



Ministry for Foreign Affairs
GENERAL DIRECTORATE
FOR DEVELOPMENT COOPERATION

ITALIAN COOPERATION GUIDELINES CONCERNING THE DISABLED

1. SOCIAL APPROACH

Introduction

The rights of persons with disabilities come under the sphere of fundamental human and civil rights. In line with this assumption, the GDDC recognises that disabled people have the right to develop their individual capacities to pursue through full integration in their own socio-cultural context; therefore the thematic initiatives of the GDDC dedicated to disabled people must include specific actions to battle against social exclusion and economic marginalisation. Furthermore, the possibility of recovering and socially integrating the person is increased if special attention is paid to the disability from childhood.

1.1 DEFINITION OF DISABILITIES ACCORDING TO THE UNITED NATIONS “STANDARD RULES”, 1993

"The term "disability" summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature".

“The term "handicap" means the loss or limitation of opportunities to take part in the life of the community on an equal level with others”. Therefore it defines the relationship between the person and the context he/she lives in and indicates the disadvantage of persons, both disabled and non-disabled, who cannot have access to special environmental situations or participate in organised activities such as information, communication, education, etc., at the same conditions as others. So not all disabled persons are handicapped persons, just as not all handicapped persons are disabled persons. The persons that are the object of these guidelines will be identified as **DHS: persons with Disabilities and/or in Handicapping Situations.**

1.2 COMMUNITY-BASED REHABILITATION

Italian Cooperation accepts, promotes and supports adopting *Community Based Rehabilitation - CBR*. *“The primary objective of CBR is to ensure that disabled persons have the possibility of exploiting their physical and intellectual capacities as much as possible, guaranteeing equal opportunities and access to community services in order to be fully integrated socially within their community and society. CBR is a global approach that includes the prevention of disabilities and rehabilitation in primary care activities, the integration of disabled children in normal schools, and the preparation of opportunities for economic and profit-making activities for disabled adults”* Joint Position Paper WHO ILO UNESCO 1994.

1.3 RESPECTING AUTONOMY AND INDEPENDENCE

The GDDC considers that DHS persons are capable and responsible and have the right to their own legitimate choices for an independent life. Accordingly, the achievement of integration and

participation, as well as the methods used for this must guarantee their dignity, independence, self-sufficiency and privacy, to pursue a constant and real improvement in the quality of life. Therefore, DHS persons must be able to enjoy the same rights of access and participation in all activities of society (economic, political, educational, cultural, sporting, games), also through individualised paths.

1.4 PARTICIPATIVE APPROACH

The participative approach represents a mode of action that the GDDC systematically adopts in Development Cooperation initiatives. Within the programmes aimed at disabled persons, the participative approach is a factor that should be promoted as a democratic and representative model. This implies full involvement in all the phases of the Project Cycle: a) Indicative Planning, b) Identification, c) Formulation, d) Financing e) Implementation and, f) Evaluation.

The operational methods of every initiative come under these Guidelines and are described within feasibility strategies to be implemented with the participation of all the local and non-local actors, with the involvement and collaboration of Local technical units, where present, and Embassies. The feasibility studies must take into account the context of the action, considering the priorities, the areas of action and the strategies connected to the available local economic-financial resources.

1.5 INTERDISCIPLINARY APPROACH

The GDDC initiatives for disabled persons must, as much as possible, be developed using a multidisciplinary and interdisciplinary approach that considers different areas of action. The various sectors concerned in the process of development and participation in the social life of DHS people must be coordinated and must complement each other.

1.6 ASSOCIATIONS OF DHS PERSONS

The GDDC promotes and facilitates the establishment and growth of Associations that represent DHS persons in Developing Countries. In fact, it proposes the objective of setting up partnerships directed at promoting the attainment of *empowerment* within the Associations: a) by providing frameworks and reinforcing the capacities of protection and promotion; b) by creating opportunities of real social integration from childhood, and productive employment; c) by setting up networks that take advantage of local resources and methodologies and cultures of the Developing Countries; d) by transferring the capacity for *advocacy*. Included amongst the objectives that these associations must pursue are awareness campaigns and bringing local and national policies concerning disabilities in line with the universally acknowledged needs of DHS persons.

