



EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities in Europe

An analysis of policies in 35 countries

Isabel Baptista and Eric Marlier



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European Social Policy Network (ESPN)

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2022

Isabel Baptista and Eric Marlier

The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

The ESPN is managed by the Luxembourg Institute of Socio-Economic Research (LISER), APPLICA and the European Social Observatory (OSE).

For more information on the ESPN, see: <http://ec.europa.eusocialmain.jsp?catId=1135&langId=en>

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Contents

| | |
|---|----|
| OFFICIAL COUNTRY ABBREVIATIONS..... | 5 |
| PREFACE..... | 6 |
| European policy context..... | 6 |
| A Synthesis Report from the European Social Policy Network (ESPN)..... | 7 |
| EXECUTIVE SUMMARY..... | 10 |
| A. Overview of disability-specific income support for working age people with disabilities.. | 11 |
| B. Overview of social protection for older people with disabilities..... | 13 |
| C. Overview of the financial support aimed at covering the healthcare and home adaptation expenses faced by people with disabilities..... | 14 |
| D. Overview of unemployment protection and access to guaranteed minimum income (GMI) schemes for people with disabilities..... | 15 |
| E. Overview of access to assistive technology and personal assistance..... | 16 |
| F. Overview of recent or announced major reforms with an impact on the access of people with disabilities to social protection..... | 17 |
| G. Current national debates focusing on the access of people with disabilities to social protection..... | 17 |
| H. Enhancing access to social protection: good practices singled out..... | 17 |
| RECOMMENDATIONS..... | 18 |
| Recommendations to countries..... | 18 |
| EU-level recommendations..... | 23 |
| 1 DISABILITY-SPECIFIC INCOME SUPPORT FOR WORKING AGE PEOPLE WITH DISABILITIES: OVERVIEW AND MAIN FEATURES..... | 25 |
| 1.1 Disability-specific benefits available to working age people: the prevalence of insurance-based systems..... | 26 |
| 1.2 Comprehensive provision of DI schemes for working age people..... | 27 |
| 1.2.1 Eligibility conditions for accessing the existing DI schemes: disability-related qualifying criteria..... | 28 |
| 1.2.2 Eligibility conditions for accessing the existing DI schemes: qualifying criteria unrelated to disability..... | 33 |
| 1.3 DA schemes for working age people..... | 38 |
| 1.3.1 Eligibility conditions for accessing existing DA schemes: disability-related qualifying criteria..... | 39 |
| 1.3.2 Eligibility conditions for accessing the existing DA schemes: qualifying criteria unrelated to disability..... | 42 |
| 1.4 Entitlement restrictions and/or obstacles encountered by working age people with disabilities..... | 45 |
| 1.5 Disability assessment systems: design and implementation..... | 47 |
| 1.5.1 The dominance of medical and/or functional based types of assessment..... | 48 |
| 1.5.2 A comparative overview of procedural aspects: evidence and assessors..... | 52 |

| | | |
|-------|--|-----|
| 1.5.3 | Disability assessment frameworks in Europe: towards a UN CRPD-compatible way of assessing disability? | 56 |
| 1.6 | An integrated overview of working age people’s actual entitlement to disability-specific income support | 59 |
| 1.6.1 | Interaction between disability cash benefits and other income: possibilities subject to conditions | 60 |
| 1.6.2 | Disability-specific income support for working age people with disabilities: providing adequate protection? | 63 |
| 2 | SOCIAL PROTECTION FOR OLDER PEOPLE WITH DISABILITIES: OVERVIEW AND MAIN FEATURES | 67 |
| 2.1 | Access of older people with disabilities to the main statutory old-age pension schemes: neglecting distinctive needs and unique life conditions? | 67 |
| 2.2 | Disability-specific old-age pension schemes: limited provision across Europe | 70 |
| 3 | OVERVIEW OF THE FINANCIAL SUPPORT AIMED AT COVERING THE HEALTHCARE AND HOME ADAPTATION EXPENSES FACED BY PEOPLE WITH DISABILITIES | 72 |
| 3.1 | Financial support aimed at covering the healthcare expenses faced by people with disabilities | 72 |
| 3.2 | Financial support aimed at covering the home adaptation expenses for people with disabilities | 75 |
| 4 | OVERVIEW OF UNEMPLOYMENT PROTECTION AND ACCESS TO GUARANTEED MINIMUM INCOME (GMI) SCHEMES FOR PEOPLE WITH DISABILITIES | 79 |
| 4.1 | Unemployment benefits: mainstream provision versus specific needs | 79 |
| 4.2 | Minimum income schemes and other social assistance schemes (GMIs): overcoming a standardised policy approach? | 82 |
| 5 | OVERVIEW OF ACCESS TO ASSISTIVE TECHNOLOGY AND PERSONAL ASSISTANCE | 90 |
| 5.1 | Access to assistive technology (including devices) | 90 |
| 5.2 | Access to personal assistance: enhancing autonomy, inclusion and (striving for) choice | 96 |
| 6 | MAPPING RECENT OR ANNOUNCED SOCIAL PROTECTION REFORMS | 103 |
| 7 | NATIONAL DEBATES ON THE SOCIAL PROTECTION OF PEOPLE WITH DISABILITIES UNDER THE SPOTLIGHT | 111 |
| 8 | ENHANCING ACCESS TO SOCIAL PROTECTION: GOOD PRACTICES SINGLED OUT | 118 |
| | ANNEX A: PRESENTATION OF THE ESPN NETWORK MANAGEMENT TEAM AND THE 35 ESPN COUNTRY TEAMS (June 2022) | 123 |
| | A1. ESPN Network Management Team | 123 |
| | A2. ESPN Country Teams | 124 |
| | ANNEX B: TYPOLOGY OF ASSESSMENTS | 134 |
| | ANNEX C: MAJOR RECENT AND ANNOUNCED SOCIAL PROTECTION REFORMS, BY TYPE OF REFORM, ESPN COUNTRIES | 135 |
| | ANNEX D: REFERENCES | 152 |

OFFICIAL COUNTRY ABBREVIATIONS

A. European Union (EU) countries

| EU countries | | | |
|--------------|----|-------------|-------|
| Austria | AT | Italy | IT |
| Belgium | BE | Latvia | LV |
| Bulgaria | BG | Lithuania | LT |
| Croatia | HR | Luxembourg | LU |
| Cyprus | CY | Malta | MT |
| Czechia | CZ | Netherlands | NL |
| Denmark | DK | Poland | PL |
| Estonia | EE | Portugal | PT |
| Finland | FI | Romania | RO |
| France | FR | Slovakia | SK |
| Germany | DE | Slovenia | SI |
| Greece | EL | Spain | ES |
| Hungary | HU | Sweden | SE |
| Ireland | IE | EU average* | EU-27 |

(*) In the EU-27 averages, the 27 EU Member States are weighted by their population sizes.

B. UK and other non-EU countries covered by the ESPN

| UK and other non-EU countries | |
|-------------------------------|------|
| United Kingdom | UK |
| Albania | AL |
| Bosnia and Herzegovina | BA |
| Kosovo* | XK * |
| Montenegro | ME |
| North Macedonia | MK |
| Serbia | RS |
| Turkey | TR |

(*) This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

PREFACE

European policy context

Principle 3 of the **European Pillar of Social Rights (EPSR)** proclaims the right to social protection for everyone, “regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation”, while Principle 17 focuses on the inclusion of people with disabilities. It emphasises social protection and social services as means to achieve participation and inclusion, including in the workplace, stating that “People with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs”. The EPSR Action Plan recognises that people with disabilities face important obstacles in various areas (e.g. education, training, employment, housing, health), including social protection (European Commission 2021a).

The situation regarding social protection and services for people with disabilities across the EU Member States appears heterogeneous. The vast majority of countries have measures in place which address, at least to some extent, the issues raised by Principle 17 of the EPSR as well as by Article 28 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).¹ Yet poverty among people with disabilities persists, due to a combination of insufficient resources, the content and/or design of social protection schemes (including gaps in support), low levels of benefits, low take-up, and implementation barriers. In 2019, 29% of the EU population (aged 16 or over) with some or severe activity limitation were at risk of poverty and/or social exclusion, compared with 19% of those with no activity limitations.²

These concerns have again been acknowledged in the **Strategy for the Rights of Persons with Disabilities 2021-2030**, adopted by the European Commission on 3 March 2021 (European Commission 2021b). The Strategy is the EU policy framework aimed at advancing the rights of people with disabilities in Europe in all areas of life.

With the Strategy, the European Commission intends to work, in cooperation with EU Member States and relevant stakeholders, towards the objective that people with disabilities in the EU can enjoy their rights and have the same chances in life as everyone else.

The Strategy will support implementation by the EU and its Member States of the UN CRPD at both EU and national levels. It will ensure that the Commission leads by example in its implementation of the UN CRPD through coordinated action at both national and EU level. The ultimate goal of the Strategy is to improve the lives of people with disabilities in the coming decade.

The **UN CRPD** embodies a culture shift towards framing disability as an issue of human rights, and requires law and policy reform to give meaning to the rights of people with disabilities, promising to restore voice, choice and control, including in the field of social protection. Article 28 of the Convention, to which all EU Member States as well as the EU itself are parties, clearly expresses the right of people with disabilities to social protection and to a decent (“adequate”) standard of living. Paragraph 1 of the Article specifies that “States Parties recognize the right of persons with disabilities to an adequate standard of living ... to the continuous improvement of living conditions and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability”. Paragraph 2 sets out how States Parties should ensure social protection, by taking measures to guarantee access to (a) appropriate and affordable services, devices and other assistance; (b) social protection programmes and poverty reduction

¹ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>. The UN CRPD has been ratified by 34 of the 35 countries covered in this report (Kosovo being the exception) and its provisions are therefore legally binding for these countries.

² https://ec.europa.eu/eurostat/documents/4187653/11571495/Disability+statistics_2.jpg/5a664295-692e-8b28-c025-01e5f008f6f3?t=1612777158679

programmes; (c) assistance with disability-related expenses; (d) public housing programmes; and (e) retirement benefits and programmes.

Section 4.4 of the EU Strategy (entitled “Consolidating social protection systems”) recognises that adequate social protection is an essential prerequisite to ensure a sufficient income enabling a decent standard of living for people with disabilities and their families. However, despite increasing efforts by Member States to implement reforms of their social protection systems, including of their disability assessment frameworks and benefits, the objective of a decent living standard for all has not yet been achieved.

Social protection for people with disabilities – a complex field in itself with its own features and issues – is a major tool to help guarantee a decent standard of living for people with disabilities. It is linked in many ways to other priority areas of the Strategy for the Rights of Persons with Disabilities 2021–2030, such as independent living and participation in employment.

The Disability Platform created by the Commission Decision of 27 October 2021³ will play a major role in facilitating “cooperation between the Commission and the Member States when implementing the Disability Rights Strategy and the Convention, while fully respecting their respective competencies. It should provide a forum for discussing relevant policy developments in the field of disability, including exchange of good practice, and for reflecting the diversity of disability”.

A Synthesis Report from the European Social Policy Network (ESPN)

With a view to contributing to a greater understanding of the basis on which social protection schemes for people with disabilities are designed and of the justification for different assessment procedures and levels of benefit, the European Commission asked the 35 country teams of national experts of the European Social Policy Network (ESPN) to describe and analyse the provision of disability-specific income support and of selected support services for people with disabilities. The objective of such an analysis would be to consider the conditions under which persons with disabilities access selected main statutory benefits (old-age and unemployment benefits, as well as minimum income schemes and other social assistance support) and to examine the main gaps/obstacles that people with disabilities face in accessing these social protection schemes. The outcomes of the ESPN analysis, including its policy recommendations, will contribute to the work of the aforementioned Disability Platform, particularly its task of supporting the implementation of the EU Disability Rights Strategy as well as national disability strategies, plans or policies.

This Synthesis Report draws on the UN CRPD definition of persons with disabilities, which states that “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article 1, UN CRPD).⁴

This Synthesis Report does not provide an overall assessment of all social protection schemes and services available to people with disabilities across the 35 countries covered by the ESPN (hereafter “ESPN countries”). First, it only considers people aged 18 years and above.⁵ Second, it focuses exclusively on the following five schemes: (i) disability-specific income support for working age⁶

³ <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=OJ:C:2021:4571:FULL&from=EN>

⁴ The European system of integrated social protection statistics (ESSPROS) defines instead disability as “the full or partial inability to engage in economic activity or to lead a normal life due to a physical or mental impairment that is likely to be either permanent or to persist beyond a minimum prescribed period”.

⁵ For a detailed mapping of the access of children (0–17) with disabilities to education, childcare, healthcare and housing, please refer to the first phase of the Feasibility Study for a Child Guarantee (2020) – both the [Final report](#) on the first phase and the report covering specifically [children with disabilities](#).

⁶ In this report, working age people are to be understood as people aged 18–64. However, the actual working age (both lower and upper age limit) and the related entitlement to disability insurance benefits vary among the 35 countries

people with disabilities, covering both disability insurance and disability assistance schemes; (ii) social protection measures for older people with disabilities, including access to disability-specific income support and to the main statutory schemes; (iii) provision of cash benefits to cover specific disability-related expenses in the fields of healthcare and housing; (iv) social protection benefits for risks other than disability, focusing on access of people with disabilities to mainstream unemployment benefits and to minimum income schemes and other social assistance support (hereafter referred to as “guaranteed minimum income schemes” [GMI benefits]); and (v) provision of assistive technology (including devices) and personal assistance. It is important to keep this in mind when reading the assessment presented in this Synthesis Report.

The report also maps recent or announced social protection reforms and their respective impact on people with disabilities, provides an overview of national debates on the social protection of people with disabilities, and identifies good practices enhancing the effective access of people with disabilities to social protection benefits and services.

It illustrates the main measures and challenges in national approaches to enhancing the access of people with disabilities to social protection support, in line with the provisions of the UN CRPD and the Strategy. Countries which have developed along similar lines are listed in brackets (e.g. AT, BE, BG) so that the reader interested in knowing more about these can examine the relevant ESPN national experts’ reports.⁷ In producing their reports, national ESPN experts cite many different sources in support of their analysis. References to these are not included in this report. Readers wishing to follow up the original sources should consult the individual experts’ reports.

The analysis provided by ESPN country teams is based on available evidence regarding the access of people with disabilities to social protection schemes in several areas. A number of ESPN country teams have pointed out that one limitation of this study is the scarcity of evidence on the specific situation of people with disabilities, particularly with regard to the impact of the existing provision on their actual living conditions.

This Synthesis Report draws on the national contributions prepared by the 35 ESPN country teams.⁸ It was written by Isabel Baptista (an independent social policy expert) and Eric Marlier (Luxembourg Institute of Socio-Economic Research [LISER]) of the ESPN’s Network Core Team, with helpful comments and suggestions from Anne-Catherine Guio (LISER) and Pedro Perista (CESIS) as well as from the 35 ESPN country teams. Comments and suggestions from the European Commission are also gratefully acknowledged. All errors remain strictly the authors’ responsibility. The first section of the report examines the main features of the current provision of disability-specific income support schemes (contributory and non-contributory cash benefits) available to working age people with disabilities and provides a critique of the entitlement restrictions, assessment design and procedures, and adequacy of benefits. The second section focuses on the conditions under which older people with disabilities exercise their access to statutory old-age benefits compared to people without disabilities, and maps the provision of any current disability-specific income support for people with disabilities in old age. Section 3 analyses the provision of cash benefits for people with disabilities designed to cover disability-related healthcare expenses, as well as measures which help people with disabilities to meet the costs of housing adaptations. Section 4 examines the conditions under which people with disabilities exercise their access to mainstream unemployment benefits and GMI benefits compared with people without disabilities. Section 5 focuses on access to assistive technology (including devices) and personal assistance for people with disabilities,

covered in this study. We refer the reader to the ESPN national reports for a detailed description of these age conditions.

⁷ Here and throughout the report, the countries in brackets are provided as examples and the lists are not necessarily exhaustive. In the text as well as in tables, a distinction is systematically made between EU and non-EU countries (and among the latter, between the UK and the seven [potential] candidate countries).

