing plenary guardianship and introducing advance directives, the other amendments reinforce the existing substitute decision making model.

***It is necessary to introduce supported decision making model into legislation and apply it in practice.***

- 1. Why were the legal grounds for developing a supported decision making model not introduced into legislation during the amendments of the Family Act in 2014 to ensure minimal compliance with the CRPD?**
- 2. What initiatives are being taken to replace substituted decision-making with regimes of supported decision-making, in conformity with Article 12 of the Convention?**

## **ARTICLE 14 LIBERTY AND SECURITY OF THE PERSON**

The Act on protection of persons with mental disorders regulates the procedures of voluntary and involuntary detention into a psychiatric institution, as well as admission without consent. The Act allows a so called admission without consent of a person deprived of legal capacity who is incapable of giving consent. In that case the consent for medical procedures is given by his/her legal representative, that is guardian. However, in the practice of psychiatric hospitals a person deprived of legal capacity is considered incapable of giving consent.

Involuntary detention and involuntary admission are allowed in accordance with the Act if a person with more severe mental disorders due to his/her mental disorder severely and directly endangers his/her own life or health or safety, that is life or health of other persons. The Act on the protection of persons with mental disorders which was enacted in 2014 but will enter into force on 1 January 2015 reinforces protection of persons with psychosocial disabilities by stipulating that a person with mental disorder can be subjected to a medical procedure only with his/her written consent. Prior to giving the consent his/her capacity to give consent should be established. The Act strictly prescribes that deprivation of legal capacity does not automatically mean a person is incapable of giving consent. However, this provision does not take into account that some persons with disabilities would need support in the way of adequate information and communication techniques or assistance by a trusted person of their own choice. If the result of such assessment is that a person is incapable of giving consent and is placed under guardianship, the consent is given by the guardian. It will be mandatory for all psychiatric institutions to inform the Disability Ombudswoman on all instances of admission without consent. If the Disability Ombudswoman suspects the justification for such measure, she will inform the court.

**The Act on protection of persons with mental disorders should be aligned with the CRPD in the part pertaining to forced interventions.**

**Persons with disabilities should be provided with support to make informed choices and decisions regarding medical procedures and interventions.**

**Medical professionals should be trained in alternative communication techniques so that they could efficiently communicate with persons with intellectual, psychosocial and sensory disabilities.<sup>24</sup>**

- **What measures is the Government taking to train the medical professionals on alternative forms of care for persons in situations of psychosocial crises to stop applying forced interventions?**
- **What measures is the Government taking to train medical professionals in alternative communication techniques so that they could efficiently communicate with persons with intellectual, psychosocial and sensory disabilities?**

### **Prison system**

Based on visits to penal institutions and handling complaints of prisoners throughout 2011, 2012 and 2013 the Disability Ombudswoman found violations of the rights of prisoners with disabilities considering the conditions of their accommodation which is inaccessible and availability of adequate health care which is mostly related to insufficient physical therapy. In one correctional facility we came across a person with tetraplegia who is a wheelchair user and who was serving his prison sentence in a building without an elevator and placed on the first floor. Due to that, the person was not able to exercise his rights as a prisoner nor was he able to use the toilet facilities.

There is only one correctional facility partially accessible for persons with disabilities. However, while handling a complaint by a person with disability placed there the Disability

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<sup>24</sup> *Croatian Autism Association*

Ombudswoman found out that the person did not have access to the required physical therapy for prevention of further disability.

The Constitutional Court ordered the government to enable unhindered movement of prisoners with disabilities in the prison hospital within an adequate deadline of not longer than three years, as well as to establish and efficiently monitor the quality of healthcare in the entire prison system. Since the elevator has not been built yet, the Government failed to meet the obligation ordered by the Constitutional court in the assigned period.

While visiting the newly refurbished penal institutions the Disability Ombudswoman noted that insufficient attention is paid to making them accessible for persons with disabilities.

***Elements of accessibility for persons with disabilities as well as access to healthcare should be ensured in the correctional facilities with a particular emphasis on persons with intellectual and psychosocial disabilities.***

- 1. Have the funds required for adjustments of the correctional facilities for persons with disabilities been ensured?**
- 2. What kind of support is available for persons with intellectual and psychosocial disabilities in the prison system and to what extent are employees in these facilities trained in dealing and communicating with them and understanding their disabilities<sup>25</sup>?**

## **ARTICLE 16 FREEDOM FROM EXPLOITATION, VIOLENCE AND ABUSE**

The number of reports on domestic violence against women with disabilities to authorities remains very low. Potential causes of the dark figure of violence against women with disabilities are found in the relationship of economic dependency as well as dependency on basic care and other support of which the perpetrator of the violence is at the same time a provider which then leads to helplessness. Further reasons are found in difficulties of proving the violence especially its subtle psychological forms and denial of care as a form of punishment, lack of awareness on unacceptable forms of conducts, social exclusion and deficient social networks and lack of accessibility of shelter and prevention as well as a lack of trust in the protection system.

***When establishing the occurrence of different forms of violence against persons with disabilities, especially verbal and psychological ones, the dealings of all authorities should be adjusted.***

To that end the Protocol on procedures in cases of domestic violence and Protocol on procedures in cases of sexual violence should be amended since they lack provisions on how bodies in charge should treat persons with disabilities as victims of violence or its witnesses.

The prospects of securing support for life independent of the perpetrator of violence in Croatia remain low due to the lack of comprehensive support for independent living, accessible housing or sheltered housing, personal assistance and other community based programmes that would relieve the burden on families of persons with disabilities. There are too few shelters and in particular those accessible for children and adults with disabilities.

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<sup>25</sup> Croatian Autism Association

*The Disability Ombudswoman conducted research on the accessibility of all 19 shelters for victims of violence. The responses were received from 17 of them. Only 5 of the shelters are accessible to victims of domestic violence who are persons with disabilities. 2 shelters replied that they were not able to give protection to victims with disabilities due to inaccessibility. The other 4 provided protection despite their inaccessibility. Protection from violence was sought primarily by persons with physical and visual impairments. They were subjected to psychological, physical and economic violence most often from their spouse and in a few cases from their fathers.*

Since there are no community based residential facilities where persons with disabilities could live independently with adequate support in place, the only longer term alternative to a life without violence is placement in „homes for the elderly and the infirm". As long as alternative forms of housing are not put in place, despite all the strategies and discussions on the topic of violence against persons with disabilities, victims of violence cannot be offered more viable solutions especially in situations when violence has not taken more radical forms but manifests itself in more subtle forms that the victim has learnt to cope with and prefers them to the insecurity of living in inaccessible shelters or in institutions.

An important element of preventing violence against not only women but all persons with disabilities is their empowerment and training which is conducted by non-governmental networks of women with disabilities.

***Research on the prevalence of different forms of violence against persons with different disabilities should be conducted.***

***It is recommended that the support needs of women with disabilities who are the victims of domestic violence should be assessed. According to these assessments the existing as well as new shelters and counselling centres should be adjusted with funds provided by the state so as they would not depend on civil society initiatives.***

***It is recommended that professionals from various institutions and civil society organisations undergo ongoing training on the individual characteristics of specific impairments as well as specifics of work with women with disabilities who are victims of domestic violence.***

***It is necessary to continue with the ongoing empowering of women with disabilities to recognise forms of violence and inform themselves on the possibilities of getting protection so that they gain confidence in the existing support and protection structures, report violence and seek protection in particular through giving greater media coverage on multiple discrimination and issues faced by women with disabilities who are victims of violence.***

## **ARTICLE 19 LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY**

According to the data from the Ministry of Social Policy and Youth, 3, 182 children with disabilities and adults with physical, intellectual and sensory impairment and 3, 830 persons with psychosocial disabilities („mentally ill adults“) are placed in social care institutions. In addition 251 children with disabilities, 423 persons with physical, intellectual and sensory impairment and 863 persons with psychosocial disabilities are placed in foster families.

This is what persons with intellectual disabilities placed in a social care institution told the Disability Ombudswoman during her visit to the institution regarding their wishes for the future:

*I would like to get married, find a job, have my own family and live like a normal family.*

*I would like to buy a house or a flat and live like a normal person. I would like to have my own life without anyone interfering with my marriage. I would also like to buy a car.*

*In my future I imagine myself at home. There I would raise hens and tend a garden. I would like to live with my brother. I would like to cut grass with a scythe.*

*I imagine finding a job in a construction business. I would like to get married.*

Plans on deinstitutionalisation and transformation of social care homes and homes established by other legal entities carrying out social care activities in the Republic of Croatia for the period between 2011 and 2018 which is a strategic document of the Ministry of Social Policy and Youth envisages “relocating” 30 % of persons with intellectual and other impairments till 2016 while the plan for persons with psychosocial disabilities is 20 % till 2018. Although the Plan envisages a decrease in the number of persons entering institutions and guaranteeing of one or more support services to families in the local community taking into account local diversity<sup>26</sup>, the Disability Ombudswoman finds it of concern that at the same time there is insufficient and unequal development of service provider networks that should support independent living of persons with disabilities in their own families or in residential facilities. Also, there is insufficient development of accessible housing programmes, health care, life-long education, support for work and employment and other forms of support for an independent living in the community in all parts of Croatia. These findings are supported by the fact that there is a waiting list for placement in almost all institutions the Disability Ombudswoman visited. At the beginning of May 2014 the Ministry of Social Policy and Youth announced that 250 persons from institutions were placed in sheltered housing arrangements.

The following data by the Ministry of Social Policy and Youth for the year 2012 on the number of recipients of different support services indicates that capacities for ensuring community based services are insufficient given a much higher level of needs:

Service provided	Number of recipients
Assistance and care at home	1191
Professional assistance in the family	596
Early intervention	324
Integration	408
Daycare	2025 children and 356 adults
Daycare in a family home	11 children and 19 adults
Placement in a family home	24 children and 97 adults

<sup>26</sup> “Plan on the deinstitutionalisation and transformation of social care homes and homes established by other legal entities carrying out social care activities in the Republic of Croatia for the period between 2011 and 2018”, p. 3, [http://www.mspm.hr/content/download/6087/47360/file/plan\\_DEINSTITUCIJALIZACIJE.pdf](http://www.mspm.hr/content/download/6087/47360/file/plan_DEINSTITUCIJALIZACIJE.pdf)

Placement in foster families	255 children and 662 adults
Sheltered housing	357

- 1. What measures are being taken to prevent institutionalisation by supporting families who undertook provision of care for their members, children and persons with disabilities?**
- 2. What is the number of persons waiting to be placed in an institution?**
- 3. Has there been an analysis of support needs of persons on the waiting lists for placement in institutions so that the required services in the community could be planned, developed and delivered?**

***Experience of a self-advocate:*** *My family could not take care of me. That's why I was sent to an institution. I spent 20 years there. I could not leave. I wanted to visit my parents at weekends but the staff wouldn't let me go. That's why I ran away. The police brought me back. Living in an institution is like being in the army. We had to go to bed at 10 pm. Getting up was at 7 am. If you wanted to sleep longer, you couldn't watch TV in the evening as a punishment. Now I live in the community. Nobody tells me when I have to go to bed and get up. I get salary for my job and buy myself cigarettes. I have a girlfriend but we don't plan to marry.*<sup>27</sup>

In 2014 the relocation of persons with intellectual disabilities from long term residential care in two large institutions started and altogether 11 institutions are in the process of deinstitutionalisation. The very word relocation which was used indicates that persons with disabilities have not been sufficiently involved in the process and that their right to decide where and who they will live with is not respected sufficiently. Resistance on the part of a certain number of guardians and users (30 out of over 500 persons placed in the institution) also points at omissions in the preparation of the process. It is problematic that guardians still have the right to decide where persons with disabilities will live.

There has also been a lack of public discussion and awareness raising campaigns for the broader public. In such a situation reactions as the one described below occur:

*Six neighbours from the street in a smaller urban community into which persons with disabilities should move in July 2014 when their arrival was announced started an action protesting their arrival and expressing their dissatisfaction to the town authorities. On one hand they explained their opposition by their caring for „such persons“, while on the other hand they explained that the peace of the neighbourhood will be disrupted even at the weekends „since those persons will be receiving visitors“. It all took place before persons with disabilities actually moved into a group home in a family house.*

**The deinstitutionalisation process should be revised with the aim of improving it through involvement of all stakeholders, deadlines adjusted to individual preference of persons whose lives are being fundamentally changed and not imposed by project requirements, ensuring of adequate professional support, additional counselling, transparency and evaluation.**

**It is necessary to conduct public awareness raising campaigns to inform the public on the right of persons with disabilities to live in the community as a way of respecting their**

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<sup>27</sup> Association of self-advocates

**human dignity and eliminate prejudice and stereotyping against them which resulted primarily from their long term exclusion and segregation from the community.**

Through visits to a few different types of institutions in Croatia the Disability Ombudswoman noticed private family homes with 5 to 20 users and foster families with up to 3 children with disabilities or 4 adults with disabilities mostly in rural areas. In these types of settings persons with disabilities live segregated and isolated without the attention of professionals and without the possibility to take charge of their own lives, make decisions or choices on how to lead their lives. These types of institutional care as well as privately run institutions are not encompassed in the deinstitutionalisation plan. Moreover, they are seen as an adequate form of living in the community which is encouraged.

