Bern, 14th of October 2022

**Switzerland’s reply to the questionnaire from the Special Rapporteur on the rights of persons with disabilities, concerning the report on “*Re-Imagining Services in the 21st Century to give effect to the right to live independently and be included in the community for persons with disabilities*”.**

*A: Policy Goals and Principles*

1. *What are the primary principles and goals that govern the provision of services to people with disabilities in your State?*

Switzerland’s accession to the CRPD in 2014 coincided with the evaluation of the first major stage of the equality policy for people with disabilities in Switzerland, which started with the [Disability Discrimination Act](https://www.fedlex.admin.ch/eli/cc/2003/667/en), which came into force in 2004. The focus was on ensuring access for people with disabilities to built environment, infrastructure and services.

The legal and political measures in place in Switzerland aim to promote the participation of people with disabilities in everyday-life, in particular by helping them to be independent in establishing social contacts, in completing training or continuing education and in exercising a professional activity.

Under the law, individuals who provide services to the public must not discriminate against a person with a disability because of his or her disability. Better access to services is not only supported by these legal instruments: the provision of accessible services is also an objective of the federal policy for people with disabilities. Within the framework of the priority program “Autonomy”, Switzerland supports the development of foundations, the provision of good examples and the development of new initiatives.

1. *Have these principles and goals been modified to take explicit account of Article 19 of the CRPD on the right to live independently and be included in the community (e.g., personalization of services, personal and human support, assistive technology, accessible transport, access to housing, expansion of community-based services, emphasis on personal empowerment and choice)?*

Regarding Article 19, the autonomy of people with disabilities is a priority theme in Switzerland’s policy for people with disabilities. Free choice of residence, understood as a free decision where to live (geographically speaking), is one of the fields of action of the governmental programme. Nevertheless, this only concerns institutional housing - the IVSE[[1]](#footnote-1), an intercantonal agreement, ensures moving from one canton to another in recent years, social insurance benefits for people with disabilities to remain at home have been expanded (disability insurance assistance contribution, intensive care allowance, etc.). Institutions offer adaptable forms of accommodation with varying degrees of support. The placement of children and adults in institutions is voluntary and is done in consultation with parents, disabled people and their legal representatives. Finally, the supply of housing for people with disabilities has increased in recent years, offering greater diversity, decentralisation and flexibility of housing and services. There is also an increasing synergy/interconnection of offers/services developed for older people and for people with disabilities.

[INSOS Switzerland,](https://insos.ch/fr/) [CURAVIVA Switzerland](https://www.curaviva.ch/Home/Pdsob/?lang=fr) and [VAHS Switzerland](https://www.vahs.ch/home.html), the branch associations of institutions for people with disabilities, have developed a [CRPD Action Plan](https://www.aktionsplan-un-brk.ch/fr/plan-daction-cdph-11.html) (available in easy-to-read and easy-to-understand language), which aims to implement the UN Convention on the Rights of Persons with Disabilities (CRPD) in the branch. In this respect, they formulate objectives and propose measures and recommendations. They also offer a series of good practices.

1. *Are these goals linked directly to broader policy imperatives to ensure people with disabilities can take meaningful advantage of being in the community – such as the**opportunity for employment**and education, access to health care, promotion of natural or unpaid supports or community assets available to citizens without disabilities? If so, how?*

The Confederation and the cantons launched the programme [Autonomy in Daily Life](https://www.edi.admin.ch/edi/fr/home/fachstellen/bfeh/politique-nationale-du-handicap.html) (2018-2022) to facilitate the empowerment of people with disabilities. A new Federal Disability Policy Strategy will be launched for the period 2023-2026. It will have four vision areas: Work, Housing, Participation and Services. The programmes focus on the individual needs of people with disabilities. The federal disability policy brings together various actors, especially in the program "Housing" it is central that the Confederation and the cantons work together.

*B: Service Delivery*

1. *Who primarily delivers services to people with disabilities (State, local government, private providers commissioned by the State, religious organizations, other, or a mix?).*

Swiss social protection is based first and foremost on the social security system, which is under federal jurisdiction, and secondly, in a complementary and subsidiary manner, on social assistance, which is under the jurisdiction of the cantons.

Specific benefits for people with disabilities are provided by several branches of social security. In particular, all the measures and benefits of the disability insurance, can be mentioned: early intervention measures, rehabilitation measures and daily allowances, the disability pension, the integrity compensation and the assistance contribution. If the damage to health is caused by an occupational disease, an occupational accident or a non-occupational accident, accident insurance will also cover medical care and provide daily allowances and, if necessary, a disability pension, a compensation for loss of integrity or an allowance for helplessness. A disability pension is also provided by the occupational pension scheme. Also worth mentioning is the existence of a helplessness allowance. People with disabilities have a higher risk of being affected by poverty, because the costs for the support measures are high and not everything is covered by the state or other cost units.