⁸ For a presentation of the ESPN Network Core Team and the 35 ESPN country teams, see Annex A. The 35 ESPN national experts’ reports can be viewed [here](#) (ESPN page on the European Commission website).

highlighting the main features of the systems in place as well as any relevant gaps and obstacles faced by people with disabilities in accessing them. Section 6 provides an overview of the main findings concerning major reforms implemented since 1 January 2017 and major reforms currently in the pipeline which have had (or are likely to have) an impact on the access of people with disabilities to social protection. Section 7 examines whether the issue of access to social protection for people with disabilities is a topic in the national debate, identifying the major focus of ongoing discussions and pointing out possible overall adequacy issues relating to benefits and/or services available to people with disabilities. Finally, Section 8 provides an overview of good practices in the field of social protection, i.e. practices that help people with disabilities to effectively access social protection benefits and services.⁹

⁹ We would like to thank Rachel Cowler for her editorial support and Liesbeth Haagdorens for fine-tuning the layout of the report.

EXECUTIVE SUMMARY

This Synthesis Report aims to contribute to a better understanding of the access of people with disabilities to social protection support, by describing and analysing the provision of disability-specific income support and of selected support services for people with disabilities. It does not provide an overall assessment of all social protection schemes and services available to people with disabilities across the 35 countries covered by the ESPN (hereafter “ESPN countries”). First, it only considers people aged 18 years and above. Second, it concentrates exclusively on five schemes: disability-specific income support for working age people with disabilities, social protection measures for older people with disabilities, provision of cash benefits to cover specific disability-related expenses in the fields of healthcare and housing, social protection benefits for risks other than disability (with a focus on access to mainstream unemployment benefits and to minimum income schemes and other social assistance support), and provision of assistive technology (including devices) and personal assistance.

The report also maps recent or announced social protection reforms (and their respective impact on people with disabilities), provides an overview of national debates on the social protection of people with disabilities, and identifies good practices enhancing the effective access of people with disabilities to social protection benefits and services.

While there is evidence that tangible (sub)national measures are being taken by the 35 countries analysed here to address, at least in part, the issues raised by Principle 17 of the European Pillar of Social Rights (EPSR) and by Article 28 of the UN CRPD, concerns remain regarding the effectiveness of social protection systems in ensuring that people with disabilities realise their rights and have the same opportunities in life as everyone else. Therefore, this Synthesis Report also includes a specific section which proposes a number of recommendations to be considered by the countries covered in this study as well as various areas of action that could benefit from (further) EU support and collaboration. These proposals build on the main outcomes of the comparative analysis of the 35 ESPN national reports carried out by the authors of this report.

National-level recommendations cover the following areas of action: (i) ensuring that overall policy approaches are in line with the UN CRPD rights-based approach; (ii) addressing inequities of provision and fragmented policy approaches; (iii) improving the design and implementation of disability assessment frameworks; (iv) addressing “horizontal inequality” by factoring in the additional costs related to disability; (v) tackling inadequate levels of income protection; (vi) promoting enabling conditions for the labour market integration of people with disabilities; (vii) enhancing the adoption of effective and adequate user-led access to assistive technology and personal assistance; and (viii) strengthening data collection and research evidence as well as monitoring and evaluation mechanisms.

Potential areas of (further) action at EU level, to be promoted in particular via mutual learning activities and exchanges of information/good practices among the Member States, include the following: (i) data collection, monitoring and research activities; (ii) assessment of the role of social protection in tackling “horizontal inequality”, by taking into account the additional costs related to disability; (iii) social protection systems’ contribution towards fair and enabling labour market conditions and better outcomes; (iv) adequate levels of income protection for people with disabilities; (v) individualisation of social protection rights and successful models of provision; (vi) promotion of the rights of people with disabilities to independent living and inclusion in the community, within the framework of EU-level guidance and financial support.

A. Overview of disability-specific income support for working age people with disabilities

Comprehensive provision of disability-specific cash benefits subject to specific entitlement requirements

Disability insurance (DI) schemes providing contribution-based income replacement benefits, and disability assistance (DA) schemes, i.e. non-contributory income protection, are widely available in the 35 countries covered by the ESPN.¹⁰ Both DI and DA benefits are available in 22 EU Member States and in six of the eight non-EU ESPN countries. The seven exceptions are: (i) Germany and Slovakia (only insurance-related provision); and (ii) Denmark, Estonia, the Netherlands, Kosovo and Turkey (only assistance-related provision).

Entitlement to DI and DA cash benefits usually depends on meeting a combination of disability qualifying criteria (e.g. the person's "capacity"¹¹ for work) and criteria not related to disability (e.g. age, nationality and/or residency, contributory history).

In almost all ESPN countries, the most commonly used disability-related qualifying criterion for working age people with disabilities wishing to access **DI cash benefits** is reduced "capacity" for work. Other criteria that may be used are the level/severity of disability, the origin of the impairment leading to the disability, the earning "capacity" and/or the level of support needed (i.e. the impact of disability on the carrying out of activities of daily living [outside the sphere of work]).

The analysis of the disability-related qualifying criteria for people with disabilities to access DI benefits highlights that in most ESPN countries, entitlement to DI benefits is based on meeting "one criterion for one benefit"; in only a minority of countries does eligibility for one benefit depend on meeting multiple criteria.

In almost all ESPN countries (FI and SE being the sole exceptions), DI benefit entitlement depends on the person's contributory history, i.e. on their insurance contributions prior to the onset of the disability. The most frequent entitlement conditions related to the contributory history are those establishing a minimum contributory record. Additionally, in almost all ESPN countries, actual entitlement to the benefit occurs from the moment the disability is certified. Access of working age people to DI cash benefits is very rarely made conditional on their (or their household's) level of financial resources.

Use of the age criterion to determine eligibility for DI cash benefits for working age people is reported by ESPN national experts in 22 countries (17 Member States and 5 non-EU countries). Nationality and/or residency as a criterion is used differently across countries. Fifteen countries (eleven Member States and four non-EU countries) have no nationality or residency requirements.

Entitlement to **DA cash benefits** among working age people with disabilities also depends on meeting a combination of disability-related criteria and criteria unrelated to disability. Among the disability-related criteria, far fewer countries use reduced working "capacity" for DA benefits than for DI cash benefits; by contrast, many more apply requirements based on the level/severity of disability, the level of support needed and the source of disability.

¹⁰ The ESPN countries are the 27 EU Member States, Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, Serbia, Turkey and the United Kingdom.

¹¹ Terms such as "capacity/incapacity" and "ability/inability" are presented in inverted commas throughout the report to reflect the fact that although used within social protection systems, this terminology is not in line with the UN CRPD conceptualisation of disability.

Another relevant difference compared to DI schemes is how the disability-related qualifying criteria are applied. Unlike for DI schemes, many countries use multiple criteria to determine eligibility for specific benefits.

Residency and age-related requirements are by far the most commonly used qualifying criteria – unrelated to disability – determining the access of working age people to DA cash benefits.

ESPN national experts identify different types of hindrances affecting the eligibility of working age people with disabilities for DI and DA cash benefits. These include: difficulties faced by specific population groups, obstacles arising from a person's contributory history or from income-related requirements, age restrictions, restrictions related to the level/severity of disability, lack of awareness of and/or information about the availability of benefits, and the nature or functioning of social protection systems for people with disabilities.

The design and implementation of disability assessment systems are largely dominated by medical and/or functional based types of assessment

Many ESPN national experts report the use of a medical assessment framework for determining access to disability-specific DI and DA cash benefits in their countries. However, this assessment usually takes place as part of a system drawing on different types of disability assessment frameworks (e.g. also assessing functional “capacity” or care and support needs). Only very few countries use an exclusively medical assessment.

Consequently, the most common kind of supporting evidence used during the assessment reflects this dominance of a medical and/or a functional type of assessment: in all but one of the 35 ESPN countries¹², the disability assessments for one or various benefits always require applicants to submit medical records, medical notes, and/or the results of medical tests or examinations, all provided by the patient's doctor.

Although active involvement of people with disabilities in generating the information used for the individual disability assessments is a “good practice” in line with the requirements of the UN CRPD, the ESPN analysis shows that only very few countries use self-assessments in their disability assessment frameworks; and when they use them, they do so only for some specific cash benefits.

ESPN national experts mention a variety of health professionals, including medical doctors, nurses, psychologists, therapists (such as physical therapists or occupational therapists) and rehabilitation specialists as the “assessors” involved in current disability assessment frameworks. In all 35 countries analysed, medical doctors are directly involved in the assessment process, either as the only assessors or along with other professionals.

One area of concern regarding the strong presence of medical and/or functional assessment frameworks is the lack of consistency across countries in adapting to and applying the human rights model of disability. However, in a few countries ESPN experts identify positive trends regarding disability assessments, some of which are in line with the requirements of the UN CRPD, i.e. reductions in the burden on applicants, provision of user-friendly information and/or involvement of organisations representing the rights of people with disabilities in the assessment process.

¹² The exception is Turkey, where the process requires a face-to-face examination by a committee of medical experts.

The ESPN comparative analysis of disability assessment frameworks also shows hindrances related to various aspects of the application process, such as burdensome requirements (particularly regarding documentation), complex procedural rules, accessibility difficulties for non-nationals and lack of support to navigate the application process. Additionally, ESPN experts from several countries identify difficulties with the implementation of assessment procedures. These include issues related to: the quality of the procedures, lack of transparency regarding the assessment criteria, stringent and restrictive criteria, the coexistence of multiple and conflicting definitions, conflicting assessments from different bodies, lack of a uniform approach, cost of the procedures and excessive waiting time before the decision regarding entitlement to the benefits is given.

From coverage to actual protection: possibilities and limitations of existing disability-specific income support

Most often in ESPN countries, working age people with disabilities can simultaneously receive disability-specific cash benefits and other social protection benefits, but in a selective way or subject to certain restrictions. This applies to DI benefits as well as to DA benefits.

The extent to which it is possible to combine the receipt of disability-specific cash benefits with income from work-related activities varies across countries and, within countries, across benefits. For example: in a large number of countries, entitlement to disability-specific cash benefits is generally not affected by income from work-related activities, but ceilings are sometimes applied to the work-related income for some benefits; income from work may result in a reduction in the level of a specific benefit. In only a few EU and non-EU countries, ESPN national experts report that it is generally not possible to combine income from disability-specific insurance-based cash benefits with income from work, although specific exceptions may apply depending, for instance, on the nature of the work or the severity of the disability.

ESPN national experts raise a range of concerns about the income support available in their countries for working age people with disabilities. Overall, the main adequacy challenge they identify is the low level of income provided, in both absolute terms (i.e. income below the main statutory benefits) and relative terms (i.e. income insufficient to cover the additional costs related to disability). Many of them also highlight evidence of inequalities in the level of social protection, arising from geographical variations, gender, as well as between types and severity of disability.

B. Overview of social protection for older people with disabilities

On the whole, across the 35 ESPN countries, the conditions and entitlement to statutory old-age benefits for older people with disabilities are generally the same as those that apply to older people without disabilities. Ensuring equal rights for older people with disabilities to old-age social protection benefits may prove problematic, as the design of such benefits may reflect the lack of recognition of the distinctive needs of older people with disabilities and with particular life trajectories.

Nevertheless, there are exceptions to this overall rule. These exceptions largely involve specific contributory conditions to compensate for shorter contributory records, provisions facilitating earlier retirement for people with disabilities, and non-inclusion of disability benefits (including benefits for extra disability costs) in means testing to determine access to means-tested benefits.

Overall, the main problem reported by ESPN experts is that entitlement conditions for access to statutory old-age pensions tend to disregard the impact of disability on people's working trajectories and on the likelihood of (not) meeting the minimum insurance and contributory history necessary to obtain an old-age pension.

The existence of disability-specific old-age pension schemes is only reported by ESPN national experts from eight Member States. A comparative analysis of the schemes in place across these countries reveals one common aspect: provision of this type of specific cash benefit targeted at older people with disabilities aims to address particular aspects arising from their situation (e.g. need for assistance, the severity of the disability, the need to cover extra disability-related costs, facilitation of earlier exit from the labour market).

Finally, the assessment by ESPN national experts of disability-specific old-age pension schemes reveals a paucity of evidence regarding hindrances related to eligibility conditions, assessment frameworks or adequacy of these benefits for people with disabilities.

C. Overview of the financial support aimed at covering the healthcare and home adaptation expenses faced by people with disabilities

Few cash benefits targeting healthcare-related costs

Only very few ESPN experts report the provision in their countries of cash benefits aimed at covering the costs of healthcare (such as doctors' visits, medication and hospital stays) incurred by people with disabilities. Although, in most cases, these benefits do not exclusively aim to cover the additional costs arising from disability-related healthcare expenses, in practice these benefits play an important role in meeting these costs.

Various countries provide other types of financial support – apart from cash benefits – aimed at helping people with disabilities to meet the costs of healthcare (e.g. exemption from co-payments, increased reimbursement of healthcare costs and lower fees for various types of healthcare services).

A number of ESPN national experts identify the presence of obstacles to people's full enjoyment of their health-related rights; in some cases, these have a direct impact on people with disabilities. They include: access conditions relating the support available to the level of income of the person with the disability or their household; inequities in accessing healthcare services; complex entitlement conditions; implementation hassles; inadequacy of existing schemes to address healthcare costs; and inadequacy of support for existing healthcare needs.

Limited and conditional provision of financial support for home adaptations for people with disabilities

ESPN countries have put in place various types of schemes, implemented at different levels and to which different eligibility requirements apply. In most countries support is limited in some way, and means testing is a common method used to decide eligibility for support for home adaptations.

ESPN national experts from 14 Member States and the UK report the existence of cash benefits aimed at covering or contributing towards the costs of different types of home adaptations for people with disabilities (e.g. installation of lifts, accessible wet rooms, door extensions). Overall, these benefits or allowances are direct payments (rather than reimbursements) and are largely provided by the municipal or regional authorities. Help to cover the costs of home adaptations may also be provided in the form of reimbursements (or co-financing) of the expenses incurred in altering the dwelling.

There are three major causes of concern mentioned by ESPN national experts with regard to the existing support schemes aimed at covering the costs of home adaptation: territorial inequities, inadequacy of financial aid compared to the actual costs of home adaptations, and means testing.

D. Overview of unemployment protection and access to guaranteed minimum income (GMI) schemes for people with disabilities

There is a clear need for a better understanding of how the situation of unemployed people with disabilities is addressed by mainstream unemployment protection schemes

In 29 ESPN countries (23 EU Member States and six non-EU countries), people with disabilities generally exercise their right to statutory unemployment benefits subject to the same eligibility conditions as people without disabilities.

In those few countries in which ESPN national experts identify different eligibility conditions for people with disabilities, the most common differences for applicants with disabilities relate to conditions linked to contributory records or activation. Only three ESPN country teams report the existence of additional amounts and/or compensation available to unemployed people with disabilities.

Several ESPN national experts explain that these “equal” unemployment protection rights between people with and without disabilities result in problems of (in)adequacy related to the low levels of the mainstream unemployment benefits and an (overall) absence of additional amounts or compensation for people with disabilities who, in addition to their unemployment situation, have to bear disability-related costs.

Unfortunately, as voiced by many ESPN country teams, the lack of studies or research focusing on the aforementioned limitations of mainstream unemployment schemes for unemployed people with disabilities makes it impossible to perform an exhaustive and consistent analysis of their impact on the rights to unemployment protection of people with disabilities across Europe.

GMI has the potential to ensure a disability mainstreaming approach which gives full consideration to estimating and meeting the additional costs of living faced by persons with disabilities

In most ESPN countries, eligibility conditions for accessing minimum income schemes and other social assistance schemes (GMIs) include some distinctive features that apply to people with disabilities. These differences may apply to all benefits available in the country or to only some benefits. ESPN national experts highlight two main types of alterations to GMI eligibility conditions which may apply when applicants are people with disabilities: exemptions from means testing, and less stringent working and/or working/activation requirements for people with disabilities compared to people without disabilities.

Specific supplements, allowances or additional one-off payments are used in several ESPN countries to provide additional compensation to people with disabilities who are entitled to GMIs.

Based on the critique provided by ESPN national experts, it is possible to identify a considerable number of gaps and/or obstacles faced by people with disabilities in accessing GMIs. These include: the complexity of application procedures, the impossibility to combine GMI benefits with disability-specific benefits, and the particularly disadvantaged situation of specific groups of people with disabilities arising from certain eligibility conditions for accessing GMIs.

In relation to adequacy issues, the most common concern voiced by ESPN national experts is the low level of the benefit provided, which does not (sufficiently) recognise the additional costs which people with disabilities often face due to their disability and the obstacles they encounter in their daily lives, frequently resulting in an income level that does not ensure protection against the risk of poverty.