**Smaller sized institutions and foster families for adults should also become a plan of transformation of institutionalised care settings.**

During 2013 the Disability Ombudswoman noticed an increase in the number of complaints of persons who have been *placed* to live in the facilities owned by a service provider be it sheltered housing while they have their apartments and would only require support for living there. The biggest fear of elderly parents of persons with disabilities is what will happen with their children when they are no longer there because despite the fact that they will inherit a real estate and family pension they will not be able to live in their own homes. To do so, they will need support which social welfare centres are not able to provide.

***Experience of a woman with a disability:*** A 32-year old woman with a psychosocial disability has been placed in a family home and cannot return to her own flat in the capital because the social care centre cannot provide her with the support she needs. Following the Social Welfare Act psychosocial assistance can be provided at home only for up to 5 hours a day but there are no providers even for that insufficient level of support. It can only be assumed that in smaller urban and rural settings the lack of providers is even more pronounced.

**1. What measures are being undertaken to ensure that persons with disabilities who so require can receive the required support in their homes without having to move to the service providers' premises?**

***Experience of a youth with a disability:*** I'm 26 year old man, a wheelchair user and completely paralysed. What will happen to persons like me who depend entirely on the care and support of our families when one of our parents die and they are no longer able to take care of us? I have a personal assistant for 4 hours per day. Will the number of hours increase? My friends unfortunately end up in nursing homes.

Personal assistance of less than 3 hours per day or 80 hours monthly meets only the minimum of the support needs of this young person. In-home health care and physical rehabilitation are also available only in a limited scope so the great extent of his support needs is met by family members. This poses an undue burden on families of persons with disabilities. After the death or illness of a family member there is no alternative but placement in a nursing home which do not ensure services tailored to the needs of young people.

***Experiences of women with disabilities:*** On the occasion of International Women's Day the Disability Ombudswoman organised a visit to a beauty parlour for women with disabilities

*placed in one of the institutions. Younger women with all disability types from different parts of Croatia have been excluded from their communities. Although they live close to the city centre, their possibilities for participating in the life of the community are very limited with insufficient capacity of the accessible transportation van and insufficient personal assistance. At the same time they are not entitled to other services available to persons with disabilities who live in their families because it is assumed that all their support needs are met in the institution. Their reality is that they often stay in their beds due to insufficient staffing and cannot be even transferred to their wheelchairs and let alone be taken to run their own errands in the town.*

The personal assistance service of 80 hours per month is at the moment available to 652 persons with the most severe type and level of physical disability as a project administered by DPOs. Deaf and deaf blind persons can use services of 52 sign language interpreters; blind persons can use the service of a person to accompany them while persons with intellectual and psychosocial disabilities have not been encompassed by personal assistance schemes. In places where there are no DPOs or they do not manage the personal assistance project, or if a person is not a member of a DPO personal assistance is not available to them.

The Ministry of Social Policy and Youth on 9 May 2014 presented the Draft Proposal of the Act on Croatian sign language and other communication systems for the deaf and deaf blind persons in the Republic of Croatia. Representatives of deaf and deaf blind persons were actively involved in drafting the Draft proposal and they greeted it as a big step forward in realising the rights of deaf and deaf blind persons as well as one of the most advanced acts on communication systems for deaf and deaf blind persons in Europe. In 2014 there were 12 more sign language interpreters financed by the Ministry and administered by 27 associations of deaf and deaf blind persons. This is still far from enough to meet the communication needs of 13,343 persons with hearing impairments and 1,398 persons with a certain degree of deafness/blindness. It is expected that the money from the EU funds will secure funding for more interpreters.

- 1. What are the obstacles to regulating assistance in a legislative act?**
- 2. What measures are being taken to ensure that assistance becomes available to a greater number of persons with disabilities in the extent it is required and in order to include assistance to persons with intellectual and psychosocial disabilities?**

**Support programmes for persons with autism:** *Specialised support programmes for adults with autism are extremely scarce. Support is provided only for some 80 persons within the education system while within the social care system yet another department for persons with autism was established with the capacity of 24 persons. Associations of persons with autism also provide support for a certain number of persons with autism which means that a bit over 100 persons with autism receive a kind of professional support adequate for autism. We can hope that the same number of adults with autism receive certain support in the social care system in programmes for persons with intellectual disabilities. We can assume that the majority of them live without the proper diagnosis in psychiatric inpatient facilities and institutions for persons with more severe intellectual disabilities or with elderly parents without access to adequate professional treatment and under long term treatment with psychotropic medication. Persons with autism that have been through the educational system frequently remain in the family in*

*senior age as a great burden to ageing parents which are waiting till the last minute to place them somewhere. Age long ignoring of development of a systematic care for persons with autism as well as excluding autism as a disability type led to persons with autism becoming socially most excluded group of persons with disabilities. For years persons with autism could realise disability based entitlements based only on their intellectual or physical impairments. The availability of human and civil rights for persons with autism is falling behind the level of other persons with disabilities. Only over the last ten years thanks to self-organising of parents through DPOs and establishing a political presence of the national association on the availability of basic entitlements such as those related to education and monetary benefits are beginning to improve.<sup>28</sup> Associations of parents of persons with autism run projects through which they provide support to parents as well as early intervention in some parts of Croatia.<sup>29</sup>*

The lack of community based services for persons with psychosocial disabilities is particularly acute. Providers of services for persons with disabilities are mostly DPOs and, according to our knowledge there are only 4 DPOs representing persons with psychosocial disabilities in the capital and a few more in other parts of Croatia. After discharge from hospitals persons with psychosocial disabilities are left to their own devices and those of their families this leads to increased frequency of hospitalisations which come in place of support and alternative community based rehabilitation programmes. According to *National strategy for the protection of mental health for the period from 2011 till 2016* the group of mental and behaviour disorders accounts for 6-7 % of total hospitalisations in the Republic of Croatia. The greatest number of hospitalisations occurs in the age group 20-59 which places this group of disorders in the leading cause of hospitalisations in the work active age. Apart from that, every 4<sup>th</sup> or 5<sup>th</sup> day of hospital treatment is used for mental disorders which makes them the leading group of hospitalisations according to the use of days of hospital treatment. In the period between 1995 and 2008 there has been, with oscillations, a marked trend of increase in the number and percentage of hospitalisations per 100.000 inhabitants in total as well as by gender.<sup>30</sup>

Another problem arising from the fact that providers of services for persons with disabilities are mostly DPOs, which means that services which determine not only inclusion of persons with disabilities at all levels from personal assistance, early intervention, transportation, education and many other activities; but those that have an impact on the health of children and persons with disabilities as carried out through projects run by DPOs. In this way the vital services which should be available to all persons and children with disabilities on equal terms lack continuity and viability, the condition for their provision is membership in DPOs and if there is no DPOs in a given area or a DPO does not have a capacity to be a service provider, a service is not available. Apart from that, civil society becomes dependent on financing by the government which weakens its advocacy capacity.

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<sup>28</sup> View of prof. Frey Škrinjar

<sup>29</sup> Croatian Autism Association

<sup>30</sup> National strategy for the protection of mental health for the period from 2011 till 2016

**1. What measures does the Government envisage for the development of community based service providers with a particular emphasis on services for persons with autism and psychosocial disabilities which are currently almost nonexistent?**

**ARTICLE 20 PERSONAL MOBILITY**

There is a low level of awareness of citizens when it comes to complying with regulations on parking places reserved for persons with disabilities which are often occupied by citizens without disability. Stops and platforms as well as infrastructure in bus, railroad and sea transportation are inaccessible. A lot of vehicles in public transport are obsolete and inaccessible for persons with disabilities. A great barrier to the inclusion of persons with disabilities in areas further from bigger urban centres is infrequent and inaccessible inter-city transport. *Research showed that persons with disabilities regardless of their impairment in over 50 % of cases found the accessibility of the public transport poor or very poor, 25,9% found it equally poor as well as acceptable, 13,5% found it satisfactory and 6,7 % very good.*<sup>31</sup>

Although in some Croatian cities there is accessible public transport and transport in specially adjusted vehicles, that kind of transport should not be ensured only for persons who are going to school or to work but should be made available to all children and persons with disabilities to enable accessibility of different services and inclusion. This problem is particularly pronounced in smaller and rural areas where only DPOs provide accessible transport in specially adjusted vans they own.

***Experience of a woman with a disability:*** *Although the City of Zagreb has a service for transport of persons with disabilities in specially adjusted vans, the service does not sufficiently meet the needs of persons with disabilities in the town. A 43-year old woman with disability who was placed in an old persons' home due to the lack of support and inaccessibility of her apartment. She has great difficulties in getting an accessible van at weekends when she is often told all the vans are busy. This restricts her freedom of movement to a greater extent than persons without disabilities in correctional facilities who can get a weekend leave for good behaviour.*

To compensate for the lack of inaccessible public intercity transport, certain categories of persons with disabilities are free from paying toll on the use of highways. This benefit is however not sufficiently adjusted to individual needs and one of the main preconditions is unfavourable for many persons with disabilities and children with disabilities who cannot drive a car or cannot afford to have one. This benefit also does not take into consideration mobility problems faced by persons with intellectual and psychosocial disabilities.

**Transport:** Persons with physical disabilities in passengers' transport state problems with getting on and off trains due to insufficient number of accessible platforms, lack of ramps as

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<sup>31</sup> Leutar, Z., Buljevac, M. and Milić Babić, M. (2011.) *Social position of persons with disabilities in Croatia, Zagreb, Ministry of Family, Veterans' Affairs and Intergenerational Solidarity*

well as the equipping of new trains where there is only one place for wheelchair users next to a toilet.

***Experience of a person with a disability:*** *Being able to get on the train in Zagreb does not mean much when a wheelchair user can only get off the train in Split. Personnel do not know how to operate hydraulic platforms.*

A positive example is airline travel where personnel have been additionally trained and the infrastructure and equipment have been improved and adjusted in line with the EU directive.

***Transport means, infrastructure and equipment should be improved and a greater number of them should be ensured in city, intercity transport by bus, rail and in sea to put an end to restriction of movement for persons with disabilities.***

***Additional funding and a more efficient means of monitoring the benefit of free toll on highways should be ensured. The legislation regulating that benefit should be amended to recognise children with disabilities as benefit holders.***

***Elements of accessibility for persons with psychosocial and intellectual disabilities should be developed and their mobility needs recognised in legislation ensuring mobility.***

1. What measures are planned and being taken to improve and ensure accessible bus, railroad and sea transport for persons with disabilities?
2. In what way does the government plan to stimulate units of local and regional self-government to undertake measures for ensuring accessible transportation for persons with disabilities?
3. Are there plans to ensure the right to mobility for persons with psychosocial and intellectual disabilities and in what way?

### **Assistive technologies, orthopaedic and other aids**

Although the government in its initial report mentions the Servus project using assistive technology for increasing independence of persons with disabilities, this system is used by only 16 persons and is not funded by the state.

The system of protecting the rights of persons with disabilities in particular in the segment of ensuring orthopaedic and other aids only in principle recognises the importance of assistive technology in increasing independence and dignity of persons with disabilities and removing barriers in the environment. *The Regulation on orthopaedic and other aids for persons with disabilities undergoes frequent modifications each of them resulting in decrease in availability of aids.*<sup>32</sup> Assistive technologies are not ensured systemically. Only blind school children are entitled to electronic magnifiers, batteries for hearing aids are ensured only for deaf children but not for deaf adults, children with visual impairment are not provided filters which enable them participation in everyday activities to an almost same extent as seeing persons, while personal communicators or PECS system of alternative communication with the use of pictures for persons with autism are also not provided.

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<sup>32</sup> Croatian Union of Associations of persons with disabilities - SOIH

Although the Act on mobility of a blind person with the help of a guide dog was enacted back in 1998 its implementation remains a challenge with persons who are mobile with the help of a guide dog often encounter denial of service and other forms of discrimination.<sup>33</sup>

**Measures and activities should be undertaken to ensure the use of assistive technologies as a form support in different systems to ensure greater independence and quality of living for persons with different types of disabilities.**

**The government should recognise that funds allocated for securing orthopaedic and other aids primarily supports human dignity of persons with disabilities and after that by facilitating their inclusion in the society prevent further costs. Austerity measures targeting disability aids infringe human dignity and incur more costs in the long run. Savings should be sought in tailoring disability aids to individual needs and adopting a more flexible approach in providing them.**

1. What is the state undertaking to motivate innovators to develop and modernise assistive devices and implement them in keeping with the most recent developments in the field into the legislative framework?
2. Does the state plan to secure funds so that the knowledge from the pilot project on the use of assistive technologies would become a form of support available to all persons who can benefit from it?
3. What is the state undertaking to secure a greater availability of orthopaedic and other aids?