1.7 ACTIONS AIMED AT FAVOURING SOCIO-ECONOMIC INCLUSION

The initiatives of Cooperation must include – as from the identification stage – a systematic verification of the conditions that could represent an obstacle to the participation of DHS persons, following a transversal planning approach to extend to all the initiatives of Development Cooperation. Special attention must be paid to the need to exploit the positive developments in the field of information technology and communication. It is therefore of vital importance to consider - as well as removing and progressively eliminating the existing physical barriers in communication and transport - overcoming the cultural, social and economic obstacles that prevent access of DHS persons to services and their active participation in the social, economic and political life. All of this must be implemented, taking into account the different operational situations.

1.8 RELATIONSHIP BETWEEN DHS PERSONS AND SOCIETY

Italian Cooperation recognises the right of DHS persons to have a full social life that guarantees them the fulfilment of primary and secondary needs. From this point of view, initiatives directed at

integrating DHS persons into the world of sport, culture and those activities that allow them real social integration in the various areas where everyday life takes place should be supported.

1.9 EVALUATION

The initiatives of Italian Cooperation are aimed at DHS persons and must be evaluated using specific, flexible criteria. Some of the most important standards of reference include the achievement of real integration as follows: a) social; b) school and employment in the various forms it is practised in; c) improvement of the quality of life; d) the acquisition of new economic, political, social and cultural rights; e) overcoming physical, psychological, sensory and cultural barriers; f) the involvement of the family and community of belonging; g) the involvement of social, political and economic aspirations both at a central and peripheral level in the battle against exclusion of DHS persons in Developing Countries.

1.10 GENDER EQUALITY

As far as DHS women are concerned, these Guidelines refer to the Platform of Beijing and to the document approved during Women 2000, which identify the condition of DHS women and children as the object of specific measures that must offer them the tools to achieve gender equality. So the Disability is recognised within the documents mentioned as a specific situation that must be the subject of special measures, both by the Nation States, and at an international and Development Cooperation level. Italian Cooperation also upholds the importance of the synergy between these Guidelines and those concerning the subjects of Gender of Italian Cooperation, issued in 1997.

1.11 RIGHTS OF MINORS

Italian Cooperation assigns high priority to actions in favour of children and adolescents, socially excluded because they suffer from psychological, physical and sensory impairments and establishes the need to act as early as possible to prevent and reduce the negative effects of the disability. Therefore, these Guidelines propose developing extensive joint initiatives with the Guidelines for Minors issued by Italian Cooperation in 1998.

1.12 RESEARCH

In the initiatives of Development Cooperation the systematic use of research is considered an essential element for the projects. This area also includes pilot projects that may be copied and modified each time on the basis of the identified needs and priorities of the Developing Countries.

1.13 DE-INSTITUTIONALISATION

The Guidelines stress the importance of promoting and supporting actions aimed at overcoming closed or completely absorbing structures and favouring the social, educational and employment inclusion also in consideration of the extent the disabled persons are handicapped.

1.14 ROLE OF INTERNATIONAL COOPERATION

The GDDC considers that International Development Cooperation can play a specific part in supporting the promotion of equal opportunities for DHS persons in Developing Countries, using the following strategies:

- a) giving priority to Cooperation initiatives with areas of action that can develop the autonomy of the actors in the Developing Countries, and that produce multiplying effects, such as the *capacity building* and pilot projects initiatives;
- b) putting into practice Development Cooperation through an approach that favours partnerships both to implement joint initiatives and to exchange information and results. NGOs and other

Associations that represent organised civil society can be involved too, through the different possibilities offered by Decentralised Cooperation, as well as in association with the International Bodies that operate in the given area;