However, here again, a number of ESPN country teams deplore the lack of evidence that would allow an assessment of the extent to which these gaps and/or obstacles affect the specific situation of people with disabilities.

E. Overview of access to assistive technology and personal assistance

Comprehensive provision of devices and assistive technology for people with disabilities is often hindered by access and entitlement conditions and practices

The ESPN national reports provide evidence of comprehensive provision of devices and assistive technology to people with disabilities in most of the countries analysed, made available through different types of support: financial support (cash benefits or other financial aid), in-kind benefits, loans and vouchers. Financial support and in-kind benefits are the most common types of support reported by ESPN national experts.

In a significant number of national reports, ESPN experts indicate the presence of a range of mechanisms to reduce the costs borne by the State (at the central, regional or local level) for the provision of devices and assistive technology. These mechanisms include: means-testing; co-payments; a ceiling or reference value for the cost of the product; and/or limiting support solely to devices included in reference lists of pre-approved items.

Overall, the quite comprehensive provision of assistive technology (including devices) in the 35 countries under analysis aims to ensure the availability of adequate and affordable support for disability-related needs. However, ESPN experts report a range of concerns about the design and implementation of the mechanisms which determine access and entitlement in practice to these aids. The most frequent obstacles identified are organisational problems affecting the provision of support, problems with application procedures or entitlement restrictions hindering access to support, and the inadequacy of the support available due to the costs to be borne by beneficiaries or because the devices do not adequately meet beneficiaries' needs.

There is clear evidence that many countries seek to (better) address the requirements placed on States Parties by Article 28(2) UN CRPD regarding the need to improve existing schemes providing personal assistance with disability-related needs

In many of the 35 ESPN countries, the personal assistance schemes are regionally or locally managed, although there are often national-level laws and/or requirements framing the design of the provision. The actual service supply is most often placed under the responsibility of municipalities, either directly or under contract arrangements with non-governmental organisations (NGOs) such as disability organisations.

There are two main mechanisms through which personal assistance is usually provided, which may co-exist: (i) access to a personal assistant usually employed by a local authority/ municipality or contracted out to NGOs; and (ii) provision of financial support (e.g. an allowance, reimbursement, lump-sum) enabling people with disabilities to access personal assistance services.

In a limited number of countries, ESPN national experts refer to a different "model of provision": the so-called "personal budgets", which allow people with disabilities greater choice and control over their own care packages, including the type of support needed and the service providers used. In several other countries, ESPN national experts identify some features of enhanced choice and control for service users. Although these features do not make up a "full" user-led model, they represent a positive shift towards more empowering provision of personal assistance support.

The main obstacles highlighted by ESPN national experts in relation to the personal assistance schemes currently in place include: inadequacy of support (e.g. amounts not sufficient to cover actual needs, unsuitable targeting of beneficiaries, rigidity of a provider-led model); entitlement obstacles (e.g. regional disparities in the availability of personal assistance services, long waiting times for accessing the service, and lack of awareness regarding the availability of the support); and organisational deficiencies (e.g. insufficient funding).

F. Overview of recent or announced major reforms with an impact on the access of people with disabilities to social protection

In almost all the countries analysed, ESPN experts identify recent (or announced) major reforms which have had (or are likely to have) an impact on the access of people with disabilities to social protection. These reforms can be roughly divided into five different categories: (i) changes to policy or legislative frameworks; (ii) institutional reforms; (iii) reforms affecting the provision of income support measures; (iv) changes to disability-related assessment frameworks; and (v) reforms in the field of access to assistive technology and/or personal assistance.

Overall, the comparative overview of recent and planned reforms provides a rather encouraging picture of countries' efforts to improve the social protection rights of persons with disabilities and to strengthen countries' commitments to the UN CRPD provisions in several relevant areas (e.g. strengthening the legal framework for protecting the rights of people with disabilities, improving the adequacy of income support benefits, enhancing the right to independent living and autonomy, strengthening social inclusion, increasing opportunities for inclusive labour market participation).

G. Current national debates focusing on the access of people with disabilities to social protection

Although 34 of the 35 countries covered in this report have ratified the UN CRPD and are thus bound by its provisions (Kosovo being the exception), social protection for people with disabilities in the context of the UN CRPD obligations does not generally seem to rank highly in most countries' political and public debates. ESPN experts in 16 countries (13 EU Member States and 3 non-EU countries) either did not identify any relevant debates, or reported that the issue only arises in public debate from time to time or does not have a prominent place on the political agenda.

In those countries in which ESPN national experts identify debates concerning the access of people with disabilities to social protection, the discussions seem to confirm increased attention to enhancing the rights of people with disabilities, often in relation to the UN CRPD commitments (e.g. adopting new legal or strategic frameworks, encouraging deinstitutionalisation and independent living, reforming disability assessment frameworks). On the other hand, these debates tend also to highlight problems that people with disabilities continue to face regarding access and entitlement in practice to social protection provision in their countries (e.g. inadequacy of existing assessment models, inconsistencies in the functioning of assessment procedures, difficulties accessing benefits, quality gaps in service provision).

H. Enhancing access to social protection: good practices singled out

Most ESPN national experts identify at least one good practice in their country, i.e. practices that help to give people with disabilities effective access to social protection benefits or services.

The good practices most frequently identified by the ESPN experts involve important legislative developments and/or policy reforms which facilitate the access of people with disabilities to social protection, improve the adequacy of existing benefits and/or the effectiveness of the provision of existing support, or put in place specific projects (often pilot projects) or programmes targeting specific areas of support to persons with disabilities.

Other categories of good practices singled out by the ESPN experts include: (i) the dissemination of information and guidance on access to support and monitoring of the effectiveness of social protection support; and (ii) specific conditions which facilitate access of people with disabilities to benefits or other types of support.

RECOMMENDATIONS

While there is evidence that tangible national and subnational measures are being taken by the 35 countries analysed here to address, at least in part, the issues raised by Principle 17 of the European Pillar of Social Rights (EPSR) and by Article 28 of the UN CRPD, concerns remain regarding the effectiveness of social protection systems in ensuring that people with disabilities realise their rights and have the same opportunities in life as everyone else.

This section proposes recommendations to the 35 countries covered in this study as well as various areas of action which could benefit from (further) EU support and collaboration. These proposals build on the main outcomes of the comparative analysis of the national reports prepared by the 35 ESPN country teams, carried out by the authors of this Synthesis Report.

Recommendations to countries

Reviewing overall policy approaches in line with the UN CRPD rights-based approach

- Countries should ensure that existing policy frameworks and legal regulations address the needs of people with disabilities in a comprehensive way, thus moving from a “care and rehabilitation” perspective towards guaranteeing all rights and freedoms, including the freedom to make choices, and respect for the independence of each individual (i.e. a *paradigm shift* from a medical model of disability addressed by welfare support to a social model perspective underpinned by a holistic human rights framework).
- In promoting the rights to an “adequate standard of living and social protection” (Article 28 of the UN CRPD), countries should deliberately ensure that these rights are conferred and exercised (e.g. legal enforcement of existing rights, legal regulatory mechanisms) without discrimination, particularly at times of intensified socio-economic challenges.
- Promotion of a rights-based approach to disability in the spirit of the UN CRPD should include strong and regular involvement of key actors, e.g. governments and other public bodies, regional and municipal authorities, as well as people with disabilities and NGOs working with and representing people with disabilities (in line with the tagline “nothing about us, without us”).

Addressing inequities of provision and fragmented policy approaches

- Countries should promote a consistent and holistic approach regarding the understanding of disability and disability-related needs, particularly by avoiding categorisations of disability, as well as inequalities in eligibility conditions and disability assessment.
- The impacts of fragmented systems of benefits (e.g. with a high number of cash benefits) and differentiated accessibility conditions to qualify for social protection benefits and services across different regions should be identified and objectively assessed.
- The eligibility conditions for social protection benefits and services for people with disabilities should be rationalised - by simplifying procedures, ensuring uniform rules and facilitating access to clear and accurate information on entitlement rights.
- Along with simpler, clearer and more accessible application procedures, countries should improve coordination between relevant actors in order to actively combat non-take-up and provide an effective response to people’s needs, including by reducing waiting periods. The use of appropriate automatic granting of income support should be encouraged, in order to address existing hindrances linked to complex application procedures (for instance regulations and eligibility criteria).

- Countries should review structural features within their social protection schemes in order to identify and address instances of differential treatment, such as preferential treatment afforded to people injured at work or as a result of military activities.
- Local or regional services with responsibilities for the provision of social protection benefits and/or services should have sufficient knowledge, capacity and financial resources to guarantee the quality of the support provided.

Improving the design and implementation of disability assessment frameworks

- Countries should actively recognise and incorporate the social or human rights model of disability – based on the principles of non-discrimination and inclusion – into their current disability assessment frameworks, moving away from a medical model.
- Multi-level assessment responsibilities should be streamlined, establishing (when necessary) appropriate linkages between the different authorities involved in disability assessment procedures in order to avoid inequalities.
- The use of multiple (methods of) assessment should be based on clearly defined and harmonised assessment criteria, with a view to enhancing consistency and transparency in decision making and avoiding administrative burden and uncertainty for applicants. In parallel to streamlining these assessment procedures, countries should strive to eliminate long waiting lists and reduce excessive waiting periods for accessing benefits and services.
- Assessment procedures should be revised to strengthen the multidisciplinary approach, with a more active and meaningful involvement of the teams responsible for disability assessments.
- Active participation of people with disabilities in the process of producing information for the assessment of their disability (e.g. self-assessment questionnaires) should be encouraged. There should be greater involvement of organisations working with and representing people with disabilities in the design of disability assessment mechanisms.
- Regular, independent evaluations of disability assessment processes and outcomes should be promoted in line with UN CRPD provisions.

Factoring in the additional costs of disability, and addressing inequality between those on the same income with and without a disability (“horizontal inequality”)

- Each country should review its approach to ensuring that the additional costs of living associated with disability should not fall on people with disabilities and their families. In this respect – and in line with UN CRPD guidance – countries should implement social protection schemes covering such costs through needs-based mechanisms which are not means-tested and not based on prior contributions to social insurance schemes.
- An overall policy of non-means-tested benefit entitlement should be adopted, to ensure that people with disabilities are less dependent on the income of others within their household, in accordance with an individualisation of rights (including the right to benefits).
- An approach of enhanced individualisation of rights is a key element in addressing the intersection of gender and disability, particularly by tackling the multiple and additional intersecting barriers faced by women with disabilities at different levels (e.g. within the family, in their professional trajectory).

Tackling inadequate levels of income protection

- When designing their disability policies and programmes, countries should draw on existing evidence showing the clear positive correlation between systems providing generous disability income support and poverty reduction. Poverty prevention and alleviation among people with disabilities should be given explicit attention in national strategies on poverty and disability alike (e.g. setting realistic but ambitious targets to eliminate poverty gaps between people with and without disabilities).
- Indexation and uprating mechanisms for disability-specific cash benefits (e.g. disability pensions) should be assessed with a view to ensuring that the standard of living of people with disabilities does not lag behind that of the rest of society. Particular attention should be paid to the impact of these mechanisms on life course transitions in relation to other social protection benefits (e.g. transition into old age).
- Whenever necessary, countries should adjust the rules applicable to their GMIs (e.g. the “equivalence scale” used to take account of the size and composition of the household) to take into consideration the presence of people with disabilities within the household and the impact of this on the person’s and the household’s disposable income. This is even more crucial given the (still) overall inadequate levels of income provided by GMIs in most countries.
- Research evidence on the conditions under which people with disabilities exercise their right to GMIs, including obstacles to accessing the benefit and their impact on the living conditions of people with disabilities, should be strengthened.
- Countries should ensure that the income support provided by mainstream contributory benefits (e.g. old-age pensions, unemployment benefits) to people with disabilities whose reduced working “capacity” has had an impact on their contributory history is not affected by their weaker link to the labour market.
- Income replacement benefits should be sufficient to contribute significantly to the right of people with disabilities to a decent standard of living, guaranteeing income security and protection against income poverty.

Promoting enabling conditions for the labour market integration of people with disabilities

- In parallel with ensuring access to adequate social protection schemes, countries should enhance the enabling conditions needed to increase the (generally) low participation rate of people with disabilities in the labour market. In the context of active labour market policies, it is important to reflect on the best ways to address existing “disability traps” and to avoid creating any more traps of this kind.
- Countries should strive to implement the rights of people with disabilities in line with Principle 4 of the EPSR, according to which “Everyone has the right to timely and tailor-made assistance to improve employment or self-employment prospects”. This includes the need for a cultural change, supported by adequate financial resources and other incentives, targeting a wide range of relevant actors (e.g. employers, people with disabilities, assessment teams, social security and other relevant authorities) to promote work retention, transitions between jobs and return to work.
- Evidence-based assessment of existing barriers (e.g. lack of flexibility in combining income from work and social benefits; stringent medical assessments with a focus on impairments; lack of relocation or job adaptation opportunities) that impede or reduce the participation of people with disabilities in the labour market should be a priority (where such assessments do not already exist).

- Enhancing the labour market participation of people with disabilities should also include refocused attention on the role and responsibilities of employers, learning from existing good practices in this area (e.g. increased use of quotas, social clauses for companies undertaking work for the public sector, and/or legal enforcement of provisions).
- Countries should ensure early assessment of the disability, focusing on the “capacity” for work of the person, and should adopt a preventative approach in which return-to-work plans are developed at an early stage.
- Further research efforts are needed to address the current paucity of data and evidence on the role of mainstream unemployment schemes and policies aimed at protecting people with disabilities and at ensuring their access to unemployment protection.

Moving towards effective and adequate user-led access to assistive technology and personal assistance

- Countries should take the necessary steps to progress towards a user-led model in the provision of assistive technology and personal assistance services, more closely aligned and consistent with UN CRPD provisions in offering people with disabilities more choice and control over the support they need.
- The implementation (or strengthening) of personal budget measures could usefully be considered, while being closely screened, with a view to exploring their potential to advance independent living.
- In designing or implementing their disability strategies or plans, countries should ensure the establishment of long-term programmes for the expansion of personal assistance services and access to assistive technology – providing sufficient financing and human resources for their continued and steady implementation.
- Countries should address inequities in accessibility and financial aid in the area of assistive technology and personal assistance, tackling fragmented and overlapping responsibilities, geographical disparities and inequitable criteria.
- The use of means-tested criteria to determine the access of people with disabilities to assistive technology and personal assistance should be subject to rigorous assessment, eliminating discriminatory practices hampering access by people with disabilities, given the additional costs faced by a person with disabilities compared with someone on the same income without disabilities.
- Support in the area of assistive technology (including devices) should be in line with appropriate (and regulated) quality standards, prevailing market prices, and comprehensive and updated provision.
- Available aids in this area should be subject to regular evaluation, in consultation with beneficiaries and/or beneficiaries’ representative organisations, ensuring that the available support caters appropriately to their needs.
- Effective and generalised access to personal assistance schemes is vital to counteract the risk of institutionalisation, which could be avoided by providing people with disabilities with better access to facilitation of independent living.
- Countries should consider strengthening their current provision of personal assistance schemes, including eliminating obstacles in the procedures and administrative rules, improving waiting times for accessing the service, remedying lack of awareness regarding the availability of support, and providing a sufficient budget as well as appropriate quality training of personal assistants.

- Countries should ensure the co-design of legislation with clear and accurate wording to ensure that the purpose of the personal assistance schemes is not misinterpreted, and that these are clearly framed as enabling services towards independent living for persons with disabilities.
- More attention should be paid to improving the qualifications and skills of professionals involved in the provision of assistive technology as well as personal assistance, to strengthen the effectiveness of their mediation and support roles.