## ARTICLE 21 FREEDOM OF EXPRESSION AND OPINION, AND ACCESS TO INFORMATION

Croatian Blind Union emphasizes that most of web sites are inaccessible to blind persons. Also the use of Braille in everyday situations is insufficient. A great number of TV programmes are inaccessible to deaf and blind persons. In response to the recommendation of the Disability Ombudswoman to ensure accessibility of the public radio-television service the Croatian national television responded that they are putting great efforts to improve the accessibility but could not provide an answer as to when their plans will be realised due to an extremely high costs of adequate technological solutions. *At the same time difficulties in receiving information limits persons with disabilities in expressing their opinions.*<sup>34</sup>

**Persons with disabilities should be enabled access to information on enacting laws pertaining to their rights and facilitate giving their opinions to the legislative branch of the government by for instance including persons with disabilities as external members of parliamentary committees.**

**The Croatian Parliament as well as services/offices in representative bodies, political parties and in public administration should ensure web accessibility and accessibility to information for persons with disabilities using technologies and methods adjusted to different disability types such as augmented print, Braille, easy to read texts, sign language, PECS, etc.**

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<sup>33</sup> Association for training guide dogs and mobility

<sup>34</sup> View of Phd. Žiljak

1. Have the funds for ensuring accessibility of radio-television services for persons with disabilities been secured in the budget of the public television?
2. What measures is the government undertaking to ensure web accessibility of the public administration?

## ARTICLE 23 RESPECT FOR HOME AND THE FAMILY

Family Act (OG, No. 116/03, 17/04, 136/04, 107/07, 57/11 - act on modifications and amendments of the Act on litigation proceedings, 61/11 i 25/13) prescribes that a person deprived of legal capacity or a person incapable of reasoning cannot enter marriage. Exceptionally, the court can in extra-judicial proceedings allow the concluding of a marriage for a person deprived of legal capacity for which it establishes that he/she is capable of understanding the meaning of marriage and obligations arising from it as well as that the marriage is clearly in his/her interest.

The Family Act (OG, No. 75/14) that is yet to enter into force modified that provision by prescribing that a person who is incapable of reasoning cannot conclude marriage. Marriage can now be concluded by a person deprived of legal capacity as well as person deprived of legal capacity in the segment of giving statements strictly pertaining to personal states who can enter marriage with the approval of the guardian. If the guardian refuses approval, the court will decide on the proposal of a person.

Provisions of the currently valid Family Act stipulated that a person deprived of legal capacity is *ex lege* deprived of the parental right.

***Experience of a woman with a disability:*** A young woman with a mild intellectual and psychosocial disability has lived in social care institutions since she was 14. At the age of 21 she becomes a mother of a baby girl and they are together placed in a specialised social care institution for mothers and children. Before the baby was born a deprivation of legal capacity in the part of parental care was proposed under the assumption that the woman would not be able to take care of the baby once it is born. The court decided on the complete deprivation of legal capacity. She did not take part in the proceedings but was represented by her brother with whom she had not been in touch for years and who remained passive in the proceedings and agreed on the petitioner's proposal on complete deprivation of legal capacity. The staff in the social care institution reaches a conclusion that she is not capable of taking care of the child despite the provided support and they propose adoption. No assessment was made whether the provided support was adequate for the person with disabilities. The mother is placed in a foster family in a different place. The child is placed under guardianship and separated from her mother by a decision of a social care centre without her consent and without a court decision on taking away the right to live with a child or a decision on depriving of the parental rights. The woman with disability is not enabled to maintain any form of contact with the child. Only following the warning by the Disability Ombudswoman the meetings/encounters with the child are organised but very seldom: three times in six months. The encounters are so infrequent due to a distance between the foster family in which the mother is placed and the institution in which the child is placed, inability of the foster carer to provide transport and inability of the foster carers and the personnel in the institution where the child is placed to adjust their schedules.

*The meetings are supervised. The visitation rights have still not been formally arranged and the woman with disability has not been provided with support in realising her parental rights.*

In Croatian legislation there are no provisions that would ensure support for persons with disabilities in exercising their parental rights. In addition, the level of prejudice against persons with disabilities as incapable to be parents is high and as illustrated in the following example which is widespread among professionals who would be expected to provide support.

***Experience of a woman with a disability:*** *A 24-year old woman with cerebral palsy lives in extramarital community, with her mother providing the support through the parent carer status. She is planning a wedding and wants to have children but the doctors are telling her that it is crazy given her medical condition.*

***Croatian legislation should be aligned with the CRPD in the segment of recognising the right of persons with disabilities to be parents and stipulate the right to support in exercising that right. Community based support services for persons with disabilities in exercising their parental rights should be developed.***

***Discriminatory legal provisions excluding persons with disabilities from the process of determining the fitness of potential adopters just on the grounds of their disability should be removed and their right to be adopt children recognised with taking into account their right to support to exercising their parental rights.***

The personnel in a number of institutions we visited reported that the persons with disabilities living there are *too ill to be interested in maintaining romantic and sexual relations.*

***Publication related to sexual and reproductive health as well those on parenthood and raising children should be prepared in Braille, digital and easy to read form.***

When it comes to adoption, discriminatory provisions of regulations enacted by the Ministry of Social Policy and Youth eliminate persons with disability as adopters.

***Experience of a woman with a disability:*** *A woman with multiple sclerosis was refused to be tested as a part of procedure for determining the appropriateness of potential adopters just on the grounds of her medical condition.*

The Act on health measures for realising the right to freely deciding on giving birth to children (OG, No. 18/78) guarantees that sterilisation can be conducted only at the request of a person that wants to be sterilised with the exception of a person who has been placed under guardianship. In their case a request can be placed by their parents who have had their parental rights extended or by a guardian with agreement of the guardianship authority. In other words, sterilisation without the consent of a person with disabilities is possible and allowed if the person is deprived of legal capacity in any segment.

- 1. What measures is the government undertaking to ensure legal recognition of the right to support for persons with disabilities in exercising their parental rights?**
- 2. What measures is the government undertaking to raise awareness on the reproductive rights of persons with disabilities?**

## ARTICLE 24 EDUCATION

The low level of not only vocational but general education as well hinders making personal choices and the continuation of education. According to the data of the Croatian Public Health Institute, 66 % of personal with disabilities have only primary school education or less, around 26 % have secondary school education, 5 % have special education while 3 % have high or higher education.

*In the school year 2012/2013 there were 3,320 children in pre-school educational programmes for children with disabilities.<sup>35</sup> The number of children integrated into **primary schools** at the end of school year 2011/2012 was **15,377** (9,900 boys and 5,477 girls); 14,964 children completed the curriculum successfully.<sup>36</sup> In the same school year **1,993** children with disabilities (1,292 boys and 701 girls) was enrolled at **73 special schools**.<sup>37</sup> The number of children with disabilities integrated in **secondary schools** in the same school year was **1,779** (1,170 boys, 609 girls).<sup>38</sup> In the same year **1,613** pupils with disabilities were enrolled in **38 secondary schools for youth with disabilities**.<sup>39</sup> There is a sharp decline in the number of enrolled children with disabilities in the transition from primary to secondary education from **15,377** children with disabilities in primary education which is obligatory by law to **3,392** children with disabilities in both regular and special secondary schools. These figures **prove that secondary education is the weakest link in the education of persons with disabilities in Croatia**.*

***Experiences of self-advocates:** We don't want to be separated from an early age into special kindergartens, special primary and secondary school. There we are separated from other children and we can only get education in professions which nobody needs.<sup>40</sup>*

***Experience of a girl with a disability:** The parents of a girl with disability requested the support of the Disability Ombudswoman in realising the right of their child to be educated in the place where she lives. The decision on determining the adequate form of education stipulated education in a special programme which is not available in the place where she lives and would require her to move to another town. The parents were concerned about the idea of separating their child from the family and think the best form of education would be home schooling.*

The Ministry of Science, Education and Sports as well as the primary school were sent a recommendation to urgently find a solution but there has been no response. The girl does not attend school following the decision of her parents.

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<sup>35</sup> Croatian Bureau of Statistics (2013) *Primary schools and kindergartens and other legal entities which conduct pre-school education programmes, end of the school year 2011/201 and the beginning of the school year 2012/2013* (Statistical reports 1496), Zagreb: Croatian Bureau of Statistics, p. 96. [http://www.dzs.hr/hrv\\_eng/publication/2013/si-1496.pdf](http://www.dzs.hr/hrv_eng/publication/2013/si-1496.pdf) (accessed 1 June 2014)

<sup>36</sup> *Ibid.* p. 17.

<sup>37</sup> *Ibid.* p. 19. This involves children and adults with mental retardation, persons with visual or hearing impairment, physically disabled or those who have behavioural disorders or multiple impairments .

<sup>38</sup> Croatian Bureau of Statistics (2013) *Secondary schools and boarding schools end of the school year 2011/201 and the beginning of the school year 2012/2013* (Statistical reports 1497), Zagreb: Croatian Bureau of Statistics, p. 26. [http://www.dzs.hr/Hrv\\_Eng/publication/2013/SI-1497.pdf](http://www.dzs.hr/Hrv_Eng/publication/2013/SI-1497.pdf) (accessed 1 June 2014)

<sup>39</sup> *Ibid.* p. 26

<sup>40</sup> Association of self-advocates

**Experience of a girl with a disability:** *I have always wanted to enrol in a school for commerce. But at the beginning of my secondary school education it was decided that I should attend a programme for an auxiliary vocation and I was not happy with that decision. I was very unhappy because I knew I could do more. With the great support of my mother I filed a request for transfer to a class with healthy children. You would not believe it but thanks to my persistence, dedication of my mother and with the great help of social pedagogue I managed to get a transfer to a class with healthy children. I am happy here and I have been nicely received by other pupils. They are always ready to help.*

Despite the lack of adequate legal framework the inclusion of children with disabilities is happening as this example illustrates with the persistence of empowered children, parents and committed professionals.

Although inclusive education has been enabled at the legislative level, the lack of implementation regulations results in a reality in which the inclusion of children with disabilities depends on the goodwill of educational professionals and that young persons with disabilities and their parents often feel as if they are asking for concessions and not realising their right to equal treatment. The Disability Ombudswoman frequently receives complaints from parents of pupils with disabilities because of difficulties in determining the adequate programme of education and adequate forms of support. The legislative act regulating education of children with disabilities has not changed since 1991.<sup>41</sup> It gives an orientation list of impairments based on which a form of education and a level of a pupil's with disabilities "integration" is determined. The regulation is based on medical model of disability since it does not define a form of education individually based on child's needs, it does not determine strengths and capabilities of a child nor does it prescribe a required type of support and accommodation.

Members of the assessment committee are not trained about the CRPD and the social model of disability or about support forms which results in frequent proposals for educating children with disabilities in special needs schools. Complaints submitted to the Disability Ombudswoman show that the assessment committee's prevailing attitude is that children and youths with disabilities should be educated in special schools and that there are "no conditions" for them in regular schools. Through a great number of meetings with principals of primary and secondary schools, teachers and pupils as well as representatives of state administration on the regional level we have knowledge that despite the formal basis for inclusive education being in place (Act on education in primary and secondary schools (OG, No. 87/08, 86/09, 92/10, 105/10, 90/11, 5/12, 16/12, 86/12), State pedagogic standard for primary and secondary school education system), in practice a series of elements important for a successful inclusion is lacking: adequate curricula, teaching aids and methods, accessibility of schools, training of teachers on teaching differently abled children and a lack of defining the role of personal assistant in class which has emerged in recent years as the most significant type of support.

Due to the lack of regulation, funding of personal assistants in class and, accordingly, the availability of that support to children with disabilities has not been systematically ensured at the national level. The support is funded by local and regional self-government, through projects, charity fund raising or by parents themselves. In practice we have personal assistants

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<sup>41</sup> *Regulations on primary education of pupils with disabilities (OG, No.23/91)*

available for children with one type of disability but not for others or the decision on their engaging depends on available funding and financial strength of a particular unit of regional or local self-government. For these reasons, personal assistants in class as well as other forms of support do not present a permanent type of support which creates insecurity in providing education.