- c) working on prevention, implemented through education and training;
- d) contributing to the maximum diffusion of the Standard Rules of the United Nations that aim at ensuring greater consistency and complementary work between the different actions and the different actors that operate in the Developing Countries for their realisation;
- e) connecting the different areas of action of Cooperation present at a local level to support the rights of DHS persons and implementing them in one programme or in parallel programmes following a multidisciplinary and interdisciplinary approach;
- f) paying constant attention to the questions of Gender and Minors, according to the underlying principles of the relative GDDC Guidelines;
- g) recognising a leading role of the local, national and international NGOs that operate in this area, exploiting their competences and their experience and involving them in planning actions;
- h) considering the role attributed to local actors as crucial and taking advantage of the experiences of every action that must not set aside the local context;
- i) paying special attention to DHS persons who belong to groups recognised as being “weak within the weak group”: refugees, victims of armed conflicts, ethnic and linguistic minorities, etc.;
- j) favouring the exchange and comparison of educational and training experiences and models between all the Cooperation actors committed to the themes of Disabilities, in the different local realities of the Developing Countries.

2. EDUCATION AND INTEGRATION IN SCHOOLS

Introduction

DHS persons are subjects with rights; therefore they have the right, like all people, to education from early childhood. Hence, one of the objectives of Italian Cooperation is to favour equal opportunities in education. We are referring here not only to a formal education, but also to all the types of education possible: family education, non-formal education promoted by organisations, groups or members of the local community, etc...

In the education area, access of DHS persons to learning is therefore obtained not by segregating them in separate schools but by changing the ordinary school system so they can be integrated and at the same time have their special needs satisfied. So, an integrated school is a school for all, which respects (and teaches respect for) differences between people and makes the most of the characteristics and capacities of each person.

Integrated education is centred on the person and adapts to the specific needs of each person, respecting differences, and educating them to cooperate and respect diversities, making the most of talents and promoting the approach between child and child as the main educational tool. So the school is seen as cooperative rather than competitive, including everyone, rather than excluding the weakest. The basic principle is that all children must learn together, where possible, irrespective of their differences and specific problems. Naturally, children with special educational needs must receive the necessary support to guarantee their effective education.

2.1 Procedures of action

These Guidelines - to promote Cooperation initiatives in favour of equal education opportunities for DHS persons - include the following procedures of action:

- a) Promoting and supporting government policies at a national and local level that aim for the social inclusion of DHS persons through information and awareness campaigns to be carried out within the public service, services and the population.
- b) Supporting the implementation of training programmes for staff in the socio-sanitary services and teachers, dedicated in particular to training support teachers to be included in classes.
- c) Supporting the study and implementation of didactic programmes for groups, i.e. aimed at the class and personalised, to bring the educational processes in line with the relative individual needs and to favour the integration of everyone, with the assistance of support teachers and other professionals.
- d) Providing the necessary basic support services to favour the participation of and communication with DHS persons.
- e) Individualised educational programmes that are suitable for the specific educational needs of each individual - it is not the children who have to adapt to the educational process but the process that must adapt to the needs of the children.
- f) Supporting activities of assistance to teachers, families and DHS persons, provided by specialists (psychologists, therapists, doctors, etc.).
- g) Promoting research, with special attention to research-action, which is implemented through *learning by doing* and by actively involving all actors. This has the purpose of formulating teaching and learning strategies, concretely inserted into the educational processes. Furthermore, it is necessary to systematically evaluate the experiences, to create documentary centres to collect and make known information on the results of the studies, to evaluate educational programmes, pilot experiments and *best practices*. The research activity includes formulating proposals to bring the school and didactic organisation in line with the specific needs of DHS persons as well as updating the curricula and defining new curricular profiles of the workers.

2.2 Active involvement of families

Italian Cooperation offers assistance and support for all activities that aim at changing legislation to favour the participation and collaboration of parents and to promote the establishment of parents' associations that involve the families of both non-disabled and DHS persons.

2.3 Involvement of the local community

In order to help the social inclusion of DHS persons and their full integration in school in particular, Italian Cooperation supports framework programmes that include, according to an intersector logic, administrative and decision-making decentralisation, reinforcement of basic health services, increasing economic activities at a local level. At the same time, Italian Cooperation aims at advancing the participation of the local community in implementing programmes through the method of orchestration and group assumption of responsibility. In this sense it encourages and supports the establishment on a territorial basis of group comparison and planning aspirations that involves local authorities in the administrative, educational, health fields etc., community leaders, local associations and groups, parents' organisations and organisations of DHS persons, as well as volunteer groups and NGOs, in order to take advantage of their skills and innovative capacities.