In order to ensure that disabled persons can participate in economic and social life, the legislator has obliged the universal service licensee to take certain measures under the Telecommunications Act since 1998, i.e., since the liberalization of the Swiss telecommunications market came into force. The services covered by the universal service must therefore be provided throughout the country in such a way that they can be used by disabled persons under conditions that are qualitatively, quantitatively and economically comparable to those offered to non-disabled persons.

In the area of accessibility to television, actions have been undertaken primarily at the public service level. Means to help people with sensory disabilities are added to television services; these include subtitling, audio description and sign language services. The implementation has focused, at the national level, on the public service developed by the Swiss Broadcasting Corporation (hereafter SRG) and, at the regional level, on the offers of the regional television stations with a concession.

In the field of e-accessibility, the federal government, the cantons or the municipalities are responsible for ensuring digital accessibility, depending on the service. This is why there is no national plan applicable to all administrative levels. In the context of digital transition, the Federal Council has stepped-up measures in the area of accessible communication.

1. *How do you see this mix changing if at all as a result of the UN CRPD in your country?*

For people with disabilities, freedom of choice in housing depends to a large extent on the possibility of finding and financing the support that some of them need in everyday life. Some cantons have already or are planning to offer people with disabilities greater freedom of choice and self-determination in housing through the instrument of subject funding (person-centered funding). In contrast to object financing, which subsidies institutions, the individual concerned receives the financial means directly for his or her support, whether in an institution or at home. The aim is to strengthen the outpatient sector. This means that people with disabilities can live in their own homes for longer and do not have to move to an institution in order to receive financial support (lump sum). The aim is not to abolish institutions as such (deinstitutionalisation), but to have freedom of choice, for example between different outpatient support service providers and institutions. A few cantons are looking into person-centered financing: Zurich, Bern, Basel-Landschaft and Basel-Stadt, Thurgau and Zug.

There are an increasing number of housing offers in Switzerland that attempt to implement the right to self-determination through an adapted form of collective housing (with or without support) or a form of independent housing. Electronic platforms help to find the most suitable offer for each individual. The platform [meinplatz.ch](https://meinplatz.ch/fr) offers adults with disabilities a wide range of offers for day care, accommodation or work. The search function includes numerous filter options and now covers nine cantons. It is planned to extend the range of services to other cantons.

The need for support for elderly and disabled people living at home will increase in the coming years. With this in mind, the Federal Council has launched a pilot project for the year 2022 in which around 100 civilian staff will be assigned to provide inpatient and outpatient support throughout Switzerland.

1. *Who primarily pays for services to people with disabilities (State, local government, private providers commissioned by the State, religious organizations, other, or a mix?).*

These services are financially supported by the disability insurance and the cantons. Care and assistance services in private homes are co-financed or planned in many cantons. People with low income can also benefit from state support for private compulsory health insurance.

As far as telecommunications are concerned, since the liberalization of the telecommunications market in 1998, the financing of the services guaranteed by the universal service, including therefore the services intended for people with disabilities, has always been ensured by the holder of the universal service concession.

1. *Describe generally how community-based providers are paid for the services they deliver (e.g., through general grants, through per capita funding, based on specific services rendered, other means?). What changes, if any, are anticipated regarding the present payment methodology?*

These services are financially supported by the disability insurance and the cantons. Care and assistance services in private homes are co-financed or planned in many cantons.

1. *In what ways are principles and service goals communicated to the service system (e.g., in laws, service standards, staff training, funding incentives, means for compensating/penalizing service providers, and/or for assessing the quality of services?). Please describe.*

According to the Disability Discrimination Act, this is an obligation for the authorities, but not for the private sector. Among the authorities, the degree of implementation is very different: the federal government most likely, then the rich cantons, then the poor cantons, then the rich municipalities or cities, then the poor municipalities. The Confederation tries to raise awareness of disability policy issues through various means and also to create obligations in areas that are not (or not exclusively) within federal competence.

1. *What new services, including those to support families, have been added to the available service array to advance principles consistent with Article 19?*

As part of the new Innosuisse Flagship Initiative, a four-year project with a total budget of CHF 12.4 million entitled “Inclusive Information and Communication Technologies” (IICT) has been approved, with the aim of developing information and communication technologies (ICT) for people with disabilities. See [Inclusive Information and Communication Technologies (IICT) - HFH](https://www.hfh.ch/projekt/inclusive-information-and-communication-technologies-iict).