Strengthening data collection and research evidence as well as monitoring and evaluation mechanisms

- Countries should strengthen data collection mechanisms, ensuring that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected, in line with Article 31 (“Statistics and data collection”) of the UN CRPD provisions.
- Countries should review the current utilisation of official statistics in the area of disability and plan for any necessary improvements (e.g. data sources, indicators, access to micro-data for research purposes, etc.), involving all relevant stakeholders.
- The additional costs of disability should be taken into account in relevant national statistics (e.g. household income and living conditions), particularly when disability-related benefits are included as income.
- Countries should strengthen (or develop) research activities in order to design and develop evidence-based strategies and policies that capture the perspectives and experiences of people with disabilities. They should ensure that the formulation of policy initiatives (e.g. strategies, plans, measures) is based on robust quantitative and qualitative evidence and quality data.
- Research evidence on the income and living conditions of different groups of people with disabilities (e.g. by age, gender and impairment types) and their families should be strengthened.
- Monitoring and evaluation mechanisms (supported by robust evidence and long-term research) should be incorporated into the design of disability strategies or plans, with the UN CRPD provisions constituting the main reference framework to assess and guide policy choices. Data on how the social protection system works (e.g. number/share of people receiving various types of benefits, number of people on and duration of waiting lists for accessing various types of services, percentage of non-take-up of income-related benefits) and on the gaps and obstacles identified should form an integral part of monitoring and evaluation.
- Countries should pay particular attention to reviewing how people with disabilities are affected by changes in mainstream social protection policies, in order to address any disproportionate negative impacts on their and their household’s living conditions.
- In implementing their disability strategies or plans – ensuring compliance of their current social protection system with the provisions of the UN CRPD – countries should guarantee regular monitoring of the needs of people with disabilities and of the effects of the measures and policies put in place, including identification of any gaps or obstacles and attention to the adequacy of the support provided. This would help to show where specific and targeted support is needed.

EU-level recommendations

(Further) EU support and collaboration would be beneficial in:

- Supporting and steering Member States' data collection and research activities in all areas where gaps have been identified, in order to inform countries' evidence-based policies and achieve effective monitoring of these.
- Building an evidence development plan, to enhance quantitative and qualitative evidence and provide improved indicators, enabling better assessment and monitoring of the role of social protection in guaranteeing decent income and adequate living conditions for people with disabilities.
- Ensuring the full implementation of the monitoring framework of the 2021-2030 Strategy for the Rights of Persons with Disabilities, released in May 2022.¹³ This framework will allow regular monitoring of the situation of persons with disabilities compared to those without disabilities, sound evaluation of Member States' progress in implementing relevant social protection reforms and disability assessment frameworks, including in connection with the European Semester process. This could usefully complement reporting by the Member States to the dedicated United Nations (UN) Committee, as suggested in the Strategy.
- Making full use of the expertise available at EU level to further promote mutual learning activities and exchanges of good practices among the Member States, with a view to identifying and assessing social protection schemes and policies which tackle horizontal inequality by taking into account the additional costs of disability and emphasising non-means-tested entitlements.
- Exploring further ways of improving the mainstreaming of the rights of persons with disabilities into social policies and other relevant policies across Member States. Additional guidance and mutual learning support in this context are particularly important for the development of effective ex-ante and ex-post policy assessment mechanisms.
- Collecting information on policies and practices promoting the individualisation of social protection rights and successful models of provision, allowing people with disabilities greater choice and control in the Member States, with a view to supporting countries' policymaking.
- Supporting Member States to ensure that social protection systems contribute to effective pathways to fair and enabling labour market conditions for people with disabilities, promoting better labour market outcomes and the right to income support that ensures dignity. The Disability Employment Package launched in September 2022 will provide a key compass for framing these developments.
- Giving close consideration, in view of the mounting evidence of the need to improve the inadequate levels of income protection for people with disabilities, to linking the implementation of Principle 17 of the EPSR – that people with disabilities have the right to income support that ensures dignity – with strong implementation of Principle 14, which recognises the right to adequate GMI benefits as key to effective access to enabling goods and services.

¹³ <https://ec.europa.eu/social/main.jsp?catId=1552&langId=en>

- Providing guidance and financial support to national, regional and local authorities in their efforts to encourage deinstitutionalisation, independent living and inclusion in the community including through the provision of quality services, as tools which are strongly interrelated with adequate and effective social protection systems. The dedicated flagship initiatives on living independently/inclusion in the community and on social services of excellence for persons with disabilities announced in the EU Strategy for the Rights of Persons with Disabilities will provide further steering in this regard.
- Enhancing the attractiveness of jobs in the area of services to persons with disabilities and upskilling/reskilling service providers in order to improve the quality of assistance. EU-level efforts to improve the working conditions, qualifications and skills of care professionals, including in the framework of the European Care Strategy, will contribute to this objective.
- Supporting initiatives that foster the use of EU funding to promote the rights of people with disabilities and to counteract actions that contribute to exclusion or segregation, and providing further targeted guidance for this. The potential of using the principles of the rule of law under the Conditionality Regulation for access to EU funds should be explored, in line with the guidelines on the application of Regulation 2020/2092, published in March 2022.¹⁴

¹⁴ https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.C_.2022.123.01.0012.01.ENG&toc=OJ%3AC%3A2022%3A123%3ATOC

1 DISABILITY-SPECIFIC INCOME SUPPORT FOR WORKING AGE PEOPLE WITH DISABILITIES: OVERVIEW AND MAIN FEATURES

Most social protection systems comprise contributory and non-contributory programmes, which can play a crucial role in providing income security and reducing poverty and inequality. Well-designed social protection programmes can help to remove social and economic barriers that impede access to employment, thus enhancing the productivity and employability of persons with disabilities and contributing to their income security (UN 2018).

Considering the complexity and the number of disability programmes across the 35 countries covered by this study, the focus of this section is to provide an overall description of the two main types of long-term disability schemes which provide an income for working age people: (i) disability insurance (DI) schemes, which provide contribution-based income replacement benefits; and (ii) disability assistance (DA) schemes, which provide tax-financed benefits (OECD 2018). In this report, DI schemes are used to describe the provision of contributory programmes for people with disabilities who can meet the requirements of their country's social insurance benefits. DA schemes, on the other hand, are used to describe the provision of non-contributory income protection, which may include both means-tested and non-means-tested cash benefits. A detailed description of all DI and DA cash benefits is available in the respective ESPN national reports.¹⁵

The main goal of Section 1 is to map and assess the situation across the EU (as well as in the UK and the seven [potential] candidate countries) as regards access to disability-specific income support available to working age people with disabilities.

Section 1.1 provides an overview of the provision of disability benefits/pensions (contributory and non-contributory) to working age people with disabilities, i.e. disability-specific income support schemes for people who do not have a job and/or who are (declared) partially or totally unable to work due to disability.

Sections 1.2 and 1.3 focus on DI and DA schemes respectively, exploring in detail the main features of the systems in the 35 ESPN countries. Both sections provide a description of the overall provision and the main features of the system in place in terms of the eligibility conditions that apply to working age people with disabilities. These include both disability-related criteria as well as other conditionalities unrelated to disability (e.g. age, residency and/or nationality, contributory history).

Section 1.4 identifies the main restrictions and obstacles to entitlement hindering working age people with disabilities from accessing both DI and DA schemes across the 35 countries. The critique is based on the assessment made by ESPN country teams.

Section 1.5 provides a description and critical overview of the disability assessment frameworks used for both DI and DA cash benefits.¹⁶ The analysis focuses on the systems' main characteristics (e.g. type of assessment, method, supporting evidence) and provides a short critical analysis of the way in which these assessment frameworks are designed and implemented.

¹⁵ We refer the reader to the ESPN national reports for a detailed analysis of the existing benefit provision in each country, as well as the name of the benefits in the national language(s).

¹⁶ The choice to provide an integrated analysis of the existing disability assessment frameworks arises from the acknowledgment that there are no significant differences in the descriptions provided by ESPN national experts between the systems currently in place for determining eligibility to contributory disability-specific cash benefits and those applicable to non-contributory disability-specific income support.

Section 1.6 focuses on the actual benefit entitlement of working age people with disabilities to the provision of disability-specific support (DI and DA schemes), covering briefly the level and duration of the benefits and interactions with other income or other benefits, as well as any challenges linked to the adequacy of benefits.

1.1 Disability-specific benefits available to working age people: the prevalence of insurance-based systems

This section describes the most important/relevant disability-specific cash benefits (contributory and non-contributory) available to working age people with disabilities across the 35 countries covered.

It starts by providing an overview (Table 1.1) of the situation in the various countries regarding the provision of the two types of benefits covered, i.e. DI and DA schemes. In some EU countries (BG, CY, HR), in the UK and in four other non-EU countries (BA, ME, MK, XK), the description of the disability-specific income support available to working age people with disabilities also includes cash benefits specifically related to disabilities resulting from military service or war.

People who are out of work and who are (declared) partially or totally unable to work due to disability may receive DI benefits in nearly all Member States, in the UK and in nearly all other non-EU ESPN countries. The exceptions are Denmark, Estonia, the Netherlands, Turkey and Kosovo.

Table 1.1: Grouping of countries according to the nature of disability benefits provision, ESPN countries

| Disability insurance and assistance provision | Only insurance-related provision |
|--|----------------------------------|
| AT, BE, BG, CY, CZ, EL, ES, FI, FR, HU, HR, IE, IT, LU, LT, LV, MT, PL, PT, RO, SE, SI AL, BA, ME, MK, RS, UK | DE, SK |
| Only assistance-related provision | |
| DK, EE, NL TR, XK | |

Source: Authors' elaboration based on the 35 ESPN national reports

Estonia provides DA but does not have a national DI scheme for working age people with disabilities. The Danish situation is described by the ESPN country team as a unique one: "Unlike most other countries, the disability pension in Denmark is not contribution based but rather financed through general taxation (...) Contribution-based disability pensions are not in pillar one (statutory pensions) of the Danish pension system, but rather in pillars two (occupational pensions) and three (individual pensions)".

The ESPN national experts from Turkey highlight the limited specific social protection provision available for working age people with disabilities and describe one DA benefit currently accessible under rather unsatisfactory conditions, as well as a specific disability payment for those injured during military/security-related service. Kosovo's disability-specific cash benefits are all national, general and tax-financed.

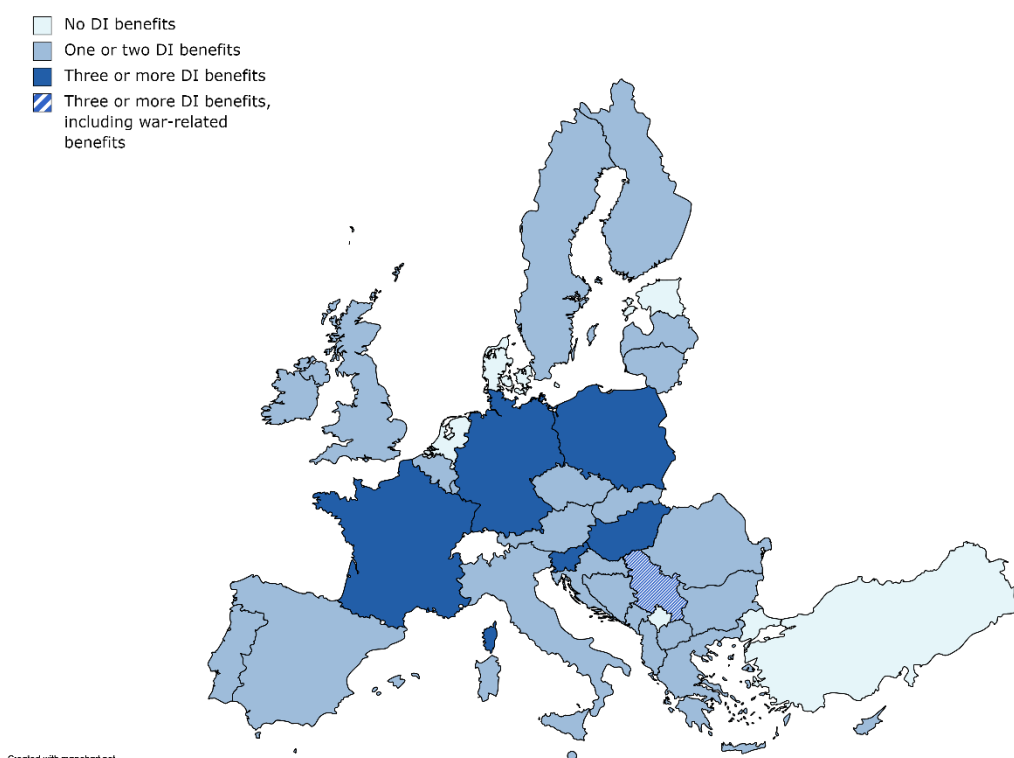
ESPN national experts from Germany and Slovakia explain that there is no national DA programme. Therefore, people with disabilities without a previous employment record are entitled to minimum income schemes or other social assistance schemes (GMI benefits), among other benefits and services aimed at overcoming disability-related barriers and maintaining independent living.

The UK country team points out that in the UK, a range of means-tested benefits and tax credits available to people with disabilities and others is being replaced by Universal Credit, which is a more general GMI type of scheme. The “legacy” benefits are therefore not described in detail in the UK national report (but rather are presented briefly in an Annex).

1.2 Comprehensive provision of DI schemes for working age people

DI schemes available to working age people are widely available in the countries covered in this study. The description provided by ESPN national experts shows that in most countries the system in place usually includes one or two cash benefits. Systems providing three or more disability-specific cash benefits are less frequent and only two Member States (DE, SI) and Serbia identify five or more benefits (Figure 1.1).

Figure 1.1: Availability of DI cash benefits for working age people, ESPN countries



Source: Authors' elaboration based on the 35 ESPN national reports

The relatively high number of (contributory) cash benefits available for working age people in Germany, Slovenia and Serbia is linked to various organisational aspects of the DI systems currently in place in each country.

- Germany has a multi-layered DI system of cash benefits available to working age people which is related to the type of activity covered by each statutory pension scheme: (i) the statutory pension insurance, which provides compulsory cover for (almost) all employees and for certain categories of self-employed people; (ii) various pension schemes operated by the liberal professions for members of professional associations; (iii) the social insurance scheme for agriculture, forestry and horticulture for farmers and their family workers; and iv) the civil service pension scheme.

- The ESPN national expert from Slovenia emphasises the diversity of the DI system, which provides various benefits which depend on the assessed “capacity” of the insured person, encompassing different levels (categories) of disability, “capacity” for work and need for assistance.
- Similarly to Slovenia, in Serbia the four different DI cash benefits are related to the various assessed levels of work “(in)capacity”; however, in Serbia, there are six other disability-specific cash benefits which are only available to working age people who were engaged in military or war-related activities and who, as a result, were assessed with a specific level of disability.

1.2.1 Eligibility conditions for accessing the existing DI schemes: disability-related qualifying criteria

ESPN national experts were asked to describe the eligibility conditions applying to each benefit¹⁷ and to identify the main gaps/obstacles faced by people with disabilities in accessing the schemes.

Entitlement to social insurance benefits usually depends on meeting a combination of disability qualifying criteria, covering contribution requirements and length of time in work, and the age of the claimant, among other aspects. Each country varies in its exact requirements. The eligibility conditions analysed in this study include both those which are related to disability (disability qualifying criteria) and other entitlement conditions unrelated to disability (i.e. age, nationality and/or residency, waiting period, contributory history and the level of financial resources).

From the ESPN national reports, it is possible to identify five major categories through which a person’s disabilities are taken into account in deciding entitlement to a DI cash benefit. These are: the person’s “capacity” for work, their earning “capacity”, the level or severity of the disability, the level of support needed and the source of the disability or impairment (e.g. work-related impairment, war injuries).

Table 1.2 provides an overview of the main types of disability-related qualifying criteria identified by ESPN national experts when describing the provision of the most important (contributory) disability-specific benefits/pensions available to working age people.

Twenty-two out of the twenty-four ESPN country teams from Member States which report the existence of DI schemes available to working age people with disabilities identify “reduced capacity for work” as a qualifying criterion for accessing the benefits. The use of the same criterion is referred to by the UK and five other non-EU countries (Table 1.2).

¹⁷ We refer the reader to the ESPN national reports for more details regarding the specific eligibility conditions that apply to each disability-specific cash benefit described; different benefits within one country may have different eligibility conditions.