2.4 Training of workers

Teachers. They play a key role, so they must be appropriately trained. Italian Cooperation also plans to provide incentives for the employment of disabled teachers who can be role models for DHS children.

The training of all teachers of all ranks must aim at:

- A) creating a positive attitude towards disabilities;
- B) developing competences concerning: a) the evaluation of special needs in education; b) the adaptation of the curriculum; c) the use of support technologies; d) the identification and use

of didactic procedures that promote the development of diversified skills; e) education to respect and make the most of differences, for solidarity and cooperation; f) cooperation with specialists, parents and other actors involved.

2.5 Supervisors and trainers

Training must also be aimed at administrators, at teacher trainers (university professors, etc...) and to anyone who supervises and instructs teachers.

2.6 Universities

These Guidelines indicate that Universities can play a key role in assisting the process, particularly in research, evaluation and in preparing teacher trainers, programmes and didactic materials. So, Italian Cooperation intends to promote the creation of networks between Universities in the North and in the South of the world that support initiatives to the advantage of educating DHS persons.

2.7 Need to take action at an early age

Italian Cooperation considers it necessary to identify special needs; this must take place as early as possible to facilitate the process of integrated education through the use of tools aimed at offering greater possibilities for improvement and social integration.

2.8 Adult education

GDDC intends to encourage access of DHS persons to adult education, giving them priority access to existing programmes and formulating special courses that are suitable for their needs, also through non-formal education, or rather by implementing permanent and periodic courses aimed at eliminating both primary illiteracy and a return to illiteracy.

2.9 Awareness strategies

The role of Institutions, civil society organisations and mass communication means is crucial in determining a positive attitude of children, parents and the whole community towards the special needs of DHS persons in education and their integration. This is essential in order to overcome existing prejudices and misinformation to break down cultural barriers that in fact make it difficult for DHS persons to be socially integrated. So Cooperation programmes must include the systematic use of awareness strategies for administrators, civil service workers and the public in general on the specific subjects of integration in school and social integration of DHS persons.

2.10 Accessibility

Italian Cooperation considers that, apart from the socio-cultural obstacles, it is vitally important to eliminate barriers of a physical, sensory and economic nature that prevent DHS persons from having access to educational services (architectural and sensory barriers, transport problems, inappropriate didactic tools, etc...).

2.11 Institutional Collaboration

Italian Cooperation supports programmes that include specific "Institution Building" activities aimed at a) legislative and regulatory adjustment of the public administration and the organisation of territorial school and education services; b) strategies to include vulnerable groups, DHS persons in particular. GDDC plans to train workers as well as implement activities concerning school integration both at a central and peripheral level by planning resources and through the joint planning of actions.

3. WORK AND EMPLOYMENT INTEGRATION

Introduction

For all individuals, and therefore also for DHS persons, work is a means and an end: an end, in that it is an achievement and an element of social integration, a means because through it, people become autonomous and can therefore assert their own individuality, freeing themselves from situations of dependence.

Still, it is obvious that the number of employed DHS persons is a lot lower in percentage than non-disabled persons. They are the last to be employed and the first to lose their jobs.

In Developing Countries their work in the agricultural area and in the bosom of extended families is often considered useful and they gain satisfaction and dignity from this. However, when families become citified, the DHS person loses this possibility and descends towards the bottom rungs of the social ladder in the outskirts of the metropolises in Developing Countries.

Employment integration of DHS persons means involving a number of subjects working on the territorial level, and the task of each one must focus on the objective of social integration. Whereas on the one hand the family of the DHS person must develop a perception of the need for the DHS person to go from being an assistance receiver to an income producer, it is necessary to act in the world of employment to remove obstacles of varying natures that prevent integration processes. Even more so in the case of psychological disabilities.

Italian Cooperation helps promote the affirmation of social as well as sanitary relevance of the problems of disabilities. Training different workers in the field of disabilities using diversified methodologies is therefore one of the pivots of employment integration.