The weakest link in the education of persons with disabilities in Croatia is secondary education which was confirmed by youth with disabilities at their regional conference. The presence of the medical model of disability in education regulations is evident in the provisions regulating the enrolment of children with disabilities in secondary schools. Each school year the Ministry of Science, Education and Sports enacts *the Decision on elements and criteria of enrolment in secondary schools*. Until a few years ago those decisions involved a provision allowing for direct enrolment of children with disabilities based on the opinion issued by the Professional orientation office. The Disability Ombudswoman sees this provision as an extremely important measure for achieving de facto equality of education for children with disabilities. Despite their academic achievements and motivation children with disabilities are restricted in the choice of vocation but the Ministry of Science, Education and Sports ignores the importance of that measure. Of particular concern is that the Ministry of Science, Education and Sports in June 2014 issued a document listing vocational occupations and “medical contraindications” for enrolling in individual educational programmes thus completely ignoring support and reasonable accommodation available to children with disabilities in primary education and later on in employment and falling back to the medical model of disability. Although the Ministry of Science, Education and Sports after considerable pressure from the Disability Ombudswoman and umbrella DPOs modified the document, we find this kind of thinking very concerning. The other important issue is the lack of educational programmes that would correspond with the demands of the labour market. Children with disabilities are educated for jobs which no longer exist on the labour market and there is no systematic effort to change these trends. *There are attempts to innovate vocational education through the EU funds, but the results of those projects have not been integrated into the regular system.*<sup>42</sup>

***Persons with autism in education*** A significant number of persons with autism that have been diagnosed with Autism Spectrum Disorder and have been registered, were diagnosed relatively late, there was a lack of early intervention and few have an adequate support in education. Most of them were educated in special programmes of education and rehabilitation together with children with more severe intellectual impairments or in a special programme for pupils with autism accompanied by intellectual impairments. A certain number of them was excluded from education or stopped education and were thus excluded from any form of education and rehabilitation. A small number of persons with autism completed their education in the regular programme or in a special programme for pupils with milder intellectual impairments. Persons who were not diagnosed with Autism Spectrum Disorder because it went unrecognised are in a far worse situation. It can be assumed that they live with the diagnosis of more severe intellectual impairments and/or mental health disorders or under a vague diagnosis from the

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<sup>42</sup> View of Phd. Žiljak

area of communication (verbal linguistic) development.<sup>43</sup> This results in inadequate support in education and rehabilitation.

**Data on children/youth/adults with Autism Spectrum Disorder which were enrolled in regular and special schools but stopped their education should be gathered. Also, data on children who have not been enrolled in school even after the age of 12 or were given the decision on the adequate form of education which was not implemented should be gathered.**<sup>44</sup>

**Regulation on inclusion of children with disabilities should be enacted to define the type of support and accommodation for children with disabilities, standards for those services and their providers.**

**All professionals involved in education of children with disabilities should take part in ongoing training on the CRPD and the paradigm shift it introduced as well as the Convention on the rights of the child.**<sup>45</sup>

**Training on teaching children with disabilities for primary and secondary school teachers which is currently optional should be made mandatory.**

**Legislation should prescribe obligation of close cooperation between schools and external resources on methods of teaching and dealing with children with disabilities as well as the use of services supporting inclusive education stipulated in other systems such Act on Social Care.**

**Children and youth with disabilities should be empowered and informed on their right to choice, take part in decisions affecting them, the right to support and reasonable accommodation in education and employment.**

**Parents of children and youth with disabilities should be empowered and educated on support and reasonable accommodations their children are entitled to as a matter of respect for their human dignity while their role as partners in determining the adequate educational programme should be emphasised more.**

**Funding for providing support for children with difficulties in pre-school education in the way of trained personal assistants in class should be ensured.**<sup>46</sup>

**The system of ongoing education for providers of support services for children with disabilities should be developed.**<sup>47</sup>

**The system of assessment of the existing models of support services for children with disabilities provided by CSOs should be developed.**<sup>48</sup>

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<sup>43</sup> View of prof. Frey Škrinjar

<sup>44</sup> Croatian Autism Association

<sup>45</sup> The Ombudsman for Children

<sup>46</sup> The Ombudsman for Children

<sup>47</sup> The Ombudsman for Children

<sup>48</sup> The Ombudsman for Children

- 1. What are the deadlines for enacting legislation that would stipulate forms of reasonable accommodation and support in education for children and youth with disabilities to ensure continuity and viability of inclusive education including allocation of required funding?**
- 2. Are there plans to introduce the obligation of training of educational professionals on the CRPD and the use of the existing support structures?**
- 3. Are there plans and in what way, to ensure the availability of statistical data on children and youth with disabilities?**

### **Higher education**

In 2012 the Disability Ombudswoman sent a recommendation for ensuring conditions for studying of youth with disabilities to all higher educational institutions in Croatia. At the same time the data was requested on the number of students with disabilities and adjustments they have done or plan to do to make their institutions accessible to students with disabilities. Surveys were sent to 135 higher educational institutions in Croatia 93 responded.

*Out of 93 higher educational institutions 73 % of them responded they keep records on youth with disabilities educated in their institutions. The number of students they reported on was 206. In the Register of persons with disabilities for 19 February 2013, there was data for about 424 students with disabilities (226 female and 198 male). This data was given with a note pointing at its unreliability. According to the records of the Office for students with disabilities at the University of Zagreb, there are around 350 students who receive some support and accommodation or enjoy some benefits based on disability.*<sup>49</sup> In conclusion, there is no reliable data on students with disabilities in Croatia. The total number of students in Croatia in the academic year 2012/2013 according to the Ministry of Science, Education and Sports was 165,989 and the recorded number of students with disabilities is less than 1,000 which makes them severely underrepresented. The results of the survey confirmed that the system to the greatest extent recognises students with visible that is physical and sensory disability while the reported number of students with psychosocial disabilities was the lowest. It was established that inaccessibility and lack of support averts youth with disabilities from studying and while making a decision on what to study they are to a great extent limited by these factors. That is why the most accessible institutions reported the greatest number of students with disabilities.

The majority of institutions find ensuring funding for securing accessibility and training for education of academic and non-academic personnel as most important. Individual responses pointed at the need for adoption of criteria and right for inclusion that is formal defining of who students with disabilities are, how they can prove that status and what support and accommodation they are entitled to.

In a similar way as primary and secondary education, inclusion into higher education is taking place without the legislative support. Although the Ministry of Science, Education and Youth allocates significant funds for students with disabilities to subsidise the costs of transportation, students' dormitory accommodation and meals and the National Foundation for supporting pupils' and students' standard ensures scholarships for 60 students with disabilities this cannot replace the lack systematic support. By systematic support we mean consistent

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<sup>49</sup> Prof. Lelia Glavaš-Kiš

provisions of support services through allocation of sufficient funding to higher education institutions to improve accessibility, technical aids, assistance in class, staffing of offices for students with disabilities, digital textbooks, peer support and formalising procedure for allocating that support with ongoing training for teaching and non-teaching staff. Croatian federation of deaf blind persons Dodir in partnership with the Faculty of Educational rehabilitation and Department of Social Work, University of Zagreb conducts EU funded research *Multidimensional analysis of social inclusion of children and students with disabilities in educational process*. The preliminary results of the analysis show that students with physical disabilities express greatest satisfaction with the support system in higher education while deaf students reported the least satisfaction. This can be explained by the fact that hard of hearing and deaf students are still not supported by sign language interpreters while architectural accessibility has been significantly improved at those faculties where the students with disabilities are enrolled although the overall accessibility remains unsatisfactory.

The main act regulating higher education makes no mention of students with disabilities let alone stipulating the right to support and reasonable accommodation and means of securing it. Currently some support services for students with disabilities are provided by associations of students with disabilities or DPOs (personal assistant in class, sign language interpreter, dactylographer, screen reader, adapting textbooks for digital reading etc.).

*EU funded project TEMPUS Education for equal opportunities at Croatian universities - EduQuality (2010-2012) which was conducted by the University of Zagreb in the lack of systematic support of the authorities that would be expected to undertake such measures contributed most to creating accessible environment and especially training of personnel as well as establishing a formal support network.*<sup>50</sup>

The Faculty of philosophy in Rijeka thus summed up the requirements for making the higher education more accessible to students with disabilities: *It would be a lot easier to act if the Ministry of Science, Education and Sports issued clear guidelines for all universities, that is, if there was an act regulating studying for students with disabilities. In practice it is difficult to act when we get recommendations and guidelines which are not mandatory.*

***The student's rights of youth with disabilities should be clearly regulated through prescribing minimal standards of support and accommodation higher educational institutions are obliged to ensure for students with disabilities.***

- 1. What does the Ministry of Science, Education and Sports plan to do to improve statistics on students with disabilities in order to be able to plan interventions that would counter their evident underrepresentation?***
- 2. Are there plans to define reasonable accommodation and forms of support for students with disabilities in legislation and prescribe the obligation of ensuring reasonable accommodation for students with disabilities in the Act on higher education?***

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<sup>50</sup> View of Prof. Lelija Glavaš-Kiš

## ARTICLE 25 HEALTH

### Early intervention

***Experience of a child with a disability:*** *A child with disabilities aged 7 has never been involved in any rehabilitation procedure, preschool programme or any other form of interaction with his peers. Along with epilepsy he was diagnosed as a 6-month old, the child today has multiple disabilities: severe intellectual impairment, organic personality and behaviour disorder, Hypoacusis and Pervasive developmental disorder. At the age of 1 he spoke more words than now at the age of 7. Parents have no money, knowledge or other resources to fight for a different way and they have not been supported in any other way. Specialist prescribed therapies that he had nowhere to go, and available services are charged at the price his parents living off social welfare benefits and his disability entitlements cannot afford. Instead of using the money the family receives on the grounds of disability of its youngest member for his rehabilitation that is their intended purpose, the money is spent on meeting basic needs. (The family had to be given an emergency one-off social welfare payment to replace a stove that broke down in winter leaving them without heating). In the place where the boy lives the kindergarten refuses to accept him because of his disability for which they cannot provide adequate support. The parents cannot afford the costs of a kindergarten with professional support for children with disabilities. What is of particular concern is that nobody in the system finds themselves in charge and the parents are left to their own poor resources as the social care centre concluded itself adding that they pass on the information they learn from parents who had more opportunities to find the adequate support.*

The Disability Ombudswoman continuously receives complaints by parents of children with disabilities pointing at the lack of the system of early intervention, diagnostics and (psychosocial) rehabilitation for children with disabilities in large part of Croatia. A big step forward was made by entering early intervention as a service defined in a contemporary manner in the Social Care Act of 2011. However, *the state failed to create conditions for implementing that provision.*<sup>51</sup> There is only one institution specialising in early intervention located in the capital and with the capacity to provide services for 40 users. Some DPOs also run early intervention services. According to the data provided by the Ministry of Social Policy and Youth there are 4,800 who require that service, while there was only 641 users in 2013, that is 13 %. 222 services were provided by social care institutions and 164 by other natural and legal entities. Although compared to 2012 when this service was used by 324 persons, there has been an increase in the number of users and service providers, this is still very insufficient in relation to the support needs and the devastating impact the lack of early intervention has on the lives of children with disabilities since **the vast majority (87 %) do not have access to early intervention services**, with children with autistic spectrum disorders being most disadvantaged.

*A great challenge is the inadequate education of professionals who transfer the methods of work they practiced with older children into their work with young children as well as prevailing medical model of therapies instead of support directed to a child and their parents, no team work envisaged in the work process and non-functioning of the system of informing parents who still get more information from other parents than from professionals, wander a lot*

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<sup>51</sup> View of prof. Ljubešić

and waste resources. Early intervention is a new discipline, it requires new skills and methods of work but the government does not acknowledge that sufficiently.<sup>52</sup> The Ministry of Science, education and sports in Art. 3 of the State pedagogical standards gives the possibility of involving a 6 month old child into educational process. However, in practice the system and kindergartens are not prepared for that. For example, the Ministry verified an early intervention programme in the Centre for autism in Rijeka but the centre was not given the approval for conducting it in the school programme or the personnel.

**We recommend establishing referral centres for multidisciplinary and comprehensive early intervention for children with various disabilities with defined protocols and methodology of work in all areas of Croatia.**<sup>53</sup>

The Croatian legislative framework ensures the rights of children through the systems of health and social care but these two systems are not formally and legally connected and nobody is in charge for following through the rehabilitation process. Lack of coordination and connection between the two systems creates problems at multiple levels: there is lack of communication between doctors and rehabilitators, responsibility for the whole process is not clear and the decision on whether the child will become involved in the rehabilitation process or not is left to parents. In the whole territory of Croatia there is a pronounced problem of inaccessibility of institutions and understaffing of experts in the area of psychosocial rehabilitation.

Early intervention services are provided by 3 social care institutions, 2 health care institutions and association of experts whose services are too expensive for the majority of parents. In Croatia there is only one institution specialising in early intervention which is also understaffed and the therapy is often stopped after the age of 3. The majority of service providers are located in or around the capital while in the rest of Croatia there are no registered service providers or the service is provided through projects run by DPOs.