Table 1.2: Grouping of countries according to the type of disability-related qualifying criteria, DI cash benefits, ESPN countries

| “Capacity” for work | Earning “capacity” |
|--|-------------------------|
| AT, BE, BG, CY, CZ, DE, ES, FI, FR, HR, IE, IT, LT, LU, LV, MT, PL, PT, RO, SE, SI, SK AL, BA, ME, MK, RS, UK | BE, CY, PT |
| Level/severity of disability | Level of support needed |
| EL, FR, HU, IT, PT, RO BA, RS, UK | LV, PL, SI |
| Source of disability* | No DI schemes |
| EL, HU, LV, PT, RO, SK BA, ME, RS | DK, EE, NL TR, XK |

Note: The category “source of disability” is used throughout this report as referring to a condition relating to the origin of the disability (for example, the disability was caused by a war-related injury, an accident at work, or a specific illness). Source: Authors’ elaboration based on the 35 ESPN national reports

In 14 countries (AT, BG, CZ, DE, ES, FI, HR, IE, LT, LU, MT, SE; AL, MK) the individual’s entitlement to disability-specific contributory cash benefits is based solely on the “reduced capacity for work” criterion. Additionally, this disability-related “condition” may be influenced by a variety of other determinants (e.g. earlier or comparable professional activity, basic “capacities” and skills, comparable educational background or training skills, duration of the reduced working “capacity”, rehabilitation prospects). In the UK, the level or severity of lack of working “capacity” is used to decide which level of benefit people qualify for and how long that benefit goes on for.

The examples below illustrate how the **“capacity for work”** criterion is applied in different countries to determine the eligibility of working age people for disability-specific cash benefits.

- In Austria, “invalidity/work incapacity” is defined as a condition in which the applicant’s working “capacity” is reduced as a result of his/her physical or mental situation to less than half of that of a physically and mentally healthy insured person with similar training and equivalent knowledge and skills regarding any profession feasible for the applicant (“Invalidity” pension and “Work incapacity” pension).
- The ESPN national experts from Croatia highlight that the right to a disability pension is conditional on the existence of partial or complete loss of working “capacity”; partial loss of working “capacity” exists when an insured person has a reduction in his/her working “capacity”, and due to health, age, education and “capability” cannot be trained through professional rehabilitation to work in other full-time jobs, but can work for at least 70% of working time on customised jobs that correspond to his/her previous jobs with the same or similar levels of education.
- In Germany, different levels of reduced earnings “capacity” pensions are granted to people who are, as a result of sickness or infirmity: (i) unable to work indefinitely for at least three hours a day under regular labour market conditions; or (ii) unable to work indefinitely for at least six hours a day under regular labour market conditions.
- In Ireland, a person will be regarded as being “permanently incapable of work” if, immediately before the date of claiming the “Invalidity” pension: (i) he or she has been “continuously incapable of work” for a period of one year, and it is shown to the satisfaction of a deciding officer or an appeals officer that they are likely to continue to be “incapable of work” for at least a further year; or (ii) the person is “incapable of work”, and evidence is adduced to establish to the satisfaction of a deciding officer or an appeals officer that

the reduced working “capacity” is such that the likelihood is that they will be “incapable of work” for life (“Invalidity” pension).

- In Sweden, Sickness compensation is available for people who have an illness or functional impairment that makes them unable, both currently and in the future, to work in any job that is available on the labour market. The reduction in working “capacity” can be assessed as 25%, 50%, 75% or 100%.
- In North Macedonia, disability is confirmed if “capacity” for work is permanently reduced by more than 50% compared to a person without disabilities of the same or similar education and “abilities” due to a change in the health situation (caused by either work- or non-work-related injury or disease), which cannot be reversed by medical treatment or rehabilitation (Disability pension).

ESPN national experts from three Member States (BE, CY, PT) report the use of the working “capacity” criterion in combination with another type of disability-related qualifying criterion – **earning “capacity”** – to determine access for working age people to disability-specific DI cash benefits.

- In Belgium, “Invalidity” benefit is available to any worker considered “incapacitated for work” for health reasons - i.e. they cannot earn more than one third of the “normal” earnings of a worker in the same category and with the same training; the ESPN national experts add that three conditions must be met to be recognised as “incapacitated for work”: (i) the total cessation of work for health reasons; (ii) the cessation must be the consequence of the onset of injuries or functional disabilities or the aggravation of injuries or functional disabilities; and (iii) the need to be recognised as being at least 66% “incapacitated for work” compared with the last professional occupation and with all previous professional occupations, or occupations which could have been undertaken given the person’s training.
- The ESPN national experts from Cyprus report that in order to be eligible for the “Invalidity” pension, beneficiaries must be expected to be permanently “incapable of work”, i.e. they must be unable to earn, from work which they can reasonably be expected to perform, more than one third of the amount normally earned by a fully functional person in the same occupation or occupational group and with the same training in the same field or, in the case of people between 60 and 63 years of age, more than half of the afore-mentioned amount.

The **level or severity of disability** is used as a disability-qualifying criterion in six Member States (EL, FR, HU, IT, PT, RO), as well as in Bosnia and Herzegovina, Serbia and the UK. From the descriptions provided by the ESPN national experts, the level (severity) of disability may be used as the sole criterion for accessing a specific benefit (e.g. HU) or in combination with other criteria, particularly those regarding the source of disability and working “capacity” (e.g. EL; BA).

- In Greece, Non-institutional care benefit is provided to those diagnosed with at least 67% of disability due to paraplegia, quadriplegia, amputation, or any other “condition” that causes a similar disability. It is also provided to those diagnosed with 80% or more disability due to bone diseases.
- In Hungary, “Invalidity” allowance is an income replacement benefit for people who have a “health condition” of 60% or less and whose rehabilitation is not recommended.

- The ESPN national experts from Bosnia and Herzegovina report that in order to be eligible for financial compensation for physical disability in the Federation of Bosnia and Herzegovina (one of the two entities within the State of Bosnia and Herzegovina), the person needs to have been assessed as having at least 30% disability, caused by work injury or occupational illness.

These descriptions echo previous findings (OECD 2018) reflecting the diversity of minimum thresholds which must be met in order to qualify for these benefits. This means that the same level of disability may entitle an individual to benefits in one country but not another. The conditions of entitlement to Non-institutional care benefit (EL) and to “Invalidity” allowance (HU) are an example of such differences: in Greece, the minimum level of disability granting entitlement is 67%, whereas in Hungary the benefit is granted to people with a disability level of at least 40%. However, in spite of these differences, the situation across the 35 countries suggests an overall trend in determining a minimum level of disability necessary to qualify, reflecting the severity of the disability as assessed in each case.

Additionally, this criterion is always applied in combination with other criteria (e.g. working “capacity”).

In relation to the use of the **source of disability** as a criterion, the descriptions provided by ESPN national experts show that, for all the benefits reported, eligibility depends on the fact that the injury/disease/impairment leading to the disability arose either from work-related activities (e.g. HU, LV, SK; ME), a specific illness or disease (e.g. EL, PT), or from participation in war or military activities (e.g. RS). In some countries (e.g. BA), the eligibility covers all three causes mentioned.

- In Slovakia, working age people are entitled to Injury Annuity benefit if they have been assessed with reduced working “capacity” of more than 40% due to injury related to the performance of work tasks.
- Eligibility for the Special regime of “invalidity” protection in Portugal requires the claimant to be in a situation of permanent “incapacity for work”, with a prognosis of rapid deterioration towards a situation of loss of autonomy caused by certain diseases (e.g. paramyloidosis, Machado-Joseph disease, AIDS, multiple sclerosis...).
- In Serbia, military war veterans with at least 20% disability caused by a wound, an injury or a disease are entitled to “Invalidity” allowance for unemployed military war “invalids”.

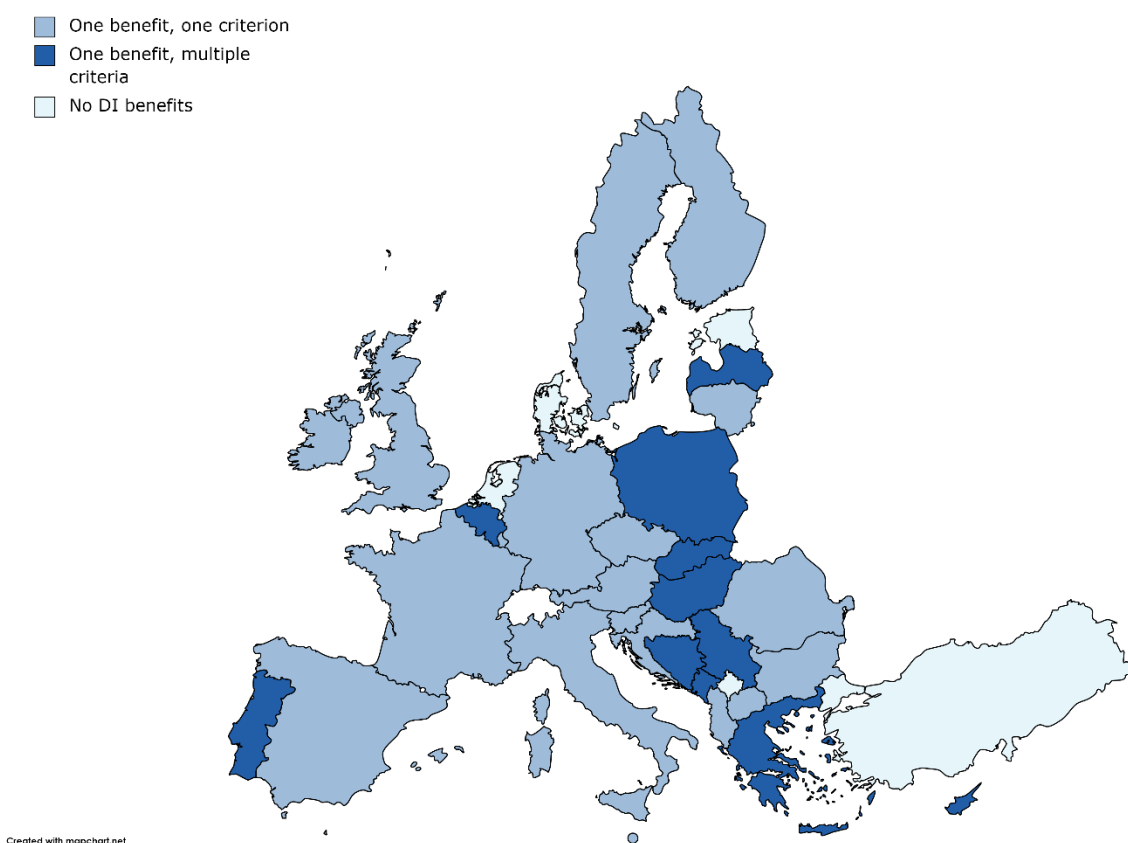
ESPN national experts from three Member States (LV, PL, SI) highlight the use of a **level of support needed** criterion as a means to determine eligibility for certain DI cash benefits for working age people. This criterion is based not on the working “capacity” of the person, but rather on their “capacity” to meet basic life necessities. In Latvia and Poland, working “capacity” and the level of support the person needs are used to determine eligibility for specific benefits, whereas in Slovenia there are benefits for which only the level of support needed is used as a disability-related criterion.

- Eligibility for the Disability pension in Latvia depends on an assessment of the level of functional limitation and the loss of working “capacity” which is ascribed to different groups.
- In Slovenia, a person who is affected by a loss, major injury or major “incapacitation” of individual organs or parts of the body, which renders physical activity more difficult and demands greater effort in satisfying his/her basic life necessities, irrespective of whether such a physical impairment causes disability, is entitled to the Disability allowance.

Finally, it is important to note that our comparative analysis of the disability-related qualifying criteria for determining access to disability benefits has highlighted two major patterns in the use of qualifying criteria in the 35 countries analysed: those countries in which entitlement is based on **meeting “one criterion for one benefit”**, and those other countries in which eligibility for one benefit depends on meeting multiple criteria (Figure 1.2).

National experts from 16 Member States (AT, BG, CZ, DE, ES, FI, FR, HR, IE, IT, LT, LU, MT, RO, SE, SI) report the use of only one disability-related qualifying criterion for determining eligibility to each DI benefit described. In most countries, the person’s “capacity” for work is the only disability-related qualifying criterion used to determine entitlement to disability-specific income support for people with disabilities. In Germany and Slovenia, earning “capacity” (DE) and level of support needed (SI) are also used as sole criteria to determine eligibility for the DI benefits available to working age people with disabilities.

Figure 1.2: Utilisation pattern of disability-related qualifying criteria, DI cash benefits, ESPN countries



Source: Authors' elaboration based on the 35 ESPN national reports

The use of **a combination of criteria** for determining access to disability-specific cash benefits is reported by ESPN national experts from eight Member States (BE, CY, EL, HU, LV, PL, PT, SK) and three non-EU countries (BA, ME, RS). However, within this group of countries there are significant differences in the number of criteria used and in the ways in which they are applied, which may affect the accessibility of the benefit in practice. In Latvia and Portugal, three or more criteria are applied to determine eligibility for one specific benefit, whereas in all other ESPN countries in this group, two criteria are applied.

In cases in which two criteria determine entitlement to the specific benefit, there seems to be a link between these criteria (e.g. working “capacity” and reduced earnings “capacity”; or level and source of disability).

- In Cyprus, for example, beneficiaries must be expected to be permanently “incapable” of work, i.e. they must be unable to earn, from work which they can reasonably be expected to perform, more than one third of the amount normally earned by a fully functional person in the same occupation or occupational group and with the same training in the same field or, in the case of people between 60 and 63 years of age, more than half of this amount.
- In Greece, the Non-institutional care benefit is provided to people diagnosed with at least 67% disability due to paraplegia, quadriplegia, amputation, or any other disease that causes a similar disability. It is also provided to those diagnosed with 80% or more disability due to bone diseases.

On the other hand, in those countries in which more than two criteria must be met in order to have access to a specific benefit, this may increase the complexity and reduce the user-friendliness of the application procedure.

Portugal, for example, is in a unique situation, as it is the only ESPN country in which eligibility for each of the two available DI cash benefits for working age people combines four different types of disability-related criteria: working “capacity”, earning “capacity”, level (severity) of disability and source of disability:

- In order to be eligible for the Special regime of protection in “invalidity”, the applicant must be in a situation of permanent “incapacity for work” and with a prognosis of rapid deterioration towards complete loss of autonomy caused by certain diseases (see above). Permanent “incapacity for work” can be of two types: (i) relative “invalidity”, which applies to workers who, before reaching the standard retirement age, become unable to earn more than one third of their usual wage, as a result of a permanent “incapacity” due to an illness or accident not covered by the specific legislation on accidents at work and occupational diseases; they should also not be expected to recover and to become able to earn more than 50% of their previous wage within a period of three years - in these situations, a reassessment is required three years after the benefit is granted; and (ii) absolute “invalidity”, which applies to workers with full and permanent “incapacity” to carry out any working activity.

Sainsbury et al (2017) suggest that this pattern of using multiple criteria for determining access to disability benefits may make the application process more complex and potentially limit the number of working age people with disabilities who receive support in practice.

1.2.2 Eligibility conditions for accessing the existing DI schemes: qualifying criteria unrelated to disability

Apart from disability-related qualifying criteria, ESPN national experts were asked to identify – for each benefit described – entitlement conditions unrelated to disability, such as age, nationality and/or residency, waiting period, contributory history, and the level of financial resources.

Table 1.3 provides an overview of the situation across the 35 countries analysed regarding the use of different qualifying criteria unrelated to disability for determining the access of working age people to the most important (contributory) disability-specific benefits/pensions.

In almost all ESPN countries (FI and SE being the exceptions) disability benefit entitlements depend on the person's contributory history, i.e. on their insurance contributions prior to the onset of the disability condition. Conversely, only in Portugal is access to disability-specific cash benefits conditional on the person's (or household's) level of financial resources. However, the ESPN national expert reports that this applies only to one of the two benefits and to cases in which the applicant does not meet a specific requirement relating to his or her contributory record.

On the basis of the ESPN experts' analyses, it is possible to identify different ways in which the selected qualifying criteria are applied to determine access to the benefits.

The use of the **age** criterion is reported by ESPN national experts in 17 Member States (BE, CY, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, PL, SE, SI, SK), in the UK and in four other non-EU countries (BA, ME, MK, RS). In most countries, the statutory pension age (SPA)¹⁸ is used as a threshold for determining eligibility for the benefit. In some countries the SPA is the only age limit (e.g. CY, LU, LV), whereas in others, it is used together with a lower threshold (e.g. BE, ES, FI, IT, PL; BA, UK), i.e. the beneficiary must be below the SPA and of working age¹⁹ (Table 1.3).

- In France, one of the conditions for working age people to have access to Disability pension is that they must be below the statutory retirement age.
- In Luxembourg, the insured person must be under the age of 65 to be entitled to "Invalidity" pension.
- The two disability-specific cash benefits for working age people reported by the ESPN national experts from Spain require the insured person to be aged between 16 and 65 years old (Permanent "incapacity" benefit) or between 18 and 65 years old (Extraordinary pension for victims of terrorism).
- In Sweden, people aged 19-64 are eligible for Sickness compensation.