3.1 Setting up interdisciplinary teams

These Guidelines consider it essential to set up interdisciplinary teams both at a central and peripheral level to implement actions aimed at promoting social inclusion and the creation of employment opportunities for DHS persons.

3.2 Institutional participation to advance integration policies

Italian Cooperation encourages the full and active participation of the relevant institutions at a central and peripheral level, which represent an essential condition to initiate a process of change that aims to implement social integration. In fact, the awareness drive on the subjects of disabilities of governments in Developing Countries must lead, where necessary to collaboration between Italian Cooperation and the same Developing Countries aimed at institutional building. It is from here that the possibility of legislative and regulatory adjustments of the Public Administration, both central and peripheral and the organisation of the network of people in charge of employment integration of DHS persons originates.

3.3 Professional training

One of the primary objectives that Italian Cooperation has set itself is employment integration through training. Obviously, since we are dealing with DHS persons, innovative methods and technologies must be used, and they must respond to the needs of the different categories of disability, so the different methods guarantee a plurality of approaches to the problem and avoid impossible standardised actions, given that disabilities are extremely varied and differentiated.

It is essential to consider how vocational training completes and enriches education and instruction and how rehabilitation should and must not be separated from education and instruction, the same as one cannot imagine vocational training separated from scholastic and educational training.

3.4 The importance of Social Cooperatives

One methodological approach of primary importance is the one implemented by the Type B Social Cooperatives in Italy that involve non-disabled and DHS persons at every level, from decision-

making to technical-operational processes. Italian Cooperation considers using these forms of social enterprise as an innovative form of employment integration of disabled persons in many Developing Countries. At the same time, particularly in the case of enterprises dedicated to personal services, these initiatives are also effective forms of social integration and cohesions, on the condition that they take place in environments made favourable through institutional building and legislative adjustments, without which it would be very difficult for these enterprises to be sustained. Other requirements for the sustainability of these initiatives are appropriate market research and the availability of specific credit.

3.5 Quality of the Work

Italian Cooperation encourages integration in jobs that are really useful and required (information technology and the telematic fields) or in quality work; it must be understood that in this case too, it is essential to take into account the market ratio of demand and supply. For this purpose it is necessary to set aside the employment clichés accepted up to now and direct DHS persons towards innovative and important activities that they can deal with according to their remaining individual capacities.

3.6 Employment integration and new technologies

These Guidelines indicate the importance of using all the new technologies available both in the training phase and in the subsequent working phase of the DHS person. Since there are many and different technological types of aids on the market at the moment, they must be appropriate for the type of disability and the context they will be used in and introduced into.

Furthermore, it is essential to train professionals who are also DHS persons, connected to the “new economy” in its transversal sense (workers or simple managers of information technology packages).

The handicraftsman, a big source of employment in developing countries and therefore a possible basin for employment integration is becoming increasingly specialist and requires training at a more and more defined and technical level.

4. REHABILITATION AND PREVENTION

Introduction

The general strategies regarding health, rehabilitation and prevention must be more strictly oriented towards achieving equal opportunities. Therefore, these guidelines, within the specific area of Prevention and Rehabilitation, refer to the latest International Classification. (WHO 1980-ICIDH 2001- ICD10).

4.1 Awareness of the demand for prevention and rehabilitation

Italian Cooperation considers it fundamental to verify the following information at the outset, for the most appropriate action to take:

- a) The distribution and possible causal connections of the origins of the primary disabling pathologies.
- b) The distribution and specific characteristics of the diagnostic pictures of the most widespread illnesses or disabling conditions.
- c) The socio-environmental context that might increase the insurgence of pathologies.
- d) The most obvious macroscopic connections between the most widespread pathologies and the geographic areas analysed.
- e) The disabling results as a consequence of armed conflicts.

4.2 Identification of local resources

It is necessary to be aware of the potential for prevention and rehabilitation of the socio-sanitary services and educational services that exist in the area that is the object of the initiative. In fact, rehabilitation is a methodological approach that transversally crosses all the socio-biological disciplines. It is therefore fundamental to be aware of the human resources, the institutional services and the legislative frameworks that can facilitate the formation of a system to prevent and rehabilitate the disabling pathologies and traumatic results of armed conflicts and wars.