The Ministry of Social Policy and Youth states that they do not have the precise data on the coverage of that service per counties. Croatia does not keep adequate records that would indicate trends and distribution of certain phenomena especially when it comes to specific categories. Accordingly, there are no available data on needs for early intervention for children with autism. When it comes to autism, the situation is even more concerning due to a lack of diagnostic algorithms. According to the data from the Croatian Public Health Institute there are 1,316 children and adults registered with Autism Spectrum Disorder. 2/3 of that number are children and youth up to the age of 21.<sup>54</sup> According to world knowledge on the prevalence of this disorder there are 6-8000 persons with Autism Spectrum Disorder. But the above listed institutions and associations are only providers of early intervention services. Those specialising in autism are almost nonexistent. The situation is even more severe keeping in mind the lack of specialised experts. *As with other social services, there are big discrepancies between bigger and smaller towns, urban and rural areas where children and adults with disabilities are even*

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<sup>52</sup> View of prof. Ljubešić

<sup>53</sup> Croatian Autism Association

<sup>54</sup> Croatian Public Health Institute

more discriminated against.<sup>55</sup> It was agreed with the Ministry of Social Policy and Youth to commence with systematic addressing of issues of early intervention from September 2014.<sup>56</sup>

Taking into account examples of complaints to the Disability Ombudswoman, it is very questionable whether there is awareness that children should not be medicalised as well as the way in which it is monitored; the justification for the use of psychotropic medication and hospitalisations, especially for children with Autism Spectrum Disorder. *Without the adequate support system from an early age, early diagnostics and early intervention and adequate educational programmes, without adequate living conditions and support in communication, and in particular without sufficient neurological and psychoneurological understanding of autism and adequate neurological therapy, it is not possible to avoid psychotropic medication.*<sup>57</sup>

**Experience of a child with a disability:** *I am a desperate mother of an eleven old boy with Autism Spectrum Disorder. In the institution for autism I was told there is no place for my son. I understand that but nobody understands me and my poor, suffering child. Our life has come down to travelling between a psychiatric hospital and a 40 m<sup>2</sup> flat. My son is in hospital all the time and they keep calling me the whole day because they do not know what to do with him. There he is either locked in a room or tied or heavily sedated. They put him on several antipsychotics to calm him down.*

***Alternative forms of support to persons with disabilities and children in particular in periods of psychosocial crisis should be developed, to avoid the heavy use of psychotropic medication and forced interventions.***

**Experience of a woman with a disability:** *A 35 year old woman with muscular dystrophy lives in the rural areas and due to the lack of money and accessible transport she cannot afford to travel to capital to have a gynaecological examination.*

Health services for persons with disabilities are limited due to architectural and other inaccessibility. The personnel does not know sign language, there are problems giving information to blind persons and lack of knowledge on how to approach persons with intellectual and psychosocial disabilities.

**Experience of a child with a disability:** *A five year old girl with Down's Syndrome is placed in a foster family. She is recommended hospitalisation on the condition that the foster mother stays with her. When asked why it was necessary, the foster mother got a reply that it was because of her disability. Since the foster mother has other children she took the girl home because the hospital could not provide adequate treatment.*

**Experience of a person with a disability:** *A person with autism was denied further chemo treatment because the institution in which he is placed was not able to secure a staff member to be present with him during the treatment. The condition that he be accompanied was made due to his disability.*

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<sup>55</sup> View of prof. Leutar

<sup>56</sup> Croatian Union of Associations of persons with disabilities - SOIH

<sup>57</sup> Croatian Autism Association

***Education of medical personnel should involve specific characteristics of persons with different disability types and that topic should become a mandatory part of life-long training programmes.***

***Models of training of health professionals on disability and children's rights should be developed.***<sup>58</sup>

Health care institutions are insufficiently equipped with basic aids for persons with disabilities such as transfer lift and they are understaffed so persons with diminished mobility during their stay in hospitals and in rehabilitation stay in their beds for hours which leads to developing of bed sores and other health complications. *Persons with tetraplegia and paraplegia with osteomyelitis are refused treatment.*<sup>59</sup>

***Funding should be secured for adequate staffing of health care institutions, ongoing training of medical personnel and equipping with aids for prevention of further disabilities.***

***The state should urgently establish coordinated action of all ministries with the mandate of addressing the needs of children with disabilities (health and social care, education).***

***The analysis of needs for early intervention services and existing resources should be conducted urgently and its provision through multisectoral cooperation should be established.***

1. When and in what way will the system of providing early intervention be professionally and institutionally established so that it is multidisciplinary and available in the whole territory of Croatia for all disabilities including autism?
2. How many professionals specialise in early intervention and what are the needs of children for certain early intervention procedures?
3. What measures is the Government undertaking to train professionals on persons and children with disabilities and direct them into highly specialised areas of treatment such as spinal injuries?

Persons and children with disabilities encounter great difficulties in accessing health care due to the inability of the hospital system to provide adequate support. For instance for dental treatment a special space, equipment and presence of the whole medical team is required. Such conditions can be found in only few clinics, and in some parts of Croatia there are not any while in others the waiting lists are so long that we cannot talk about adequate dental protection.

***Accessible dental care and support for persons and children with disabilities in hospital settings should be ensured to provide the right to hospital treatment in the whole of Croatia on an equal basis with other citizens.***

***Hospital premises should be adjusted to be accessible for children with disabilities and the availability of information for children and persons with disabilities should be ensured.***<sup>60</sup>

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<sup>58</sup> *The Ombudsman for Children*

<sup>59</sup> *Croatian Paraplegic and Tetraplegic Association*

<sup>60</sup> *The Ombudsman for Children*

***Support of external experts of different profiles should be ensured for children and persons with disabilities in hospitals or in long term inpatient treatments in healthcare institutions.***<sup>61</sup>

## **ARTICLE 26 HABILITATION AND REHABILITATION**

The Disability Ombudswoman is concerned with the provisions of the Social Care Act which envisages participation of users in paying the price of rehabilitation services with their income. For an adult it can mean paying the whole amount of the service cost while for children it can be 50% of their income. This strict census for paying rehabilitation services might lead to not taking them. If they have to choose between covering their existential needs and covering the costs of rehabilitation, it is clear that persons with disabilities have no choice but to cover their basic needs.

***The use of funds for rehabilitation to meet basic needs should be prevented. Other entitlements for families in social welfare crisis should be used.***<sup>62</sup>

At the same time services offered in the health care system such as rehabilitation for children with physical disabilities are rightly free for them. Thus constructed entitlements do not have an inclusive character and place a certain category of persons with disabilities in a more unfavourable situation.

The Government reports that in medical diagnostics and rehabilitation of persons with hearing and speech impairment the verbotonal method is used which violates the rights of deaf children to be educated in Croatian sign language<sup>63</sup> despite the proposal of the draft Act on Croatian sign language and other systems of communication which guarantees them that right. A particular issue is maintaining the existing health condition and preventing the worsening of the disability. There is a service for physical therapy in homes but in rural areas it is often inaccessible due to the distance of users from service providers. In addition, there are too few service providers.

Based on visits to hospitals and a survey of hospital management and persons with disabilities the Disability Ombudswoman established some of the shortcomings of Croatian special hospitals for inpatient medical rehabilitation, spas and health resorts as follows: lack of funding for investing in upgrading premises and equipment, lack of personnel for conducting rehabilitation, long waiting lists and a lack of accommodation capacities covered by insurance. Many institutions are inaccessible. Persons with disabilities are entitled to 21 day of inpatient rehabilitation once a year. Due to the lack of rehabilitation interventions, understaffing and focus on pure medical care while the other elements of rehabilitation such as social, psychological and peer support remain neglected, rehabilitation is incomplete. That is why persons with disabilities after rehabilitation go to their inaccessible homes with bed sores, contractions and depression. *In addition, adults with high support needs are not entitled to be accompanied by another person during hospital treatments or rehabilitation although they are entirely dependent on another person for meeting basic self-care needs.*<sup>64</sup> In particular there is a

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<sup>61</sup> *The Ombudsman for Children*

<sup>62</sup> *Croatian Autism Association*

<sup>63</sup> *Croatian federation of deaf and hard of hearing*

<sup>64</sup> *Croatian union of associations of persons with disabilities-SOIH*

lack of comprehensive information following the occurrence of disability during the first rehabilitation. Although persons with disabilities themselves and their families initiated activities for providing support and giving information, the health system mostly ignored them. Experts that would specialise in health conditions of persons with disabilities are too few, following retirement of some without being replaced.

***Adults with autism developed severe forms of disabilities as a consequence of a lack of timely and relevant rehabilitation programmes and/or a consequence of long term inadequate interventions. Persons with autism in Croatia are not in the least percentage of their total number rehabilitated for work, and possibilities for acquiring everyday life skills are also very insufficient. This issue will have to be systematically addressed especially with respect to availability of life long education of persons with disabilities and their inclusion in the community.***<sup>65</sup>

***Support systems for a particularly neglected category of adults with autism should be twin track: support in living and free time activities and support in entering the world of work.***

***It can be assumed that the majority of adults with autism will as a result of personal rehabilitation neglect and consequent significant and often pronounced mental health issues need a lot of additional specific specialist support.***

***During hospital treatment and rehabilitation it should be ensured that persons with high support needs are accompanied by a person of their own choice (a family member, a personal assistant, etc.).***

- 1. What measures does the government plan to undertake to ensure that the benefits granted to, in particular children with disabilities but also adults, for rehabilitation purposes are indeed used to that end and that difficult socioeconomic situation of families of children and persons with disabilities are addressed with other non-disability related benefits?***
- 2. What measures does the government plan to undertake to secure the right of deaf children to habilitation and rehabilitation methods in sign language?***
- 3. What is government undertaking to improve the quality of rehabilitation of children and persons with disabilities and introducing multidisciplinary approach to rehabilitation?***
- 4. What measures are planned to provide parent, families and persons with disabilities in hospitals with information on how to live with their new condition, what support they have available as well as provide them with immediate psychosocial and peer support?***

### **Professional rehabilitation**

Professional rehabilitation is legally stipulated but in practice it is not implemented or is implemented only partially. Centres for professional rehabilitation have not been established although this was envisaged with the National Strategy for Equalisation of Opportunities for persons with disabilities between 2007 and 2015. The assessment of remaining capacities has

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<sup>65</sup> View of prof. Frey Škrinjar

not been regulated in practice so the professional rehabilitation system relies on assessments of other systems which do not assess the required support in the workplace. For these reasons the current professional rehabilitation system directs persons with disabilities into early retirement. With the high rate of general unemployment, persons with disabilities typically opt for disability retirement rather than professional rehabilitation. One of the reasons is the fact that most employers do not provide a workplace adjusted to their abilities after completion of professional rehabilitation but rather use it as grounds for dismissal. A regional office of Croatian Pension Insurance Institute noted the following: *Costs of professional rehabilitation are not high and insured persons can claim them. However, upon completing the rehabilitation, a person could not find a job and would after a while apply for the process of determining inability to work. The latest amendments to the Act on pension insurance from 2014 strive to put this institute at a higher level and it can be expected that this will be the case.*

According to the data from regional offices of the Croatian Employment Service the most applied form of professional rehabilitation for unemployed persons with disabilities was individual or group counselling. In 2011 there was only one request for professional rehabilitation submitted. After a warning from the Disability Ombudswoman this aspect was given more attention so that in 2012 there were 72 procedures of granting the right to some form of professional rehabilitation while in 2013 there were 192 requests. The pension insurance system conducts professional rehabilitation for employed persons with disabilities and in 2013 it granted the right to professional rehabilitation in 14 cases.

In 2014 a new Act on professional rehabilitation and employment of persons with disabilities was enacted as well as regulations defining establishing of regional centres for professional rehabilitation which is to commence in 2015.

***A model of assessing remaining work abilities should be introduced including assessment of not only health condition and impairment but also the assessment of barriers in the environment as well as support and accommodation required for their removal.***

***Professionals in the area of professional rehabilitation should receive ongoing training on the application of the International classification of functioning and disability (ICF) with a particular emphasis on familiarisation with international good practice in ICF application.***

- 1. What measures and activities does the government plan to undertake to encourage employers, in particular those in the private sector, to ensure a work place corresponding to a person's remaining abilities and with adequate support and accommodation upon completing professional rehabilitation programme?**
- 2. What measures is the Government undertaking to ensure that once set up professional rehabilitation centres are adequately staffed with professionals familiar with not only the ICF but the CRPD and social model of disability?**

## **ARTICLE 27 WORK AND EMPLOYMENT**

In 2012 The Disability Ombudswoman prepared responses to the survey conducted by the UN OHCHR related to employment of persons with disabilities. On that occasion we gathered

certain data on the employment of persons with disabilities with members in DPOs which are presented in the table below:

DPO/federation	Data source	Data on employment of persons with disabilities
Croatian federation of associations of persons with physical disabilities	Interviews on the number of persons with disabilities employed in local DPOs (26 out of 77 responded)	10 out of 25 DPOs do not employ persons with disabilities, 16 DPOs employ 50 persons with disabilities
Croatian Federation of Deaf blind persons „Dodir“	In-house data on members	Less than 5 % members are employed, most members are retired, younger members seeking employment never got a chance to work
Croatian Paraplegic and Tetraplegic Association	In-house data on members	11% of members are employed, 50% are retired and 39% unemployed
Croatian federation of multiple sclerosis associations	Statistical data the Federation gathered on members	Total number of members: 2,497 62% retired 20% full time employed 0,8% part time employed Unemployed registered by the Croatian Employment Service: 5 Unemployed 6,4 % 1,3 % students 0,8 % self-employed
Croatian Cerebral Palsy Association	The conclusion the Federation reached based on the contacts with local member organisations	Less than 5% of members are employed

When it comes to persons with intellectual disabilities, those with milder impairments find employment as auxiliary workers. A certain number of them find employment in the open labour market primarily thanks to DPOs working in their interest. Those of them who have been deprived of legal capacity cannot enter contracts of employment and consequently cannot receive salary for their work. They are remunerated for their work through donations companies make to their DPOs. In theory they could conclude contracts with the consent of their guardians but their DPOs represented persons with intellectual and psychosocial disabilities emphasise the reluctance of guardians for fear of liability potentially occurring in the course of work. Yet another obstacle is the fact that despite the obligation of employers to insure their work for instance from work related injuries, *insurance companies refuse to insure persons with disabilities for that purpose.*<sup>66</sup>

Persons with psychosocial disabilities face stigma upon return to work after psychiatric treatment which hinders their prospects of retaining employment. *Associations supporting persons with psychosocial disabilities emphasise the lack of awareness on specific issues concerning employment of persons with psychosocial disabilities and the type of support and*

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<sup>66</sup> Croatian Autism Association

*accommodation they require*<sup>67</sup>. As with other disability groups, they also suffer from the consequences of medical based assessment of work abilities and the nonexistence of professional rehabilitation programmes.