1. *What practices, if any, have been adopted/encouraged to promote greater use of technology to personalize support to persons with disabilities (e.g., telehealth, remote monitoring, adaptive communication, artificial intelligence, etc.)?*

According to the current concept, universal service must guarantee the population a basic package of essential and affordable telecommunication services and must thus ensure participation in social and economic life. For people with disabilities, including those who are deaf or hard of hearing, adapted and accessible services are necessary to ensure these guarantees. The Office recalled that, since 2018, the video relay service is part of the universal service in the field of telecommunications in Switzerland. The concession was granted to Swisscom, and Procom manages the video relay on mandate. In the context of past ordinance revisions, the Office has supported various organizations of people with disabilities in this area, which are calling for the extension of the current operating hours throughout Switzerland in order to guarantee these alternative and disability-friendly services.

Regarding emergency calls, some offices are in discussion with operators and emergency services in order to simplify and improve the situation of emergency calls in general, but also for disabled people (SMS, video calls ...).

The Federal Council has accepted to examine the necessary adjustments to take account of technological progress in the provision of aids under the disability and accident insurance schemes, provided that the additional costs of the various aids correspond to the actual added value for the insured person.

1. *In what ways are caregivers (e.g., family members, other informal caregivers) recognized and supported?*

Given the demographic development, the significance of relatives providing nursing and care for their ill family members will continue to increase in future. For that reason, the Federal Council has introduced a number of measures to better support relatives.

The Federal Council aims to improve the framework conditions for relatives providing care and nursing. On the one hand there is a need for better information and the expansion of respite services such as volunteer support or holiday beds in rest or nursing homes. In addition, measures are required that make it easier to balance work with caring for relatives.

This is why, as part of its health-policy priorities Health2020, the Federal Council has adopted the ‘[Action plan for support of relatives providing care and nursing’](https://www.bag.admin.ch/bag/en/home/strategie-und-politik/politische-auftraege-und-aktionsplaene/aktionsplan-pflegende-angehoerige.html). These measures are to be implemented in cooperation with the cantons, communes and private organisations.

1. *Do you have a policy of personalizing/tailoring services to individual needs? How is the policy implemented? (e.g., through individual planning requirements? etc.).*

With appropriate and needs-based support, people can live in their own homes if they wish. Thus, entry into an institution can be avoided or postponed as long as possible. The institutions remain available for all persons who wish or need this type of accommodation. When a person lives in an institution, services are provided on an individual basis and according to his or her needs.

The production and dissemination of information in easy-to-read language and tailored to the target groups is encouraged in all sectors. A good example of individualization/target group orientation is the increasing communication with authorities, also in simple or plain language, in the area of child and adult protection (cantonal competence). Another example was communication during the Covid 19 pandemic (Office of Public Health and cantons).

1. *Describe how much control people with disabilities have regarding the services that they receive (e.g., choice of who provides support, choice of where they live and with whom they live, control over budgets).*

First and foremost, what must be guaranteed at all costs is access to housing - which is why the Federal Council has made it a priority theme in its multi-year policy program for people with disabilities.

1. *In some disability support structures, service users or families have an allocated budget which is devolved so they have control over how the funds are used to purchase eligible disability supports. Do you have or anticipate a policy of devolving budgets to the service user? Describe.*

In Switzerland there is no such "personal budget", but there are other means of financial support within the framework of social security (see answer 4).

1. *If budgets are devolved to the user, what kinds of supports are available to assist them, how are the administrative tasks minimized and is the individual given wide discretion on how the funds are spent?*

The adult protection law system contains different levels of guardianship, some of which can also be combined.

The discretion allowed to the individual in spending and managing their fund depends on the level of curatorship.

1. *Have you adopted any positive “wealth accumulation strategies” (e.g., innovative trust funds) to complement social provision? Describe.*

Switzerland does not have its own trust law yet nor other innovative forms of pension provision.

*C. Monitoring and Oversight*

1. *Describe the types of data you collect on people with disabilities receiving services (e.g., numbers of service users, types of disability, service utilization, costs per person, quality of life outcomes, health outcomes, incidence of abuse, neglect and exploitation). Are these data gathered and reported in aggregate only or may it be disaggregated per person?*

There are very few statistics on the services offered to people with disabilities, especially those related to care. It is the function of the Office to think of ways to improve the indicators in this area (e.g., think of people outside institutions, etc.).

1. *How do you enforce standards as they apply to service delivery providers (law, standards, incentives)? What do these standards focus on in the main? How are they measured?*
2. *Do your compliance rules make it possible to disqualify those providers in breach of the standards from competing for future State support?*

Joint response 18/19:

In the area of housing, most cantonal authorities have concluded service agreements with the institutions. Only these institutions receive subsidies and are also regularly audited every 3-4 years via an audit procedure.

Other than that, there is no legal obligation to provide general reasonable accommodation by service providers who provide services to the public.

But there are some examples: Services for the hearing impaired provided within the framework of the universal service concession are provided in Switzerland by a specialized foundation (Procom) on behalf of the universal service licensee. However, the responsibility to guarantee these services lies with the universal service licensee.