4.3 Instruments and Methodologies of Action

These Guidelines consider the distinction between rehabilitative actions of a sanitary type and those of a social type to be very important. On the strictly strategic level, the integration of the two actions is important to optimise the dynamic interaction between the conditions of health and the contextual factors.

In the specific area of prevention and rehabilitation it is necessary to take into account the following points:

- a) giving maximum importance to the family context, particularly in the growth years, directing its activity both in the prevention and the rehabilitation phase;
- b) involving the community both in prevention and rehabilitation;
- c) using techniques of traditional medicine and other cultural and religious local institutions, directed at contributing to prevention and rehabilitation;
- d) developing an approach based on institutional services, using hospitals (specific and general) or out-patient centres (specific and general);
- e) planning the use of supplementary mobile units to extend prevention and rehabilitation services as much as possible, particularly in remote and hard to reach zones.

4.4 Professional training and retraining

In these Guidelines, specific training activities for this sector are included and can be significantly structured in the following approach methods, guaranteeing the involvement of DHS persons as much as possible:

- a) Specialist training.
- b) Implementation of specific courses for rehabilitation staff (Physiotherapists, Occupational Therapists, Speech Therapists, Prosthetists, etc.).
- c) In-service training.
- d) Implementation of supplementary courses for socio-medical and educational staff (Paediatricians, Obstetricians, Nurses, Teachers, etc.).

Furthermore, it is considered important to supplement the study courses of individual professional figures and professional retraining, developed along the following lines:

- a) Collaboration with local institutions that are responsible for training specific figures to use in the services activated.
- b) Awareness campaigns of central and peripheral political authorities.
- c) Training conferences with local political and religious leaders.
- d) Operative awareness campaigns.
- e) Training conferences with everyone potentially affected by the identification and support of DHS persons to integrate in rehabilitation contexts.

5. TRANSVERSE AND DYNAMIC NATURE AND PROCEDURES

5.1 One peculiarity of these Guidelines is that they include the transversal nature of the subjects of disabilities in all the initiatives of Italian Cooperation in Developing Countries. This is implemented through specific projects on disabilities, or areas focusing on that subject and are included in a functional manner in the individual initiatives.

- 5.2 Another peculiarity of these Guidelines is their dynamic nature. In fact, on 30th September every year, beginning from 2003, information from all the Cooperation actors that have carried out activities in the sector of these Guidelines must be collected so they can be constantly adjusted and improved.
- 5.3 For the implementation of these Guidelines, there is close collaboration between the offices of the GDDC and the XIII Office (Handicaps section). This synergic action is enhanced by the fact that each GDDC Office names an officer as the contact person of the aforesaid section for the XIII Office. Then it is up to the XIII Office - Handicaps section - to organise informative meetings both for the contact persons of the GDDC Offices and for other officers in order to increase awareness of this subject as well as to guarantee standardised evaluation of the initiatives belonging to the themes of handicaps.
- 5.4 These Guidelines highlight the importance of the emergency projects activated by the VI office. In fact, when DHS persons find themselves in emergency situations they are actually more vulnerable and subsequently their possibility of survival is lower.
- 5.5 The activities included in these Guidelines are implemented through all the financing channels that Italian Cooperation uses. The projects framed as such must include, in the initial and final stage, a “dissemination” action that guarantees the visibility of Italian Cooperation in the Developing Countries. Furthermore, these Guidelines are the criteria to evaluate all projects specifically concerning actions aimed at favouring DHS persons.
- 5.6 As far as the competence and experience matured by the NGOs on the themes of Handicaps are concerned, Italian Cooperation considers their contribution to implementing these Guidelines very important. To this end, Italian Cooperation directly involves the NGOs in the activities of planning, information and awareness campaigns of civil society, of training operators in the sector and during evaluation and verification of these Guidelines. Furthermore, given the collaboration of the NGOs and of other actors of the Cooperation that have participated in drafting these Guidelines, Italian Cooperation considers it necessary to structure a permanent desk in the Handicaps section of the XIII Office, and to hold regular meetings on the various aspects of the subject.
- 5.7 These Guidelines stimulate the adoption of the new territorial partnership modalities such as Decentralised Cooperation and refer to the relative Guidelines issued by Italian Cooperation regarding this, which have the purpose of promoting local integrated development. The value of Decentralised Cooperation is enhanced in the initiatives in Developing Countries, because it catalyses the direct involvement of the social actors towards their own self-development.
- 5.8 These Guidelines provide for the development of suitable associations and synergies with all the programmes and initiatives of the GDDC that implement actions, aimed at promoting equal opportunities for DHS persons in Developing Countries.
Following the approval of these Guidelines, the XIII Office, through the Handicaps section, will draft and put forward for the approval of the Management Committee a specific technical document that describes the procedures to implement within the GDDC, with the objective of making the implementation of these Guidelines operative.