Today there are 6 sheltered workshops and 4 work units providing sheltered employment within companies employing a total of 560 persons with disabilities. 20 years ago there were 39 sheltered workshops employing 3, 500 persons with disabilities.<sup>68</sup> A sharp decline in the number of sheltered workshops by no means indicates that persons with disabilities found employment in the open labour market. On the contrary, sheltered workshops were closed down due to lack of state support and support from local and regional government and persons with disabilities lost even that type of employment.

Despite the positive legislation, it is extremely difficult for persons with disabilities to find employment in the open labour market. Legal provisions stipulated positive action measures are not complied with and there was no efficient sanctioning and monitoring system in place so far.

The Act on professional rehabilitation and employment of persons with disabilities in its introductory provisions mentions the CRPD however when it comes to practice, different approaches to interpreting who persons with disabilities are and what is the proof of disability hinder employment.

Despite the economic crisis and the high rate of general unemployment the Croatian Employment Service records an increase in the employment of persons with disabilities since 2009. However, in the same period there has been an increase in the number of unemployed persons with disabilities.

Legislation acknowledges the need for support but that support is insufficiently ensured in practice and not enough funding has been allocated. *According to the Croatian register on persons with disabilities 65% of them have only primary school education or less, 27% have secondary school education, 5% special school education and 3% high or higher education.*<sup>69</sup> Their educational profiles show outdated vocations that are no longer required by the labour market. According to the data from a newly established database on employed persons with disabilities in Croatia, there are 16, 539 employed persons with disabilities (employed and temporarily unable to work) with 65% males and 35% females. According to the Croatian Register of Persons with Disabilities the number of work active persons with disabilities (aged between 16 and 65 is 280, 116). Accordingly, **5, 9 % of persons with disabilities in Croatia are employed**. However this data is not entirely reliable due to the lack of uniform criteria of disability assessment and the fact that data are collected from various systems which assess impairments for the purpose of granting various entitlements.

The most common professions of employed persons with disabilities are salesperson, non qualified worker, economy officer, car mechanic, agricultural worker, waiter, driver and cook. Low educational level combined with long term unemployment (according to the Croatian Employment Service the greatest number of register unemployed persons with

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<sup>67</sup> Association for psychosocial support Susret

<sup>68</sup> „Fostering effective inclusion of persons with disabilities into the labor market" within the EU for Croatia IPA Component IV - Human Resources Development 2007-2013

<sup>69</sup> Report on the persons with disabilities in the RC , Croatian Public Health Institute, February 2014

disabilities has been registered for over 5 years) considerably reduces their employment prospects. It is positive that measures of encouraging employment are addressing this category of persons with disabilities.

The 2014 Act on professional rehabilitation and employment of persons with disabilities obliged employers to ensure reasonable accommodation which represents a significant antidiscrimination measure. The Act extended quota obligations to all employers employing at least 20 employees as well as sanctions for failure to comply. *However, in the process of extending the quota system to private employers there was no broader debate about the challenges posed by the quota system and its advantages and disadvantages that are required for its effectiveness and assessment of its implementation.*<sup>70</sup> It is expected that the Regulation on employment quota that is to enter into force on 1 January 2015 will give a reliable data on the number of employed persons with disabilities since it envisages that all employers submit data on the number of persons with disabilities they employ.

***Experience of a person with a disability:*** *A person with cerebral palsy applies for the post of an auxiliary librarian. She meets all requirements. Although she stated in her application the affirmative action that gives priority to persons with disability and submitted as a proof certificate verifying her 80 % impairment, she is not accepted for the position. The labour inspectorate found this only proof of disability in Croatia as not valid. That is why the person with a disability bitterly concludes: "All these rights are for us just a dead letter and decoration for the EU. "*

Regulations envisage support for certain categories of persons with disabilities. However persons with a higher level of support needs at work cannot ensure the required support according to the existing legal stipulations. Unless a person with a higher level of support needs at work is not provided with assistance in transition from wheelchair, using the toilet, passing things or using a sign language interpreter, this person cannot exercise their right to work despite quota and incentives for employers. Ways of support provided by a work assistant to persons with intellectual and psychosocial disabilities have not been developed yet.

Even six years after the entry into force of the CRPD the Ministry of Social Policy and Youth still has not embraced the paradigm shift that the severity of impairment doesn't mean that a person cannot work but just that they will need a higher level of support to exercise that human right. It cannot be expected that all 22,000 users of disability benefits will start working as of tomorrow. Therefore it is not clear what savings would be achieved if a small number of those who could do so would be left with 1,250 Kuna (217 USD) of the disability benefit. The only result of this measure we see is strengthening of reliance of persons with disabilities on social welfare system. On one hand the state imposes obligation to employers to employ persons with disabilities and at the same time social policy measures discourage their employment.

***We recommend that different forms of reasonable accommodation in employment and work be developed and ensured from flexible working hours, part time employment, telecommuting, forms of business cooperation and others.***

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<sup>70</sup> View of Phd. Žiljak

***Persons with disabilities should be empowered and stimulated for employment and self-employment through various active employment policy programmes.***

***Persons with disabilities should be efficiently protected from mobbing resulting from lack of support.***

***Evaluation of the quota system should be conducted and the introduction of other measures of stimulating employment of persons with disabilities should be considered.***

***Social policy measures should not discourage employment by cancelling disability benefits for employed persons.***

***The Ministry of Social Policy and Youth and Ministry of Labour and pension insurance should cooperate more closely on aligning their policy measures and developing support models for persons with disabilities that would enable their employment to a greater extent than imposing quotas.***

- 1. Did the Government allocate and ensure funding for incentives for employers of persons with disabilities?**
- 2. In what way is the impact of active employment policy measures monitored?**
- 3. What measures does the Government plan to introduce so that labour inspection accepts as valid proofs of disability?**
- 4. Does the Government plan to authorize labour inspectors to annual job application procedures when irregularities of not complying with the affirmative action are established apart for only imposing penalty for the employer?**
- 5. What measures does the government plan to introduce to protect persons with disabilities from mobbing?**
- 6. How does the government plan to ensure assistants at work for persons with more severe physical and sensory disabilities and for persons with intellectual and psychosocial disabilities?**

## **ARTICLE 28 ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION**

In 2013 the Disability Ombudswoman registered an increase in the number of complaints related to realizing monetary benefits and meeting accommodation costs which indicates that there was further impoverishment of families whose members are persons with disabilities to the extent that their basic existential needs are endangered. Disability benefits which are by law intended for inclusion of persons with disabilities in practice become the only source of income for the whole families and thus the grave social situation indirectly affects persons with disabilities despite the fact that their meagre benefits have not been reduced. The disability benefit for all 22, 000 persons and children with disabilities is 1, 250 Kuna (around 217 USD). By comparison the minimum salary is 3,000 Kuna (520 USD) and a social protection benefit is 800 Kuna (140 USD). The available statistical data indicate that at-risk-of-poverty rate, *after social transfers in 2012 amounted to 20, 5 %, the percentage of persons at risk of poverty and social exclusion was 32, 3%. A great percentage of population (15, 4 %) lives in conditions of severe material deprivation and cannot meet the basic needs.*<sup>71</sup> According to data from the Croatian

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<sup>71</sup> Strategy for Combating Poverty and Social Exclusion in Croatia (2014-2020), No. 2

Public Health Institute 18 % of persons with disabilities live in the conditions of poverty. This is a higher percentage than that of the general population. In the state where the economic condition has lasted for 6 years persons with disabilities and their families live on the verge of poverty.

With the imposition of a very restrictive means and property test disability benefit has been reduced to a social protection benefit despite its statutory definition as a benefit for social inclusion of persons with disabilities.

Although the Social Care Act of 2011 imposed an obligation to enact the Act on inclusion benefit that should solve the issue of meeting costs arising from disability, the Act has been postponed despite recommendations by the Disability Ombudswoman to continue developing this legislative act, involve experts and state deadlines. *It was agreed with the Ministry of Social Policy and Youth to commence with systematic addressing of inclusive benefit from September 2014.*<sup>72</sup>

***Benefits for increased costs arising from disability should be based on individual assessment of the support needs without means and property test.***

Getting employment was an obstacle for a person with disability to benefit from a family pension. Such legal stipulation led persons and children with disabilities to give up on any form of education and employment to secure a stable source of income for themselves instead of getting exposed to the insecure world of labour without support. Therefore we welcomed amendments to the Act on pension insurance brought by the Ministry of labour and pension insurance in 2013. Following these amendments persons with disabilities are not punished by losing the right to a family pension upon finding employment and can reactivate the right in case of job loss and in the end even choose which pension is more favourable for them.

## **ARTICLE 29 PARTICIPATION IN POLITICAL AND PUBLIC LIFE**

In the process of amending the electoral law in 2012 the Disability Ombudswoman strongly advocated that it be amended in a way which would allow all persons with disabilities the right to vote including those under guardianship; 16,000 of whom are not denied their constitutional right to vote. The Act on the register of voters enabled persons under guardianship to be re-entered and thus their voting right was restored. At the same time the Association of self-advocates and association that encourages citizens to actively participate in political processes GONG ran a public campaign to inform persons with disabilities that their right to vote has been restored and informed them about the way to fulfil that right. The state electoral committee envisaged a way of providing support to persons with disabilities during voting.

***Polling stations should be made accessible for persons with disabilities.***

***It should be ensured that persons with disabilities can be elected and can take part in debates preceding elections.***

Persons with disabilities are severely underrepresented in representative bodies. Inaccessibility of public media hinders the participation of deaf and blind persons in pre-election debates. There is no data on how many polling stations are accessible and there are no alternative ways

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<sup>72</sup> Croatian Union of Associations of persons with disabilities - SOIH

of voting. Due to that, despite positive changes persons with disabilities still face significant challenges in exercising their right to vote.

In order to ensure the right to start and join DPOs the Disability Ombudswoman in her opinion to the Draft proposal of the Act on associations emphasised the need to ensure this right for persons deprived of legal capacity. It is important to ensure support in decision making and develop safeguards against potential manipulation. The possibility of manipulation cannot be a reason for restricting rights of persons with disabilities. The Ministry of administration amended the Act on association by allowing persons deprived of legal capacity in the area of concluding legal affairs to be one of the founding members of the association with the written approval of guardian. Taking part in the decision making processes in associations is no longer conditional on legal capacity but is left to the members of the association to decide in its statutes which members will have voting rights. This is a step forward in relation to the previous legislative framework.

There is no official statistics on participation of persons with disabilities in representative and executive bodies at all levels. In the prior convocation of the Parliament there were two women with disabilities as members of parliament. In the present convocation there are no persons with disabilities nor are they represented at the level of the executive body.

***Measures should be taken to facilitate participation of persons with disabilities in representative and executive bodies.***

Active participation of women with disabilities in the life of the community is most prominently present through their work in DPOs. Out of 18 national federations of DPOs, 9 of them are led by women and 4 of them are led by women with disabilities. In Croatia there is a great number of women with disabilities exceptionally successful in sports, art and culture thus promoting the abilities of women with disabilities in the best possible way.

In the situation of lack of public service providers DPOs were forced to take over this role while the state failed to properly support them in that role in particular through the allocation of funding. Persons with disabilities realize many benefits through their DPOs such as personal assistance and assistance in class and in day-care. Very often only DPOs have accessible vehicles for persons with disabilities especially in rural areas. They employ professionals that provide early intervention and other rehabilitation services and the socializing activities they organize are often the only form of inclusion for persons with disabilities isolated in their homes. For these reasons DPOs cannot carry out their primary role of advocacy and peer support but have to get professional organization for which they lack funding and other capacities. The Disability Ombudswoman continuously invites government bodies to comply with the obligations arising from the government's document on Code of counselling in the procedures of enacting acts and other regulations. The impression is that DPO members are indeed members of work groups drafting legislation pertaining to the rights of persons with disabilities. The objections DPOs raise are related to lack of funding for the work of DPOs which has a negative impact on their ability to participate in the process of counselling since these activities are not financially supported in any way, DPOs cannot employ professionals nor carry out consultations with their members. *It was agreed with the Ministry of*

*Social Policy and Youth to commence with the systematic addressing of issues of financing of DPOs from September 2014.*<sup>73</sup>

***The system of public debate should be strengthened and more attention should be paid to opinions of direct users and direct implementer of acts - DPOs, their federations and professional organizations of experts.***<sup>74</sup>

## **ARTICLE 30 PARTICIPATION IN CULTURAL LIFE, RECREATION, LEISURE AND SPORTS**

### **Sports**

Although the state recognized top Croatian athletes with disabilities, the required funding and support for their work remains insufficient and less than for athletes without disabilities. A particularly deficient area is recreational sports and rehabilitation sports activities for persons with disabilities which receive very inadequate support from both the national and local level while their importance for inclusion and increasing quality of lives of children and persons with disabilities remain unrecognized. Sports facilities available to the general public are to a large extent inaccessible to persons with disabilities.