ESPN national experts from three Member States (HR, HU, SI), as well as from Montenegro, North Macedonia and Serbia, report a specific age threshold which is used as a qualifying criterion for working age people to access DI cash benefits.

- In Croatia and Hungary, and also in Montenegro, eligibility for the disability-specific cash benefits depends on the insured person being 16 years or older.
- In North Macedonia, the age requirements depend on the type of disability benefit.
- In Serbia, the age threshold for entitlement to the two "Invalidity" allowances for war "invalids" is set at 18 years or older.

¹⁸ The Statutory Pension Age is not the same across ESPN countries. We have categorised as SPA those age references explicitly mentioned as "retirement age", "pension age" or ages between 63 and 67 years.

¹⁹ Working age has also been categorised by including the different lower age limits reported by ESPN national experts; in general, the lower limits range between 16 and 19 years old, with exceptions (e.g. 15 in Croatia and Hungary).

Table 1.3 Qualifying criteria unrelated to disability – DI cash benefits for working age people with disabilities in the 35 ESPN countries

| | EU countries | | | | | | | | | | | | | | | | | | | | Non-EU countries | | | | | | | | | | | | | | | | |
|-------------------------------------|--------------|----|----|----------------|----|----|------|------|----|----|----|----|----|----|----|----|----|----|----|----|------------------|------|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| | AT | BE | BG | CY | CZ | DE | DK | EE | EL | ES | FI | FR | HR | HU | IE | IT | LT | LU | LV | MT | NL | PL | PT | RO | SE | SI | SK | AL | BA | ME | MK | RS | TR | UK | XK | | |
| Age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No formal age requirements | √ | | √ | | √ | √ | None | None | √ | | | | | | | | | | | | | None | | √ | √ | | | | | | | | | | | | |
| Below SPA | | | | √ | | | None | None | | | | √ | | | √ | | √ | √ | √ | | | None | | | | | | | | | | | | | | | |
| WA, below SPA | | √ | | | | | None | None | | √ | √ | | | | | √ | | | | | | None | √ | | | √ | | | | | | | | √ | | | |
| Over specific age | | | | | | | None | None | | | | | √ | √ | | | | | | | | None | | | | | | √ | | | | | | | | | |
| Nationality and/or residency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No requirements | | √ | | | √ | √ | None | None | √ | √ | | | √ | | √ | | | √ | | √ | | None | | √ | | | | | | | | | | √ | | | |
| Nationality | | | | √ ¹ | | | None | None | | | | | | √ | | | √ | | | | | None | √ | | √ | | | | | | | | | | | | |
| Residency | √ | | | √ | | | None | None | | | √ | √ | | | | √ | | | | √ | | None | √ | | √ | √ | √ | | | | | | | | | | |
| Waiting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | √ | | √ | | √ | √ | None | None | √ | √ | √ | √ | √ | √ | √ | | √ | √ | √ | √ | | None | √ | √ | √ | √ | √ | √ | | | | | | | | | |
| 30 days or less | | | | | | | None | None | | | | | | | | √ | | | | | | None | | | | | | | | | | | | | √ | | |
| >30 days | | √ | | √ | | | None | None | | | | | | | | | | | | | | None | | | | | | | | | | | | | | | |
| Contributory history | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No requirements | | | | | | | None | None | | | | | | | | | | | | | | None | | | | | | | | | | | | | | | |
| Depends on insurance record | √ | √ | √ | √ | √ | √ | None | None | √ | √ | | √ | √ | √ | √ | √ | √ | √ | √ | √ | | None | √ | √ | √ | | √ | √ | | | | | | √ | | | |
| Depends on beneficiary's age | √ | | √ | | √ | | None | None | | √ | | | | | | | √ | | | | | None | √ | √ | | | √ | √ | | | | | | | | | |
| Depends on other conditions | | √ | | √ | | √ | None | None | | | | | | | | | | | | | | None | √ | √ | | | √ | √ | | | | | | | | | |
| Level of financial resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | √ | √ | √ | √ | √ | √ | None | None | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | | None | √ | | √ | √ | √ | √ | | | | | | | √ | | |
| Means-tested | | | | | | | None | None | | | | | | | | | | | | | | None | | √ | | | | | | | | | | | | | |
| Other | √ | | | | | √ | None | None | √ | √ | √ | √ | √ | √ | | | | √ | √ | √ | | None | √ | √ | √ | | | | | | | | | √ | | | |

Notes: "SPA" means "Statutory Pension Age" and "WA" "Working Age". The "No requirements" and the "None" classifications only refer to situations in which no requirements apply to the benefits described. We refer the reader to the national ESPN reports for more details regarding the specific eligibility conditions that apply to each disability-specific cash benefit. ⁽¹⁾ Includes all individuals who are given an equivalent status to that of nationals. Source: Authors' elaboration based on the 35 ESPN national reports.

Nationality and/or residency are also qualifying criteria which are applied differently across countries in order to determine eligibility for DI cash benefits for working age people. Eleven out of the 27 Member States, the UK and three other non-EU countries have no nationality or residency requirements (Table 1.3). It is important to note that in the majority of countries in which no nationality and/or residency requirements are in place, this is true for EU and non-EU nationals as well as for people with refugee status.

Residency in the country is referred to by 11 ESPN country teams (AT, CY, FI, FR, IT, LV, PL, RO, SE, SI; RS) as a qualifying criterion for working age people to enable access to DI cash benefits. Being a national of the country is only referred to by seven ESPN country teams (BG, HU, LT, PL, RO; ME, RS). However, the descriptions provided by ESPN national experts illustrate some divergence in how these criteria are applied.

- Habitual residency in Austria – a qualifying criterion for accessing “Invalidity” pension and “Work incapacity” pension – is only necessary in cases where a low benefit is increased to the Compensation Supplement Reference Rate (CSRR)²⁰.
- Only Bulgarian nationals – and persons who have been granted an equivalent status – are entitled to Disability pension due to general illness.
- Only individuals legally staying and resident in Italy are entitled to Statutory disability allowance and to Disability pension.
- All Lithuanian residents are eligible for a “Work incapacity” pension; residents of other countries are also eligible subject to the coordination of social protection systems (EU and European Economic Area countries) or if there is a bilateral agreement on pensions between Lithuania and the respective country.
- In Sweden, residency is a criterion for entitlement to Sickness compensation insofar as the applicant must have been insured in Sweden at the time the disability arose. To be insured, a person must live or work in Sweden.²¹ In certain cases, however, it is possible to live abroad and still have Swedish insurance and thus be entitled to the benefit.
- Montenegrin citizens as well as foreign citizens are entitled to Financial compensation for bodily injury in Montenegro if: (i) employed in foreign companies operating in Montenegro or (ii) employed by international organisations, if they are not insured in another country or if not otherwise established by another legislative Act.

In almost all ESPN countries, working age people are entitled to DI cash benefits from the moment the disability is certified (Table 1.3). In three Member States (BE, CY, IT), as well as in Montenegro, North Macedonia and the UK, entitlement to insurance-based disability-specific cash benefits (at least for some) includes a **waiting period** (i.e. the period between the date the disability is certified and entitlement to the benefit) which can be less than or equal to one month, or more than a month (Table 1.3). In the former case, the waiting period ranges from seven days (UK) up to 30 days (IT; ME). In the latter case, the waiting period ranges from 50 days (MK) up to 12 months (BE²²).

²⁰ The CSRR stipulates minimum benefit levels for recipients of pension benefits from the public pension scheme in Austria. It is also used as a reference level for several benefits.

²¹ These conditions apply to EU nationals. They also apply to non-EU nationals with a residency permit for at least a year.

²² The “waiting period” in Belgium corresponds to the period of primary “work incapacity” paid during the first year.

As mentioned earlier in this section, in virtually all countries (Table 1.3) entitlement to disability-specific cash benefits depends on the person's **contributory history**, i.e. on their insurance contributions prior to the onset of disability. Finland and Sweden are the only two countries in which eligibility for benefits does not include any requirements regarding the contributory record of potential beneficiaries. In Sweden, for example, although no contributory history is required to receive the basic – “guaranteed”²³ –level of Sickness compensation, those who have worked receive a higher benefit, based on previous earnings.

In the majority of countries, eligibility depends on previous contributory records. Contribution requirements may vary depending on the age of the beneficiary (e.g. BG, CZ, PL, SI; AL, MK), the severity of the disability (e.g. DE, PT), the source of disability (e.g. EL, LU; BA, ME, RS), previous entitlements to other benefits (e.g. EL, SI), a minimum amount of credited contributions on top of the contribution records (UK) and even on the number of hours worked (part-time vs. full-time work) (BE).

The most frequently described entitlement conditions related to the contributory history are those establishing a minimum contributory record. There is nonetheless considerable variation in the descriptions provided by ESPN national experts. For example:

- In Cyprus, entitlement to “Invalidity” pension requires beneficiaries to meet the following conditions: (i) they must have at least three actual basic insurance units²⁴ and have been insured for at least 156 weeks; (ii) they must have weekly average insurable earnings (actual or equivalent/simulated) equal to at least 25% of the weekly amount of basic insurable earnings during the relevant period; and (iii) they must have actual or simulated insurance equal to at least 0.39 of the insurance units within the relevant contribution year or actual or simulated insurance equal to at least 0.39 of the insurance units averaged over the last two relevant contribution years.
- In Germany, claimants of Reduced earning “capacity” pension must have paid compulsory contributions for at least three years out of the last five years before the reduction in earning “capacity” occurred; these can include not only paying contributions as an employee but also time spent raising a child and receiving sickness allowance or unemployment benefit.
- In Latvia, eligibility for the principal disability-specific social insurance benefit – Disability pension – depends on the applicant having a minimum of three years’ contributory records.
- The ESPN national expert from Portugal reports that, in order to be eligible for “Invalidity” pension, the applicant needs to have a contributory history of at least five consecutive or non-consecutive years for relative “invalidity” pension, three years for absolute “invalidity” pension and 72 months for “invalidity” pension from the voluntary social insurance.

²³ If the applicant has never worked, he/she receives a basic (“guaranteed”) benefit which increases stepwise with age between 19 and 30 years old.

²⁴ Each year, gross earnings up to a ceiling, which is indexed annually, are transformed into points by dividing by the value of the insurance points (for 2022 this value was set at €9,682). The first insurance point of each year refers to basic insurance while insurance points of more than one refer to supplementary insurance (European Commission and Social Protection Commission 2021).

The requirement for a minimum period of contributory records is often attached to the age of the beneficiary (e.g. CZ, MT), either at the onset or at the time of assessment of his/her health situation, or at the date of the claim triggering eligibility for the specific benefit.

- In Czechia, the length of the insurance period required for entitlement to an “Invalidity” pension depends on the age of the individual.
- In Malta, on the date the claim is made, the applicant must have paid at least 250 social security contributions, and must have paid (or had credited to his/her account) a minimum average of 50 social security contributions per year from the age of 19 until the date of the claim (or from age 18 for those born before 1965). However, if disability is assessed at 90% or more by the medical panel, the contribution requirement is waived.

In several ESPN countries (e.g. DE, ES, FR, RO SI; BA, ME, MK, UK), there is evidence that no minimum contributory history is required if the disability is caused by an injury at work, an occupational disease, military service or war event.

Access of working age people to disability-specific cash benefits is very rarely made conditional on their (or their household's) **level of financial resources**. This additional condition is only mentioned by the Portuguese national expert. In Portugal the applicant is subject to means testing (i.e. his/her monthly gross income must be lower than or equal to 40% of the Social Support Index (IAS), i.e. €177.28 in 2022, or lower than or equal to 60% in the case of couples, i.e. €265.92 in 2022), if he/she does not have a contributory record of at least three (consecutive or non-consecutive) years.

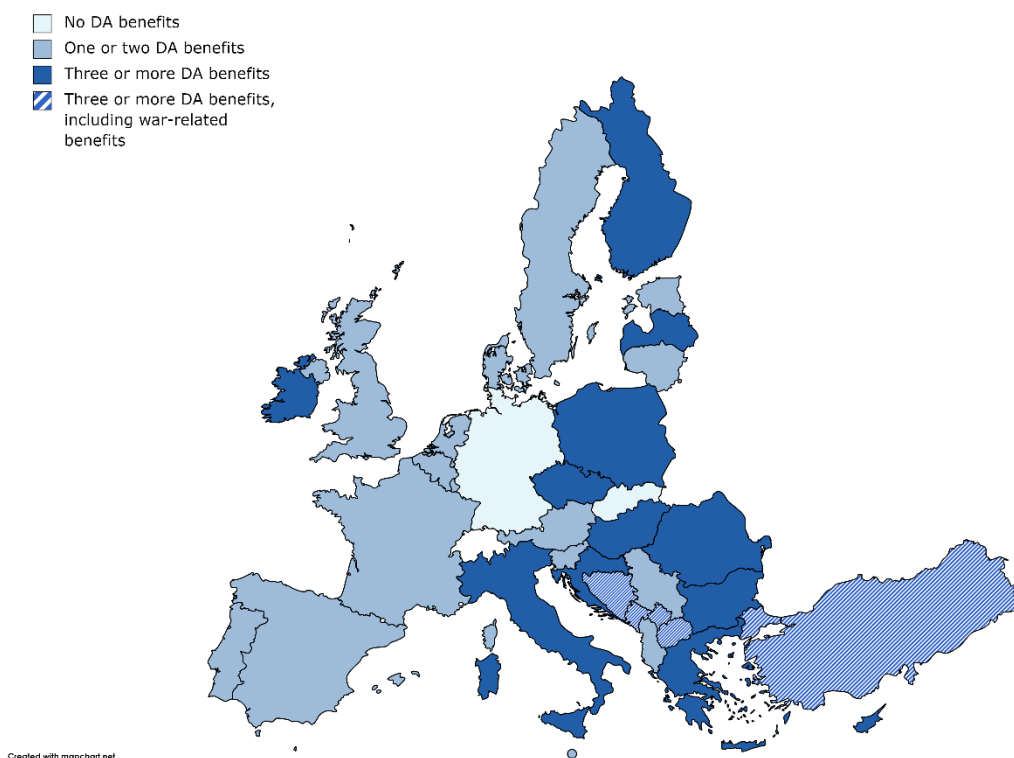
The descriptions provided by ESPN national experts reveal the presence of **other qualifying criteria** (also unrelated to disability) which determine entitlement to DI cash benefits, but which are very specific to one or other benefit (e.g. relevant to living in residential healthcare institutions or in penal institutions, or related to people undergoing treatment or rehabilitation).

1.3 DA schemes for working age people

DA (non-contributory) schemes are also available for working age people with disabilities who are not on the labour market, as an alternative source of income protection; in some cases, they may also provide a top-up to insurance benefits if the person's income is still too low.

Disability-specific assistance schemes are widely available across the countries covered in this study; Germany and Slovakia are the only two countries which do not provide this type of disability-specific income protection to people with disabilities (Figure 1.3). As already mentioned in Section 1.1, in these two countries people with disabilities without a previous employment record are entitled to GMI benefits, among other benefits and services aimed at overcoming disability-related barriers and maintaining independent living.

Figure 1.3: Availability of DA cash benefits for working age people with disabilities, ESPN countries



Source: Authors' elaboration based on the 35 ESPN national reports

In four Balkan countries (BA, ME, MK, XK) and in Turkey there are several disability-specific cash benefits which are only available to people who were engaged in military or war-related activities. In this respect, it is important to highlight the UK situation where there are two non-contributory cash benefits related to disabilities caused by military service or industrial injuries, as well as an income-related Employment and Support Allowance (ESA), which is being replaced by Universal Credit.²⁵ The analysis provided in this section only covers the former two non-contributory cash benefits.

1.3.1 Eligibility conditions for accessing existing DA schemes: disability-related qualifying criteria

Entitlement to DA cash benefits is subject to a combination of disability-related qualifying criteria and other eligibility conditions which are unrelated to the health situation of potential applicants.

Table 1.4 provides an overview of the main types of disability-related qualifying criteria identified by ESPN national experts when describing the provision of the most important (non-contributory) DA cash benefits available to working age people.

²⁵ Universal Credit is a GMI benefit and therefore is covered in Section 4.2.