FRAMEWORK OF REFERENCE

A) INTERNATIONAL REGULATORY FRAMEWORK

- **Universal Declaration of Human Rights** adopted by the General Assembly of the United Nations in Paris on 10th December **1948**.
- **International Labour Organization (ILO) Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), its accompanying Recommendation (No. 168), 1983, and Vocational Rehabilitation (Disabled) Recommendation, 1955 (No. 99)**
- **Declaration of the rights of mentally retarded persons, World Health Organization - 1971.**
- **Declaration of Alma Ata, World Health Organization – 1978.**
- **World Programme of Action concerning Disabled Persons** adopted by the General Assembly of the United Nations, 3 December **1982** with **Resolution 37/52**.
- **World Conference: Education for All (EFA) in Jomtien (Thailand), 5-9 March 1990.**
- **Resolution of the Council and the Ministers for Education meeting with the Council of 31 May 1990**, concerning integration of children and young people with disabilities into ordinary systems of education
- **Vienna Declaration and Programme of Action**, (World Conference on Human Rights), 14-25 June 1993.
- **UNHCR, *Guidelines on Assistance to Disabled Refugees*, United Nation High Commissioner for Refuge – New York, U.S.A. 1993**
- **Charter of the rights of autistic persons, World Health Organization – 1993.**
- **Standard Rules on the Equalization of Opportunities for Persons with Disabilities**, adopted by the General Assembly of the United Nations on 20th December **1993** (resolution 48/96),
- **Towards a society for all: Long-term strategy to implement the World Programme of Action concerning Disabled Persons until the year 2000 and beyond - 1993**, was developed at the end of the United Nations Decade of Disabled persons (1983-1992).
- **The Asian and Pacific Decade of Disabled Persons, 1993-2002**
- **World Conference on Special Needs Education**, promoted by UNESCO from 7th to 10th June **1994**, which reaffirmed the necessity and urgency to provide education for people with special education needs and formulated guidelines for action at a national and international level.
- *Community-Based Rehabilitation (CBR) for and with People with Disabilities, 1994 Joint Position Paper, International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and World Health Organization (WHO).*

- **World Summit for Social Development, Copenhagen – 1995,**
- **Council Resolution** and the representatives of the Governments of the Member States meeting within the Council on 20 December **1996 on equality of opportunity for people with disabilities.**
- **Health21: Health for all in the 21st century – 1998.**
- **OECD-DAC guidelines for gender equality and women's empowerment in development cooperation, 1998;**
- **European Union Council resolution of 17th June on equal opportunities for people with disabilities (1999/C 186/02)**

Declaration of the social partners on the employment of people with disabilities. The Commission is committed to involving the Social Partners in efforts to integrate people with disabilities into the labour market. The Social Partners adopted a Joint Declaration on the Employment of people with disabilities at a meeting of the Social Dialogue Committee on 19 May 1999.