***Experience of a girl with a disability:*** *Mother of a girl with disability approached the Disability Ombudswoman asking for help in securing funds for her daughter who is a successful athlete. The family lives in a rural area and the father is the sole breadwinner in the family while in order to enable their daughter to attend sport training in a nearby town additional funds are required due to disability and additional support needs.*

The Disability Ombudswoman sent a recommendation to the regional and local government to raise awareness on the importance and multiple benefits of practicing sports for children and persons with disabilities as well as additional costs arising from disability. Following the recommendation the required funds were secured and the girl was able to continue with her sport activities.

*The Croatian Paralympics committee gathers 10 national sports associations, 10 at the county and 6 at the town level. In 2010 it organized participation of Croatian athletes with disabilities in 55 international competitions, 5 European and 13 world championships. For these purposes it was allocated the amount of 8.495. 805, 00 Kuna (3,210,871.748 USD) from the state budget. The Croatian Paralympics committee in cooperation with its members conducted a series of developmental programmes and sports camps for children and youth with disabilities to enable them to continue participating in sports activities and competitions.*

***In order to facilitate sports activities for persons with disabilities at all levels from national and international to local, coaches and teachers should be trained in sports activities for differently abled children and adults, new technologies applied, sports equipment adjusted and so on.***

***Funding should be allocated as well as individually tailored support that would enable recreational and top athletes to reach their full potential in sports.***

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<sup>73</sup> Croatian Union of Associations of persons with disabilities - SOIH

<sup>74</sup> Croatian Autism Association

1. **What is the government undertaking to encourage local and regional government so that they could develop sport programmes for children and persons with disabilities and make general sports facilities more accessible?**

## **Culture**

Despite the great examples of rich and diverse cultural expression of many children and persons with disabilities, their artistic endeavours are not sufficiently supported; it is not sufficiently present in the media because there is a lack of continuity in promoting this area of participation and contribution of children and persons with disabilities to the community.

***We propose that institutions and media introduce the public to the talents of persons with disabilities as the most efficient way of eliminating prejudice and stereotypes about them.***

***Experience of a person with a disability:*** *As an electromotor wheelchair user I have to do something to protect the dignity of persons with disabilities and stand up to discrimination I experience daily in any attempt at being socially active. Whether it is sports competitions, concerts or a regular visit to the cinema, the destiny of a person with disabilities depends on the goodwill of organizers, owners of the facilities, various management personnel and frequently even on the goodwill of security companies. I think that in the age of technology and the level of civilization which places a particular emphasis on human rights and equality of all groups in society it is unacceptable that persons with disabilities cannot even access facilities where cultural and sports events take place and let alone enjoy them with dignity like the rest of Croatian citizens. I want to add that accessibility is just one example in a series of problems that persons with disabilities face if they decide to take part in a sports or cultural event. Organisers of such events are often not accountable to anyone for their negligence so the difficulties are numerous and very diverse and availability of cultural and sports activities depends on architectural, location, financial, educational and human factors.*

***We recommend increasing efforts in ensuring accessibility of cultural and sports facilities giving them the same weight as other more “vital” objects.***

***Penalties should be imposed for failure to ensure accessibility of cultural and sports facilities and events and organisers should be held accountable to start taking the accessibility issue more seriously.***

1. **What measures does the government plan to take to improve accessibility of sports and cultural events and activities for persons with disabilities?**
2. **What measures does the government plan to take to ensure viability and systemic financing of the theatre by the blind and enter it on the list of cultural institutions to give it an equal treatment to the one enjoyed by other cultural institutions?**

***Experience of persons with a disabilities:*** *Although we are the oldest theatre of the blind in the world and a few of our actors are members of the Croatian society of drama artists, the association of the blind and visually impaired New life, there is a lack of systematic support, we are transferred from one ministry to the other, we are thrown as a ball from social protection to*

*culture and we are a toy which they need when they talk on inclusion of persons with disabilities in cultural life but when the association should be treated as a theatre there is no recognition.*<sup>75</sup>

Although the state finances and supports cultural programmes and projects run by DPOs and some institutions, the funding is insufficient. DPOs made significant inroads into making cultural activities from local to national level more accessible to persons with disabilities. However, participation of persons with disabilities in cultural events is still severely restricted due to inaccessibility of premises and lack of support in the way of accessible transport and assistance.

When listing the most important objects that need to be made accessible, an increasing number of persons with disabilities mention premises and buildings where cultural activities take place.

*In 2014 the Disability Ombudswoman sent surveys to 148 art organizations and theatres to investigate accessibility of cultural activities they offer to persons with physical and sensory impairment. 24 theatres and 24 art organizations sent their responses. Only 7 of them are accessible, while 10 reported partial accessibility with only accessible entrance. 7 are entirely inaccessible. In 12 theatres the stage is accessible for actors who are wheelchair users, while in 12 it is not.*

## **Tourism**

**Experience of a person with a disability:** *A wheelchair user stayed in a hotel room which was categorised as accessible. However, he could not use the shower since some „small“ details such as handles have been removed nor could he go to the terrace because the door was too narrow. The hotel replied to the Disability Ombudswoman's warning acknowledging the oversight and promising reconstruction of the room but without giving deadlines.*

Even the hotel which was reconstructed in 2012 and was informed on the necessity to comply with the legal standards of accessibility carried out the reconstruction with some „small“ details missing thus rendering the whole reconstruction effort only partially accessible. For example, although the entrance to the hotel could be described as an example of a universal design, the curb was not lowered so the wheelchair users still cannot enter it. Also, wheelchair users cannot access hotel pools or the sea. *Adjustments are not necessarily expensive, especially if the principle of universal design is applied during construction.*<sup>76</sup>

However, breaking the law goes without sanctions and it seems that compliance with legislation is a matter of goodwill.

Tourism is also an area where severe forms of prejudice and intolerance towards persons with disabilities by the general public occur.

**Experience of persons with disabilities:** *A travel agency announced a programme of an excursion with a note „tourism without barriers“ since they secured an accessible bus to accommodate wheelchair users. Upon learning about that, ten passengers cancelled the excursion saying that they were „normal“ and that they did not want to „watch that“ on a pleasant excursion. 90 % of potential passengers gave up on their booking plans after learning that persons with disabilities would travel with them thanking for being „warned“ about it.*

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<sup>75</sup> President of the Croatian Blind Association

<sup>76</sup> Croatian Paraplegic and Tetraplegic Association

Croatian Paraplegic and Tetraplegic Association conducted research on accessibility of beaches funded by the Ministry of Tourism. Even the beaches categorised as accessible were found seriously lacking in accessibility of services but the number of accessible beaches has been increasing. However, even when accommodation is accessible, tourist with disabilities cannot access almost any other services and the Disability Ombudswoman received complaints not only by Croatian nationals but also foreign tourists with disabilities. Tourist services providers advertise their services as disability accessible without knowing what full accessibility entails.

*In 2012 Disability Ombudswoman conducted research on accessibility of nature reserves and natural parks. This research showed that out of the total number of 18 national parks, 78% are only partly accessible and/or inaccessible for wheelchair users or persons using other mobility aids.*

***It is necessary to involve experts and persons with disabilities in the design stage of the construction process to ensure compliance with the principles of universal design.***

***Experience of persons with disabilities:*** *Persons with paraplegia are active in scuba diving but they can only engage in that activity thanks to their great enthusiasm, lots of improvisation and effort. Diving centres are mostly completely inaccessible as well as the access to the sea and diving boats. There is no systematic support for this kind of tourist and recreational activities for persons with disabilities.*

**The Ministry of Tourism should encourage projects that would make the whole tourist industry accessible to tourists with different disabilities including cultural, sports, entertainment facilities, nature parks and reserves and places of historic interest.**

- 1. Is there data on the number of tourist facilities that have been made accessible and those that have been built in accordance with the principle of universal design?<sup>77</sup>***
- 2. What measures is the Ministry of Tourism taking to make tourist services accessible with respect to awareness raising, incentives and sanctions for tourist service providers?***
- 3. Does the Ministry of Tourism collect, process and make publicly available data on the number of accessible hotels, beaches and other tourist services?***
- 4. What measures is the Ministry of Tourism taking to make tourist services accessible to persons with sensory, intellectual and psychosocial disabilities as well as combating prejudice against tourist with disabilities?***

## **ARTICLE 31 STATISTICS AND DATA COLLECTION**

The lack of specific statistical data and indicators hinders planning of policies for persons with disabilities. Despite the register of persons with disabilities at the national level, there is a problem of insufficient reach of children and persons with disabilities due to the way data is submitted to the register. A particular problem is the lack of data in government ministries

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<sup>77</sup> Association for promoting equal opportunities UPIM

which insufficiently gather and process data on children and persons with disabilities which is also indicative of the lack of systemic attention to and focus on disability policy. For instance, if there is no data on what happens to children with disabilities after primary school, there can be no efficient measures planned to support their secondary education. Without conducting an analysis of their support needs on national, regional and local level, funding cannot be allocated to meet these needs. Even if there is data, they are not publicly available, for instance on the internet. Data that some ministries process and publish are gathered by outdated methods without segregating data with respect to age, gender, type of disability and other characteristics. All statistical data should take into consideration the CRPD and barriers in the environment when presenting figures on disability.

The situation of persons with Autism Spectrum Disorder illustrates how the quality of available data is closely connected with the quality of lives of persons with disabilities. In Croatia there are only 2, 000 children and adults registered with Autism Spectrum Disorder and since the entry of newly diagnosed has increased three fold over the past seven to eight years, the majority of registered persons are children. Only a broad estimate can be made according to which there are 40,000 of persons with Autism Spectrum Disorder, with a minimum of 25,000 adults. It can be claimed that majority of them are without an adequate diagnosis and professional support and it is to assume that the reason for that is diagnostic substitution and a lack of uniform diagnostic algorithm. (Benjak and associates., 2013), although it is possible that a part of them is inadequately registered due to the outdated legal framework.<sup>78</sup>

***All statistical data should take into consideration the CRPD and barriers in the environment when presenting figures on disability.***

- 1. What measures is the government undertaking to improve the quality of statistical data on disability and in particular aligning the type of data it gathers with the CRPD and social model of disability?**

### **ARTICLE 33 NATIONAL IMPLEMENTATION AND MONITORING**

Although the government indicates the Disability Ombudswoman as an independent body in line with Art. 33, para 2 of the CRPD, it refused as unnecessary to formally acknowledge that status in a legislative act. In order to ensure that the Disability Ombudswoman is recognised as the independent national monitoring body together with other national human rights institutions, DPOs and the academic community which coordinates the monitoring, promoting and implementing activities regarding the CRPD, ***we recommend that the status of the Disability Ombudswoman as the national monitoring body be formally stipulated in a legislative act*** which would enable the Disability Ombudswoman to receive more funding especially for carrying out monitoring activities. The *People's Ombudsman fully supports that the Disability Ombudswoman becomes formally acknowledged as the independent mechanism for promoting, protecting and monitoring the implementation of the CRPD.*<sup>79</sup>

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<sup>78</sup> View of Prof. Frey Škrinjar

<sup>79</sup> People's Ombudsman

Since the Government in 2012 undertook intense activities that would lead to abolishing the Disability Ombudswoman's Office as a separate institution specialising in persons and children with disabilities, ***we recommend that the Disability Ombudswoman's Office remains a separate institution to continue contributing to the visibility of disability issues and independent promoting and monitoring of the CRPD.***

In order to enable persons with disabilities in rural areas who are due to inaccessibility in an even more disadvantaged situation to access the protection provided by the Disability Ombudswoman's Office ***we recommend that the establishing of regional branches of the office is supported.***

The fact that the Parliament elects the Disability Ombudsman on the proposal of the government who the ombudswoman in carrying out his/her mandate very often has to critically evaluate, lessens the independence of the institution. Therefore ***we recommend that the Disability Ombudsman is appointed in the same way as the general ombudsman, that is through a public call conducted by the Parliament to reinforce the independence of the institution. For the same reason it is recommended that the provision of the Act on Disability Ombudsman which stipulates that the disability ombudsman is dismissed if the Parliament rejects the report is amended. Thus, the possibility for critical assessment of the situation and rights of persons with disabilities by the Disability Ombudsman will be ensured***<sup>80</sup>.