*D. Re-Shaping the Market/Challenges and Opportunities*

1. *Describe the major challenges you face in endeavoring to reform your system of services and supports for people with disabilities. Barriers might include workforce shortages, inadequate resources, lack of knowledge and training, weak infrastructure, and/ history of institutionalization.*

The major challenges are the lack of legal consequences for private providers of public services, the financial and material disparities between cantons and the lack of resources to assess real needs.

1. *How is the COVID-19 pandemic and its aftermath reshaping the service delivery market? Explain in terms of changes in service expectations among service recipients and regarding impacts on the services available.*

The pandemic has made it possible to study or question certain measures and practices that directly affect people with disabilities in the event of a “health emergency”, such as the exemption from wearing a protective mask, the exercise of free and voluntary choice in vaccination, compliance with guidelines for triaging patients in emergency rooms, or the accessibility of official messages from the Confederation.

1. *Do you pro-actively seek out new kinds of service providers with new business models that emphasize person-centered practices?*

The Office provides financial assistance for projects that promote the independence of people with disabilities.

1. *Do you encourage service providers to adopt a ‘business and human rights approach’ to their endeavours?*
2. *How do you incentivize innovative person-centered new providers to enter the market?*

Joint response 23/24

INSOS does so. INSOS is the national branch association of service providers for people with disabilities. Within the ARTISET Federation, they offer a comprehensive range of services and a strong representation of the interests to its members.

INSOS Switzerland, CURAVIVA Switzerland and VAHS Switzerland, the branch associations of institutions for people with disabilities, have developed a CRPD Action Plan (available in easy-to-read and easy-to-understand language), which aims to implement the UN Convention on the Rights of Persons with Disabilities (CRPD) in the branch. In this respect, they formulate objectives and propose measures and recommendations. They also offer a series of good practices.

There are measures in place for innovation and knowledge transfer.

For example, the ARTISET Federation, together with its associations CURAVIVA, INSOS and YOUVITA, is committed to the development of the sector.

The Innovation and Knowledge Transfer department has been set up to link service providers with innovation and research partners. It publishes the results of research and is actively involved in the development of national projects.

1. *Do minimum wage laws apply in this sector? Is there a career advancement structure for workers in the sector?*

None.

*E: Process of Reform*

1. *What lessons have been learned to build momentum, while minimizing resistance, for systems change consistent with Article 19?*
2. *Did you have an initiative to re-imagine services that includes service users (e.g., have you commissioned a Task Force?).*

Joint response 26/27:

During the pandemic, for example, the Office quickly ensured that the information on measures to combat Covid-19 as well as the government’s incentives were made available in formats accessible to people with disabilities

The Swiss Confederation wants to set an example in the area of digital accessibility. With its E-Accessibility service, the Swiss Confederation has been committed to making its websites accessible for years.

1. *In what ways do you solicit the input of people with disabilities and family members in policy making, program oversight, strategic planning, etc. (e.g., national advisory councils, regional/local forums, surveys, webinars, etc.).*

In all areas we work closely with the cantons - and the cantonal offices specialized in this field - as well as with NGOs.

1. *What are the two or three strategic objectives you have to enhance the quality, availability, and effectiveness of services to people with disabilities in your state?*

Being able to use services is an indispensable prerequisite for a self-determined life. This also applies more and more to digitally delivered services. Only those who have access to services can independently obtain everyday goods and services, take care of their own affairs, benefit from educational, leisure and cultural opportunities, and participate in public and social life as a whole.

Obstacle-free access to services and facilities is still not a matter of course for people with disabilities today. This is usually not because service providers deliberately discriminate against people with disabilities. The reasons are more likely to be a lack of awareness of the special needs of customers with disabilities, a lack of knowledge about how barriers can be removed or avoided, and possibly also economic considerations.

Better access to services was therefore also an important concern of the Disability Policy 2018-2021 (2022). This policy emphasized the accessibility of digital services, especially those provided by the federal government and other communities. Important measures included, in particular, the development and implementation of a Switzerland-wide e-accessibility standard, the provision of aids, and measures to network, sensitize, and empower the various stakeholders from authorities, service providers, business, science, and civil society. A number of cantons and municipalities have also taken measures in recent years to improve access to services for people with disabilities.

There is a need for further action. Measures are still needed to raise awareness of this important issue and to effectively enable service providers to avoid or remove barriers to accessing and using services. This applies in particular to digitally delivered services in view of advancing digitization. In all areas we work closely with the cantons - and the cantonal offices specialized in this field - as well as with organizations to create and implement measures aiming at bettering accessibility for people with disabilities.

1. [*Interkantonale Vereinbarung für soziale Einrichtungen*](https://www.sodk.ch/de/ivse/) [↑](#footnote-ref-1)