- **Charter of Fundamental Human Rights of the European Union – Charter 4487/00.**
- **People's Charter for Health – People's Health Assembly – 2000.**
- **The African Decade of Disabled Persons, 2000-09.**
- **Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation**
- **World Education Forum - Dakar, 26-28 April 2000**
- **International Classification of Functioning, Disability and Health, World Health Organization – 2001**
- **International Labour Office (ILO): Code of practice on managing disability in the workplace, Tripartite Meeting of experts on the Management of Disability at the Workplace, Geneva, October 2001.**

B) NATIONAL REGULATORY FRAMEWORK

- **Constitution of the Italian Republic**
- **Law n. 482/1968 Compulsory work placement of people with disabilities**
- **Law n. 118/71, “Conversion of Legislative Decree n° 5, 30 January 1971, into law and new regulations concerning disabled persons”**
- **Law n. 517/77, articles 2 and 7, “Regulations on the evaluation of students and on the abolition of re-sitting exams as well as other regulations modifying the school system”**

- **Programming department, *Guidelines for rehabilitation activities*, Ministry of Health – Rome, Italy 1998**
- **Law n. 68/99, “Regulations for the right of disabled people to work”**
Initial indications for the implementation of law n°68, 12 March 1999 initiating: "Regulations for the right of disabled people to work", Ministry of Labour and Social Security
- **"Compulsory hiring. Age limits for employment with public employers. Opinion of the Council of State - Meeting of Commission for public employment - 15 March 1999"**
Circular n° 57 from the Ministry of Labour and Social Security, General Directorate for employment, 20 July 1999
- **"Compulsory hiring. Registration of disabled persons of working age. Reducing age limits for access to public employment. Law n. 127/97. Opinion of the Council of State - 15 March."**
Circular n° 72 from the Ministry of Labour and Social Security, General Directorate for employment, 13 October 1999
- **Criteria concerning the transmission of information sheets by employers subject to the rules and regulations on the matter of compulsory hiring as per law n° 68, 12 March 1999, initiating: "Regulations for the right of disabled people to work".**
Ministerial Decree - Ministry of Labour and Social Security - 22 November 1999.
- **"Compulsory hiring. First definition of the competences of the central and peripheral offices following the transfer of functions and tasks on the matter of the job market from the State to the Regions and Provinces"**
Circular n° 76 from the Ministry of Labour and Social Security, 24 November 1999
- **Law n° 68, 12 March 1999, initiating: "Regulations for the right of disabled people to work", published in the official Journal n° 68, ordinary supplement n° 57/L. Modifications to the rules and regulations of law n° 482, 2 April 1967".**
Circular n° 77 from the Ministry of Labour and Social Security, 24 November 1999
- **Framework law n.30/00, “Framework law on the matter of reforming the learning cycle”.**
- **Policy and coordination act on the matter of compulsory employment for the right of disabled people to work, instituted by article 13, section 4, of law n° 68, 12 March 1999**
Decree of the Prime Minister, 13 January 2000.
- **Regulations initiating provisions for the operation of the national reserve fund for the right of disabled people to work, instituted by article 13, section 4, of law n° 68, 12 March 1999**
Decree n° 91 of the Ministry of Labour and Social Security, 13 January 2000
- **Initial indications for the implementation of law n° 68, 12 March 1999, initiating "Regulations for the right of disabled people to work"**
Circular n° 4 from the Ministry of Labour and Social Security, General Directorate for Employment Division III, 17 January 2000
- **"Compulsory hiring. Further indications for the application of law n° 68, 12 March 1999. Integration of circulars n° 4/2000 and n° 36/2000".**

Circular n° 41 from the Ministry of Labour and Social Security, General Directorate for Employment, 26 June 2000

- **"Executive regulations for the implementation of law n° 68, 12 March 1999, initiating "Regulations for the right of disabled people to work"**
Decree n° 333 of the Prime Minister, 10 October 2000
- **Framework law n. 104/92 for the assistance, social integration and rights of handicapped persons (contents set in order with modifications introduced by laws n° 162 of 1968, n° 17 of 1999 and n° 53 of 2000).**
- **Law n.62/00, "Regulations for equality at school and dispositions on the right to study and learn".**
- **Framework law n.328/00, "Framework law to implement the integrated system of social actions and services".**
- **Law 13/1989 on removing architectural barriers**
- **Guidelines of the General Directorate for Development concerning women and minors**