***The focal point within the government should be strengthened and additionally staffed and their work should be made visible as well as its functioning within the EU bodies.***

The rights of persons with disabilities as well as those of all other citizens of Croatia are part of the mandate of all government departments and not only Ministry of Social Policy and Youth. Therefore it is necessary that all ministries take a more active role in creating and implementing policy measures for persons and children with disabilities. The coordinating body on the level of the government should be placed on a higher level of authority within the government than one ministry coordinating the others to make that cooperation more efficient. The delay in submitting the initial report on the implementation of the CRPD is one of the indicators of inefficiency of the existing model of coordination.

- 1. Which ministries are involved in the coordinating body on implementing the CRPD? How often do their meetings take place?**
- 2. What is the focal point and what is the coordinating mechanism?**
- 3. Who is the independent mechanism in line with para 2?**
- 5. What measures does the Government plan to undertake to improve vertical coordination with regional and local government?**

***The focal point and coordinating mechanism at the level of the government should ensure a greater availability of written guidelines and recommendations as well as organise workshops with the examples of good practice in implementing individual articles of the CRPD for all administrative bodies and ensure systemic monitoring and checking of the proposed measures and activities to avoid accepting proposed measures and activities only as a matter of principle without their actual implementation.***

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<sup>80</sup> People's Ombudsman

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Report of the Office of the Ombudsman for Persons with Disabilities in 2013

[http://www.posi.hr/index.php?option=com\\_joomdoc&view=docman&gid=55&task=cat\\_view&Itemid=98](http://www.posi.hr/index.php?option=com_joomdoc&view=docman&gid=55&task=cat_view&Itemid=98)

The Constitutional Court of the Republic of Croatia, decision No U'I/1201/2006 of 30 April 2008. (OG, No. 69/08.), part 12.2.

## **APPENDIX**

### **THE CROATIAN PARLIAMENT**

In accordance with the Article 88 of the Constitution of the Republic of Croatia I am hereby approving

### **THE ENACTMENT OF THE ACT ON THE OMBUDSMAN FOR PERSONS WITH DISABILITIES**

I am declaring the Act on the ombudsman for persons with disabilities, which was passed by the Parliament of the Republic of Croatia at its session on 3 October 2007.

President of the Republic of Croatia Stjepan Mesić

## **ACT ON THE OMBUDSMAN FOR PERSONS WITH DISABILITIES**

### **GENERAL PROVISIONS**

#### **Article 1**

This Act defines the scope and manner of work as well as conditions for the appointment and dismissal from duties of the ombudsman for persons with disabilities and his or her deputies.

#### **Article 2**

The ombudsman for persons with disabilities protects, monitors and promotes rights and interests of persons with disabilities in accordance with the Constitution of the Republic of Croatia, international treaties and laws.

#### **Article 3**

- 1) The ombudsman for persons with disabilities acts independently and autonomously, adhering to the principles of fairness and morality.
- 2) The ombudsman for persons with disabilities must not be instructed or ordered in his work.
- 3) The ombudsman for persons with disabilities and his or her deputies must not be members of any political parties or participate in political activities.

#### **Article 4**

- 1) Based on the recommendation of the Government of the Republic of Croatia, the ombudsman for persons with disabilities is appointed and relieved of duty by the Croatian Parliament.
- 2) The ombudsman for persons with disabilities has two deputies who are appointed and relieved of their duty by the Croatian Parliament based on the recommendation of the ombudsman for persons with disabilities.
- 3) The ombudsman for persons with disabilities and his or her deputies are officials of the Republic of Croatia, are appointed for the mandate of eight years and can be reappointed.

#### Article 5

A person with disability is a person who is in accordance with the valid regulations in the Republic of Croatia considered to be a person with a disability.

### THE SCOPE AND MANNER OF WORK

#### Article 6

The ombudsman for persons with disabilities:

- monitors the compliance of laws and other regulations in the Republic of Croatia related to the protection of rights and interests of persons with disabilities with the provisions of the Constitution of the Republic of Croatia and the international documents related to the protection of rights and interests of persons with disabilities,
- monitors whether the Republic of Croatia meets its obligations stemming from international documents related to the protection of rights and interests of persons with disabilities,
- monitors implementation of policies, national strategies and programmes of the Republic of Croatia related to the protection of rights and interests of persons with disabilities,
- oversees the protection of human rights and fundamental freedoms of persons with disabilities as well as prevention of all forms of discrimination on the grounds of disability,
- considers cases of violation of the rights of persons with disabilities, informs the public on the violation of the rights of persons with disabilities and undertakes activities aimed at their prevention,
- protects and promotes rights and interests of persons with disabilities
- proposes measures for building a comprehensive system of protection and promotion of rights and interests of persons with disabilities,
- recommends measures aimed at enhancing the quality of living of the families of persons with disabilities,
- collects information and informs the public on the status of rights of persons with disabilities,
- performs other activities as defined by this Act.

#### Article 7

- 1) The ombudsman for persons with disabilities participates in drafting proposals of regulations related to the rights of persons with disabilities or to those that regulate the issues of interest to persons with disabilities.
- 2) The ombudsman for persons with disabilities can initiate the enactment and modifications of laws and other regulations related to the protection of rights and interests of persons with disabilities.

#### Article 8

- 1) The ombudsman for persons with disabilities provides advisory help to persons with disabilities on the manner of exercising and protecting their rights and interests.
- 2) The ombudsman for persons with disabilities cooperates with associations of persons with disabilities, associations dealing with programmes providing benefits to persons

with disabilities, initiates and participates in public activities aimed at enhancing the position of persons with disabilities.

#### Article 9

- 1) In performing activities within his or her scope the ombudsman for persons with disabilities is authorised to warn, propose, inform and give recommendations.
- 2) The ombudsman for persons with disabilities is authorised to propose measures for improving the position of persons with disabilities to relevant authorities in the state administration, bodies of local and regional self-government, legal and physical persons as well as demand reports on the measures undertaken.

#### Article 10

- 1) Bodies of the state administration, bodies of local and regional self-government, legal and physical persons are obligated to cooperate with the ombudsman for persons with disabilities and submit reports and respond to inquiries at his/her request.
- 2) Bodies of the state administration, bodies of local and regional self-government, legal and physical persons are obligated to inform the ombudsman for persons with disabilities on the undertaken measures regarding his/her warning, proposal or recommendation immediately or within 15 days at the latest.
- 3) If bodies or legal persons from the Paragraph 1 of this Article do not act at his/her request within the prescribed timeframe, the ombudsman for persons with disabilities shall notify the body supervising the entities not complying with ombudsman's requests within 30 days.
- 4) If the body supervising the work of bodies and legal persons from the Paragraph 1 of this Article does not report on the established facts and undertaken measures within 8 days, the ombudsman for persons with disabilities shall notify the Government of the Republic of Croatia within 30 days.

#### Article 11

All bodies of the state administration, units of local and regional self-government, legal and physical persons are obligated to make available and accessible all data, information and documents pertaining to the rights and protection of persons with disabilities to the ombudsman for persons with disabilities.

#### Article 12

- 1) The ombudsman for persons with disabilities has the right to access premises and review how care is provided for persons with disabilities that habituate, work or are temporarily or permanently placed with physical and legal persons and other legal entities based on special regulations.
- 2) A report is made on the performed inspection from the Paragraph 1 of this Article within 30 days and delivered to the body supervising the work of the persons from the Paragraph 1 of this Article.

- 3) The body from the Paragraph 2 of this Article must inform the ombudsman for persons with disabilities on the undertaken actions within 30 days following the receipt of the report, and in urgent cases without delay.
- 4) If the supervising entity does not submit the report within the timeframe determined in Paragraph 3 of this Article, the ombudsman for persons with disabilities shall notify the Government of the Republic of Croatia and the media within 30 days.

#### Article 13

If in the course of performing his/her duties the ombudsman for persons with disabilities determines that a person with disability is subject to discrimination, violence, sexual harassment, abuse, exploitation, neglect or negligent conduct, he/she is obliged to immediately file a complaint with the relevant state attorney's office, notify the relevant body of the state administration and propose measures for the protection of rights and interests of persons with disabilities.

#### Article 14

The ombudsman for persons with disabilities can, in the course of performing his/her activities, seek professional help of scientific institutions, whose scope of activities involves protection, care and rights of persons with disabilities, and the said institutions are obliged to provide him/her assistance within 30 days.

#### Article 15

- 1) Everyone can contact the ombudsman for persons with disabilities and submit a proposal for considering issues of importance for the protection of rights and interests of persons with disabilities.
- 2) The ombudsman for persons with disabilities shall notify the submitter on activities undertaken with respect to his or her proposal within 60 days.

#### Article 16

The ombudsman for persons with disabilities cannot be held accountable, placed in custody or punished for expressing an opinion and performing activities within the scope of his/her work, unless it is a matter of the violation of law on the part of the ombudsman for persons with disabilities that constitutes a criminal offence.

#### Article 17

- 1) The ombudsman for persons with disabilities submits a report on his/her work to the Croatian Parliament once a year.
- 2) The ombudsman for persons with disabilities is entitled to submit special reports to the Croatian Parliament when he/she deems it necessary for performing measures of significance for protection of rights and interests of persons with disabilities.

#### Article 18

- 1) Administrative and professional work of the ombudsman for persons with disabilities is conducted at the Office of the ombudsman for persons with disabilities.
- 2) The head office of the Office of the ombudsman for persons with disabilities is in Zagreb.

#### Article 19

- 1) The ombudsman for persons with disabilities passes the rule book that regulates the process and organization of work, internal organization of the ombudsman's office and other issues of importance for performing the work of the ombudsman for persons with disabilities.
- 2) The rule book from Paragraph 1 of this Article shall be confirmed by the Croatian Parliament.

#### Article 20

The funds for the work of the ombudsman for persons with disabilities, his/her deputies and the office are provided from the budget of the Republic of Croatia.

### APPOINTMENT AND DISMISSAL OF THE OMBUDSMAN FOR PERSONS WITH DISABILITIES

- 1) To be appointed the ombudsman for persons with disabilities, a person has to be a Croatian citizen with a university degree in humanistic sciences, has to have at least 10 years of work experience in the field of promoting and protecting the rights of persons with disabilities.
- 2) To be appointed a deputy of the ombudsman for persons with disabilities, a person has to be a Croatian citizen with a university degree and at least 5 years of work experience.
- 3) The ombudsman for persons with disabilities or one of his/her deputies should have a university degree in law.
- 4) A person who has been sentenced for a criminal offence with at least two years in prison in accordance with the Croatian or international law for crimes against the life and body, humanity and morals, public or private property, public administration and public interest, or for embezzlement in the public sector, unless rehabilitation has been effected in accordance with a special law, cannot be appointed the ombudsman for persons with disabilities nor his/her deputy.
- 5) In appointing the ombudsman for persons with disabilities or one of his/her deputies the priority will be given to a person with disability provided he or she fulfils all the required conditions defined in the job advertisement.

#### Article 22

- 1) The Government of the Republic of Croatia institutes proceedings for appointing the ombudsman for persons with disabilities at least 3 months prior to the expiry of the term of office of the current ombudsman for persons with disabilities, or at least 30 days following the cessation of office of the ombudsman for persons with disabilities due to other reasons stipulated by law.
- 2) The ombudsman for persons with disabilities institutes proceedings for appointment of a deputy at least 3 months prior to the expiry of term of office of the current deputy, or

within 30 days following the cessation of office of the deputy due to other reasons stipulated by law.

#### Article 23

- 1) The ombudsman for persons with disabilities and his/her deputies take an oath before the Croatian Parliament prior to assuming their office.
- 2) The wording of the oath is as follows: 'I solemnly swear that in my work, I will abide by the Constitution and law, honour the legal order of the Republic of Croatia and perform my duty justly, honourably, conscientiously and impartially in the best interests of persons with disabilities.'

#### Article 24

The ombudsman for persons with disabilities and his/her deputies shall be relieved of their respective duties prior to the end of their appointment term in the following cases:

1. their own request,
2. loss of Croatian citizenship,
3. occurrence of general incapacity for work and loss of business capacity,
4. legally valid conviction for a criminal offence with at least two years in prison determined by Croatian or international law for crimes against the life and body, humanity and morals, public or private property, public administration and public interest or for embezzlement in the public sector;
5. refusal to accept the annual report on the work of the Office, or illegal, untimely or unprofessional performance of their duties.

### INTERIM AND FINAL PROVISIONS

#### Article 25

The Government of the Republic of Croatia shall within 60 days following the enactment of this Act recommend the ombudsman for persons with disabilities to the Croatian Parliament.

#### Article 26

The ombudsman for persons with disabilities shall within 30 days following his/her appointment recommend deputies of the ombudsman for persons with disabilities to the Croatian Parliament.

#### Article 27

The ombudsman for persons with disabilities shall pass the rule book from the Article 19 of this Act within 90 days from taking his/her office.

#### Article 28

This Act is published in the Official Gazette and comes into effect on 1 January 2008.

Croatian Parliament  
President of the  
Croatian Parliament  
Vladimir Šeks