Table 1.4: Grouping of countries according to the type of disability-related qualifying criteria, DA cash benefits, ESPN countries

| “Capacity” for work | Earning “capacity” |
|--|--|
| BG, CY, DK, EE, FI, FR, HU, IE, IT, LT, LU, LV, MT, PL, ME, XK | AT, BE, FR, NL |
| Level/severity of disability | Level of support needed |
| BG, CY, EE, EL, ES, FR, HR, HU, IE, IT, MT, PL, PT, RO, SI AL, BA, ME, MK, RS, TR, UK, XK | AT, BE, BG, CY, CZ, EE, FI, HR, IT, LV, PL, PT, SE, SI BA, ME, MK, RS |
| Source of disability | No DA schemes |
| BG, CY, CZ, EL, HR, HU, IE, LU, MT, RO, SI BA, ME, MK, TR, UK, XK | DE, SK |

Source: Authors’ elaboration based on the 35 ESPN national reports

The three disability-related qualifying criteria most commonly used across Member States as requirements for access to DA cash benefits are the level/severity of disability (in 15 EU countries), the level of support needed (14) and “capacity” for work (14). A severity threshold – highly variable across benefits – often determines eligibility, in relation to both the level of disability and the “capacity” for work criteria.

- In France, eligibility for the Income supplement (to the Allowance for adults with disabilities) is granted to people with a permanent “incapacity” rate of at least 80%, and an employment “capacity” rate of under 5%.
- In Hungary, someone is entitled to Increased family allowance if they are considered to have a severe disability, i.e. a loss of at least 67% of their “capacity” to work or an assessed disability of at least 50% before the age of 18 and if this condition has lasted for one year or is expected to last for at least one year.

Among the eight non-EU countries covered by the ESPN, the three most commonly used criteria are the level/severity of disability (in all eight non-EU countries), the source of disability (six) and the level of support needed (four); “capacity” for work is a criterion in only two countries.

The level of support criterion – which is much more frequently used for entitlement to DA benefits than for DI benefits – is usually determined by the level of care and support needed by the applicant, although in some countries the focus may be on determining the person’s ability to perform activities of daily living (i.e. activities related to personal hygiene, getting into/out of a bed or chair, getting dressed, eating, walking or climbing stairs, among others).

- In Belgium, Integration allowance is granted to someone who has lost all or part of their autonomy; the main disability-related criterion used to determine the person’s eligibility is their ability to perform activities of daily living.
- In Finland, eligibility for the Disability allowance for people aged 16 years or over depends *inter alia* on the person’s functional “capacity” being affected for at least one year, on impairment or the need for assistance or guidance, and on the person facing difficulties in everyday activities such as washing, dressing, and communication.
- In Italy, individuals who are either recognised as having 100% disability and for whom it has been ascertained that it is impossible to walk without the help of a carer (“companion”), or who are unable to perform activities of daily living, are entitled to the Companion Allowance.

According to the descriptions provided by the 35 ESPN country teams, eligibility for the benefit often depends on the source of disability – i.e. on the injury/disease/impairment leading to the disability having arisen either from work-related activities (e.g. BG, CY, LU; UK), a specific illness or disease (e.g. EL, IE, MT; BA, MK), or from participation in war or military activities (e.g. HR; BA, UK, XK). In Section 1.2.1 we explained that entitlement to DI cash benefits may also depend on the source of disability.

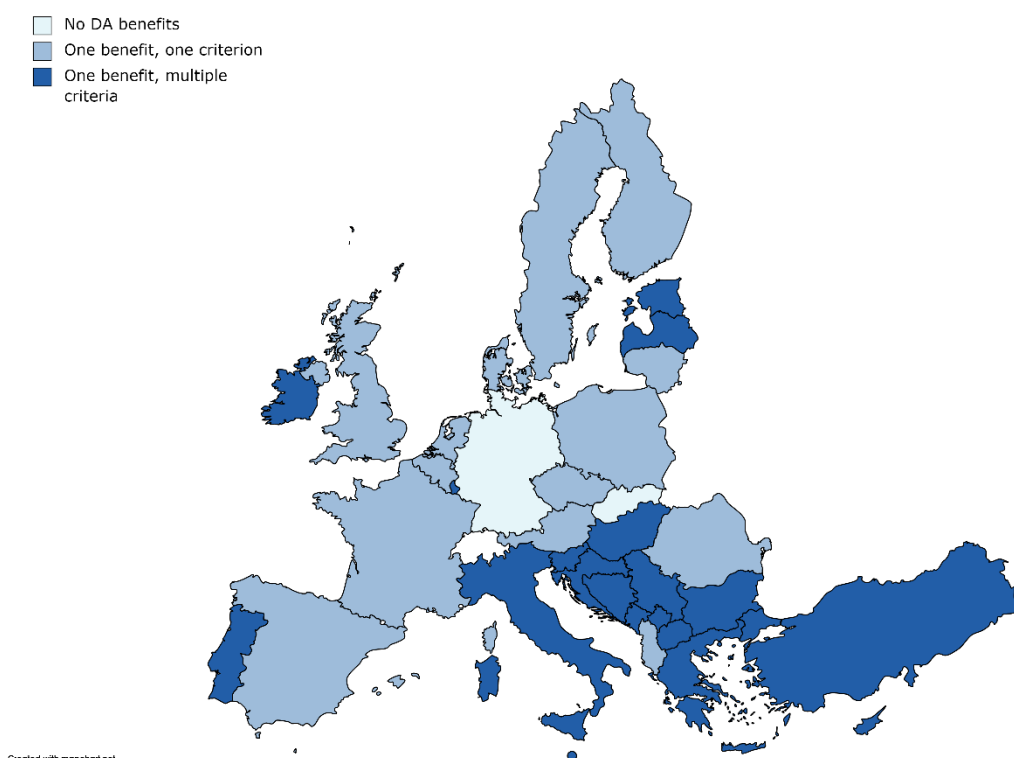
Overall, the findings regarding the use of disability-related qualifying criteria determining eligibility for DA cash benefits among working age people show less importance attached to the reduced working “capacity” requirements and a much stronger use of requirements based on the severity of disability, the consequent difficulties to carry out activities of daily living (outside the sphere of work) and the origin of the impairment leading to the disability. The use of requirements unrelated to reduced working “capacity” is even more evident in the ESPN non-EU countries (Table 1.4).

Another relevant difference compared to DI schemes is how the disability-related qualifying criteria are applied. Unlike for DI schemes, many more countries now use multiple criteria to determine eligibility for specific benefits. National ESPN experts from 13 Member States report this (BG, CY, EE, EL, HR, HU, IE, IT, LU, LV, MT, PT, SI), whereas 12 Member States (AT, BE, CZ, DK, ES, FI, FR, LT, NL, PL, RO, SE) use only one criterion to determine eligibility for all available disability-specific income support.

- In Cyprus, Disability pension is granted to employed and self-employed people whose degree of disability caused by an accident at work or occupational disease is 20% or more.
- In Estonia, eligibility for Disability allowance for someone of working age depends on the restrictions in the everyday life due to disability, taking into account the severity of the “inability” to carry out physical and/or mental tasks, the course of the possible disease/impairment at the origin of the disability and the adaptation to these restrictions, as well as the need for assistance, guidance and support.
- In Denmark, a person is entitled to Disability pension if their “capacity” to work is permanently reduced to a level which means that they cannot work in an ordinary job or a flexi job.
- In Sweden, eligibility for Attendance allowance – a cash payment given to people with disabilities to be used as payment to their caregiver – depends on an assessment of the applicant’s need for support.

National ESPN experts from Albania and from the UK are the only teams from non-EU countries to report the use of one single disability-related criterion. In the remaining six non-EU countries, access to (at least some) specific DA benefits is subject to compliance with multiple criteria (Figure 1.4).

Figure 1.4: Utilisation pattern of disability-related qualifying criteria, DA cash benefits, ESPN countries



Source: Authors' elaboration based on the 35 ESPN national reports

It is important to note that in those countries in which there are several DA benefits, different utilisation patterns may coexist, i.e. eligibility for one specific benefit may depend on multiple criteria, whereas eligibility for another benefit may depend on a single criterion (e.g. HR, HU, IT, LV, PL, PT).

Additionally, a comparative analysis of this distinct use of disability related criteria in both DI and DA benefits reveals that the consistent use of “one benefit, one criterion” is only reported by a very small number of ESPN country teams (AT, CZ, ES, FI, FR, LT, RO, SE; AL, UK) in countries in which both types of disability-specific income support (DI and DA) are available.

1.3.2 Eligibility conditions for accessing the existing DA schemes: qualifying criteria unrelated to disability

Eligibility for DA cash benefits usually involves other qualifying criteria which are unrelated to the disability of the applicant. A comparative overview of the application of these qualifying criteria across the 35 countries analysed (Table 1.5) confirms some earlier findings regarding a reduction in dependence on contribution requirements and length of time in work criteria (Sainsbury et al 2017), and also outlines some less expected outcomes.

Table 1.5 Qualifying criteria unrelated to disability – DA cash benefits for working age people with disabilities in the 35 ESPN countries

| | AT | BE | BG | CY | CZ | DE | DK | EE | EL | ES | FI | FR | HR | HU | IE | IT | LT | LU | LV | MT | NL | PL | PT | RO | SE | SI | SK | AL | BA | ME | MK | RS | TR | UK | XK | | |
|-------------------------------------|----|----|----------------|----|----|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|
| Age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>No formal age requirements</i> | | | | | √ | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>WA, below SPA</i> | | √ | | | | | | √ | √ | √ | √ | | | √ | √ | | | | | √ | | | | | | | | | | | | | | √ | | √ | |
| <i>Over or below specific age</i> | √ | | √ | | | | √ | | √ | | √ | √ | √ | √ | | √ | √ | √ | √ | | √ | √ | √ | √ | √ | √ | √ | √ | | | | | | | | | |
| <i>Other</i> | | | | √ | | | | | √ | | √ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality and/or residency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>No requirements</i> | | | | | | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Nationality</i> | | | √ ¹ | √ | | | | √ | | | | | | √ | √ | | | √ | | | √ | | √ | | | | | | √ | | | | | | √ | | |
| <i>Residency</i> | √ | √ | √ | √ | √ | | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ |
| Waiting period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>None</i> | √ | √ | | | √ | None | √ | √ | √ | √ | | √ | √ | √ | √ | | √ | √ | √ | √ | | √ | | | | √ | √ | √ | | | | | | | | | |
| <i>30 days or less</i> | | | √ | √ | | | | | | | | √ | | | | | √ | | | | | | √ | | | | | | | | | | | | | | |
| <i>>30 days</i> | | | | | | | | | | | | | | | | | | | | | | | | | √ | | | | | | | | | | | | |
| Contributory history | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>No requirements</i> | √ | √ | | | √ | None | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | |
| <i>Depends on insurance record</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Depends on other conditions</i> | | | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of financial resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>None</i> | √ | | √ | √ | √ | None | √ | | √ | | √ | | √ | √ | | | √ | | √ | √ | √ | √ | | | | √ | √ | √ | | | | | | √ | | | |
| <i>Means-tested</i> | | √ | | | | | | √ | | √ | | √ | | | √ | √ | | | √ | | | | | √ | | | | | | | | | √ | | | √ | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | √ | | | √ | √ | | √ | √ | √ | | √ | | √ | | | | | √ | | √ | | √ | | √ | √ | √ | | | | | | | √ | | | | |

Note: "SPA" means "Statutory Pension Age" and "WA" "Working Age". The "No requirements" and the "None" classifications only refer to situations in which no requirements apply to the benefits described. We refer the reader to the national ESPN reports for more details regarding the specific eligibility conditions that apply to each disability-specific cash benefit. (1) Including all individuals who are given an equivalent status to that of nationals.

Source: Authors' elaboration based on the 35 ESPN national reports.

Residency and age-related requirements are by far the most commonly used qualifying criteria identified by ESPN national experts affecting the access of working age people to DA cash benefits: age-related requirements are only absent in Czechia, Albania, Bosnia and Herzegovina and the UK; only in the UK is nationality and/or residency not used as an entitlement condition (Table 1.5).

Residency in the country (often including legal residents²⁶ and people working and insured in the country) is used as a qualifying criterion in all Member States which have DA cash benefits for people with disabilities, and in five non-EU countries (AL, BA, ME, RS, XK). Nationality requirements, on the other hand, apply in all non-EU countries (with the exception of the UK), but only in nine Member States. Both nationality and residency requirements are clearly more often used as eligibility criteria for DA cash benefits than for contributory schemes for working age people with disabilities (Table 1.3).

Although the disability-specific income support available to working age people analysed in Table 1.5 relates to DA cash benefits, the entitlement conditions include means testing in only eight Member States (BE, EE, ES, FR, IE, IT, LU, PT) and in three non-EU countries (MK, TR, XK). As mentioned earlier, in the UK the income-related Employment and Support Allowance, which is being replaced by Universal Credit, is not covered in this section; however, the ESPN national experts note that there are still over a million people in receipt of this benefit in the UK.

There are diverse means-testing conditions in place – as described by ESPN national experts – relating to a number of criteria, including, for example the claimant's income, the incomes of household members, and property ownership.

- The ESPN national experts from Belgium note that the means testing for the Income replacement allowance is “somewhat more relaxed” than in the general GMI system; several types of resources are not considered in the means testing for this disability-specific income support – such as family benefits, benefits that fall under public or private assistance, maintenance payments between grandparents and younger family members, allowances for people with disabilities (granted to the applicant's partner), as well as allowances and additional remuneration received by a person with disabilities undertaking training, rehabilitation or vocational retraining paid for by a public body.
- In Ireland, entitlement to the non-contributory disability-specific cash benefits available for working people are subject to a means test which includes resources from: (i) most property owned by the person and/or by his or her partner (but excluding property personally used or enjoyed by the person); (ii) all income that the person themselves and/or their partner may reasonably expect to receive in the coming year (with certain exceptions); (iii) the value of any advantage accruing to the person or their partner from the use of property (with some exceptions) that is personally used or enjoyed by the person or their partner, and the value of any advantage from the leasing of a farm or land; and (iv) any property that the person or their partner have deprived themselves of either directly or indirectly so as to qualify for assistance.
- Entitlement to Civil “invalidity” pension in Italy is means-tested on annual personal²⁷ income (threshold €16,982); other social assistance benefits such as the Companion Allowance and war pensions are not included in annual income; the family home, if owned, is not included in the means test.

²⁶ Usually including EU and non-EU nationals and people with refugee status.

²⁷ Different interpretations of the income to be taken into account – i.e. personal versus household income – persisted until Law No. 76/2013 established that only personal income has to be considered.

- In Kosovo, Permanent disability pension is an income-tested benefit in the sense that any earnings from work automatically cancel the benefit; in addition, the beneficiaries must not be receiving other social transfers.

Finally, entitlement to (some of) these benefits includes a waiting period in six EU Member States (BG, CY, FI, IT, NL, PT) and four non-EU countries (AL, ME, XK, UK). Of these ten countries, four (CY, IT, ME, UK) also have a waiting period for DI cash benefits (Table 1.3).

1.4 Entitlement restrictions and/or obstacles encountered by working age people with disabilities

ESPN national experts were asked to provide evidence (if available) on the main gaps and obstacles linked to eligibility conditions faced by people with disabilities attempting to access DI and DA cash benefits. Based on the assessment provided by ESPN national experts, it is possible to identify different types of hindrances affecting eligibility for income support. The hindrances identified have been grouped, and examples illustrating these various types of hindrances include:

- difficulties faced by specific population groups (e.g. EL, MT, PL, SE, SK; AL);
- obstacles arising from a person's contributory history or from income-related requirements (e.g. AT, CY, EE, MT, PL, PT);
- age restrictions (e.g. PT, SE);
- restrictions related to the level/severity of disability (e.g. AT, LU, PT);
- lack of awareness of and/or information about the availability of benefits (e.g. EL; UK);
- the nature or functioning of social protection systems for people with disabilities (e.g. DK, FI, HR, SI).

Entitlement restrictions for specific population groups are mentioned by ESPN national experts from Greece and Malta (third country nationals), Poland, Sweden and Albania (young people), Slovakia (the self-employed), and Serbia (informal workers).

- The ESPN national expert from Malta highlights that third country nationals may not have accumulated sufficient contributions for an "Invalidity" pension and cannot draw upon their contributory record in another Member State (as EU nationals can); there is evidence of a number of serious accidents involving third country nationals performing construction work in Malta, who are subsequently not entitled to an "Invalidity" pension on the grounds of inadequate contributions.
- In Poland, the minimum insurance period required to be eligible for a disability pension prevents young people with shorter insurance periods from receiving a disability pension (for example, someone aged 26 with two years of social insurance is not entitled), while they are not eligible for a social pension either, because they have started their working careers; as a result, despite having a disability, they are not entitled to any pension.

The ESPN national experts from Kosovo voice specific concerns about inequalities affecting various groups of people (civilian and military) whose disabilities result from war injuries. In 2011, the eligibility criterion for Compensation for Kosovo Liberation Army (KLA) war "invalids" and civilian "invalids" of war was lowered to 10% disability for military veterans, whereas the previous 40% disability level requirement for both military veterans and civilians was kept unchanged only for civilians whose disability also arose as a consequence of the war.

There is evidence of several gaps and/or obstacles faced by working age people with disabilities in trying to access specific cash benefits which are related to demanding contributory history requirements or to income-related conditions.

- The ESPN national expert from Austria notes the difficulties faced by people with “initial invalidity” who have to prove a longer insurance record related to gainful employment than people who began to be affected by severe mental or physical disabilities after starting their first job. This issue has repeatedly been addressed in public debates in Austria, but the rules have not been changed.
- In Croatia, the Ombudsperson issued a position statement highlighting the fact that making the exercise of the right to Personal disability allowance conditional on both the asset test and an income test is discriminatory and therefore inconsistent with and contrary to the Constitution of the Republic of Croatia and the Convention on the Rights of People with Disabilities; however, this proposal was rejected by the Constitutional Court in 2020.
- In Portugal, formally there is no income criterion to be met for entitlement to the basic component of Social benefit for inclusion; however, someone assessed with a degree of “incapacity” of 80% or higher only after turning 55 (even if they already had a recognised degree of “incapacity” of at least 60%) and whose income is equal to or higher than the so-called “monthly threshold”,²⁸ is entitled to receive a monthly amount of €0.

Eligibility conditions may put younger people at a disadvantage due to their age and their short contributory records, but there is also evidence of age-related obstacles negatively affecting older cohorts. The situation just described in relation to Portugal is one such example, since people acquiring a disability after turning 55 are excluded from the benefit.

ESPN national experts from Austria and Luxembourg raise the issue of people who are excluded from entitlement to disability-specific DA cash benefits as a consequence of the setting of specific disability thresholds (50% disability or 30% reduced working “capacity” in Austria and in Luxembourg respectively) below which people are not entitled to receive these DA cash benefits.

In Greece and in the UK, ESPN national experts refer to issues arising from a lack of information and the need to strengthen awareness raising efforts in order to ensure that potential applicants for disability-specific cash benefits are aware of and exercise their rights. The ESPN national experts from the UK raise the issue of the lack of awareness of existing rights, particularly as a result of a strong policy focus on one specific social protection scheme: “Many people do not realise they are entitled to New Style Employment and Support Allowance as the overwhelming policy focus is on Universal Credit now and income replacement contributory benefits have been neglected”.

Finally, there are issues related to the nature of the social protection systems or to specific operational features of their implementation that may affect the entitlement of working age people to some disability specific income support.

- According to the ESPN national experts from Finland, potential applicants may find the rather comprehensive nature of the social security system for people with disabilities – involving many schemes and many actors – difficult to understand. Therefore, they argue, there may be non-take up problems, on which, however, no data are available.

²⁸ The “monthly threshold” is the lowest of the following amounts: (i) €767.92 (if the person is self-employed) or €658.22 (if the person is an employee); and ii) €438.22 plus the monthly amount of the person’s labour market income.

- In Sweden, it is optional for a municipality to provide the non-contributory Attendance allowance, in which case it is also up to the municipality to decide on the eligibility criteria and level of payment if the provision is granted.

1.5 Disability assessment systems: design and implementation

Since the adoption of the UN CRPD, the UN Committee on the Rights of Persons with Disabilities (henceforth the Committee) has stressed the need to ensure consistency with the human rights model in the definition of disability used in various laws or policies, as well as in disability assessment systems.²⁹ According to Lawson and Beckett (2021), a detailed – and unusual – exposition of what the human rights model entails for disability assessment systems can be found in the concluding observations on Poland,³⁰ and on Malta:³¹

- Ensure a disability assessment that fully incorporates a human rights model of disability and takes a human rights-based approach by, *inter alia*:
 - involving organisations of people with disabilities in the design of disability assessment mechanisms;
 - engaging people with disabilities in generating the information on which disability assessments are made;
 - if multiple (methods of) assessment are used, making sure that these are based on clearly defined and harmonised criteria, to enhance consistency and transparency in decision making;
 - making information on assessment requirements accessible and user-friendly.

ESPN national experts were asked to briefly describe the disability assessment framework used in their country, addressing various points³² (i.e. type of assessment, entity responsible for implementing the disability assessment, the method used, the supporting evidence, the professionals involved in the assessment, and the entity or individual taking the final decision). Additionally, ESPN national experts were asked to provide a short critical analysis of the way in which the assessment framework is designed and implemented, based on existing evidence (if any).

As mentioned earlier, this section provides an integrated analysis³³ of the existing disability assessment frameworks, irrespective of the type of provision (DI or DA cash benefits) described by ESPN national experts. In fact, the descriptions provided by ESPN national experts of the systems currently in place for determining eligibility to contributory disability-specific cash benefits are largely identical to those used for non-contributory disability-specific income support, though with some exceptions³⁴. Thus, the section provides a description and a critical assessment of the disability assessment frameworks used for both DI and DA cash benefits across ESPN countries. The analysis covers the main characteristics of the system in each country, focussing in more

²⁹ For instance, in the Committee's Concluding Observations on Montenegro, CRPD/C/MNE/CO/1 (28 August 2017), paras 44 and 49; Latvia, CRPD/C/LVA/CO/1 (10 October 2017), para 7; and Turkey, CRPD/C/TUR/CO/1 (9 April 2019), para 55.

³⁰ CRPD/C/POL/CO/1 (29 October 2018), para 6(b).

³¹ CRPD/C/MLT/CO/1 (17 October 2018), para 6(b).

³² Although the conditions under which reassessments are needed were not included in this list, some ESPN country teams highlight, in their national reports, relevant aspects pertaining to reassessment procedures in their countries. Some examples are included in this section.

³³ We refer the reader to the ESPN national reports for a detailed description and assessment of the disability assessment frameworks in place in each country.

³⁴ In Belgium, for example, in the case of DI cash benefits the assessment framework is exclusively medical, whereas in the case of DA cash benefits it is mixed, with a large administrative component.

detail³⁵ on the type of assessment, supporting evidence, and assessors involved in the process, and ends by providing an overall critical analysis of the way in which these assessment frameworks are designed and implemented.

1.5.1 The dominance of medical and/or functional based types of assessment

The majority of the 35 countries under scrutiny use some form of medical and/or functional³⁶ assessment to decide on eligibility for insurance-based disability-specific benefits. Assessments based on care and support needs or on economic loss are only reported by a few ESPN country teams (Table 1.6).

Table 1.6: Grouping of countries according to the type of assessment³⁷ used, DI and DA cash benefits, ESPN countries

| Medical | Functional “capacity” |
|--|--|
| AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IT, LT, LU, LV, MT, NL, PL, RO, SE, SI, SK BA, ME, MK, RS, TR, XK | AT, CY, CZ, DE, DK, EE, FI, FR, HR, HU, IE, IT, LT, LV, NL, PL, PT, RO, SE, SI, SK AL, BA, RS, UK, XK |
| Care and support needs | Economic loss |
| AT, CY, CZ, DK, FI, FR, HR, HU, PT, SE XK | FR |
| Mixed method* | |
| AT, BE, CY, CZ, DE, DK, EE, FI, FR, HR, HU, IT, LT, LV, NL, PL, RO, SE, SI, SK BA, MK, XK | |

*Note: The same country appears in different categories when there are different types of assessment used for different benefits or different types (i.e. DI or DA) of benefits (e.g. BE). *This category comprises countries using a mixed medical-functional assessment (17 countries), countries using a mixed medical and care and support needs assessment (FI, SE) and countries using at least three different types of assessments (CY, DK, FI, FR, HR, HU; MK, XK). Source: Authors’ elaboration based on the 35 ESPN national reports.*

The use of a medical assessment framework is reported extensively by ESPN national experts (Table 1.6) for access to disability-specific cash benefits (both DI and DA).

However, the use of an exclusively medical assessment to decide on eligibility for disability cash benefits as a whole is reported by ESPN national experts in only five countries (BG, EL, LU; ME, TR). In the majority of countries, medical assessments are used within systems using different types of disability assessment frameworks (Figure 1.5).

A medical assessment relies exclusively (or mainly) on a medical diagnosis which does not take into account the actual “capacity” of the applicant or their needs but is rather underpinned by a medical model of “incapacity”. (On this, see also Waddington [2018].)

³⁵ Given the variety of methods and entities responsible for implementing the disability assessment and for taking the final decision, these aspects are addressed on the basis of examples, rather than providing a systematic comparative overview across all ESPN countries.

³⁶ Functional assessment may also include tests of “capacity” for work.

³⁷ The typology of assessments used in this report is the one followed in the Synthesis Report on Disability Assessment in European States produced by ANED, the Academic Network of European Disability Experts (Waddington 2018). It is summarised in Annex B.

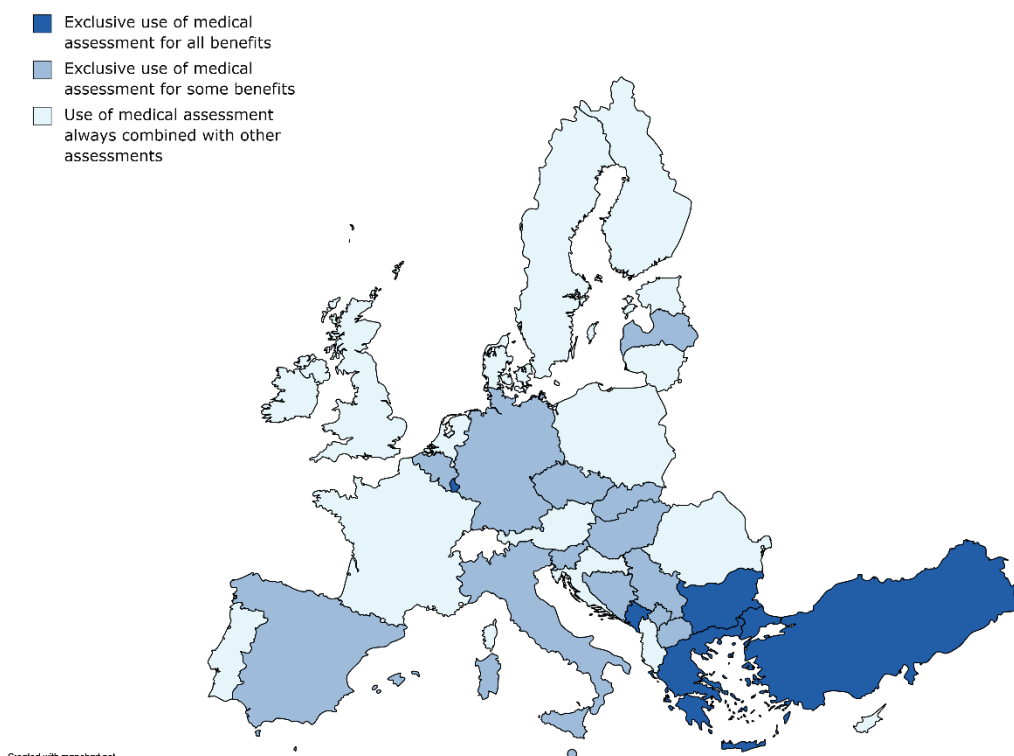
Several criticisms (e.g. stigmatising language, “deficit”-focused assessments) regarding the use of medical assessments are identified by a number of ESPN country teams (e.g. AT, CZ, DE, EL, LT, LU, PL). ESPN national experts from Greece and Luxembourg provide a specific critical insight into the exclusive use of these disability assessment systems in their countries:

- In Greece, the assessment procedures rely mainly on a medical assessment involving the use of a fixed scale based on the Barema classification system, which sets different disability levels. There is evidence of eligibility constraints linked to the (politically driven) changes made to the fixed scale used at the national level. However, the national experts highlight the implementation of a pilot project in three specific regions aimed at exploring new administrative procedures and the use of criteria based also on the functional ability of the applicant, which is assessed through completion of the World Health Organisation (WHO) Disability Assessment Schedule 2.0 questionnaire concerning the person’s functional “capacity” in performing activities of daily living. This procedure, however, does not affect the outcome of the health committee.
- The national expert from Luxembourg reports that the current framework is a purely medical assessment carried out by a medical commission, which determines the level of reduction in the applicant's “capacity” to work and their residual working “capacity”.

Waddington (2018) provides references to the inappropriate and continued use of a “medical model of disability” underpinning existing disability assessment systems in several countries, and also lists countries in which ANED national experts have identified the use of mixed medical and functional assessment frameworks (e.g. BE, CZ, LV), or the use of other mixed (e.g. medical-functional-care and support needs) disability assessment frameworks (e.g. CY, HU).

In the majority of countries, medical assessments are used either within a mix of other types of assessments (e.g. functional “capacity” in addition) or as one type of assessment among others, depending on the specific benefit. Figure 1.5 provides an overview of the different combinations which have been identified in the various countries, based on the descriptions provided by ESPN national experts.

Figure 1.5: Use of different types of disability assessment frameworks, DI and DA cash benefits, ESPN countries



Source: Authors' elaboration based on the 35 ESPN national reports

A number of ESPN country teams (e.g. BE, CZ, DE, LV, MT, SI) report the use of different types of disability assessment frameworks, depending on the type of benefit. In these countries, exclusive use of medical assessment is restricted to some benefits.

- In Czechia, for example, the assessment of disability which determines eligibility for Special aid allowance is based purely on medical reports and medical examinations; on the other hand, a combination of medical and functional “capacity” assessment is used to assess entitlement to Mobility allowance.
- In Latvia, the disability assessment determining eligibility for Disability pension is based on a combination of medical diagnosis and an assessment of functional limitations in carrying out certain specified activities; however, a pure medical diagnosis is the sole assessment method used to decide entitlement to Compensation for loss of “capacity” to work.
- In Kosovo, entitlement to Work disability pension is based on a purely medical assessment of disability, whereas assessments involving several different approaches (medical, functional “capacity”, and assessment of care or support needs) are used to determine eligibility for Compensation for persons with paraplegia and tetraplegia and for Compensation for blind persons.

In a number of Member States (e.g. AT, CY, EE, FI, FR, IE, LT, NL, PT, SE), medical assessments are always used in combination with other types of assessment procedures (e.g. medical-functional, medical and care needs assessment). The most common combination by far is the medical-functional assessment, whereas a combination of medical and care needs assessment is reported in only a limited number of cases (e.g. DK, FI, SE).

- In Austria, a combination of a medical assessment of the disability and a functional “capacity” assessment is used to determine eligibility for “Work incapacity” pension.
- In Lithuania, a mixed medical and functional “capacity” assessment using a combination of documentary evidence and personal interaction is the basis for determining entitlement to “Work incapacity” pension.
- In the Netherlands, access to the scheme of Income provision for people with full “occupational incapacity” depends on a medical and a functional “capacity” assessment which determines disability and the extent to which a person can work; a medical doctor assesses whether the applicant can perform theoretically available jobs on the labour market that are in line with their functional limits and level of education.
- The ESPN national expert from Denmark mentions that eligibility for Disability pension is based on an extensive assessment drawing on different types of disability assessment frameworks, including a medical assessment, a functional “capacity” assessment and an assessment of care or support needs.
- In Finland, entitlement to Disability allowance for people aged 16 years or over is determined by a combination of medical, functional “capacity” and care and support needs assessments.
- Entitlement to Attendance allowance in Sweden depends on a medical assessment of the disability and on an assessment of the person’s need for support; supporting evidence includes a medical diagnosis, a self-assessment and evidence from someone who is closely familiar with the applicant’s living situation.

In two Member States (IE, PT), as well as in Albania and the UK, ESPN national experts mention that there is no use of a pure medical model for assessing eligibility for the provision of cash benefits for working age people with disabilities, either DI or DA benefits.

- According to the ESPN national expert from Ireland, the type of assessment in place can best be described as a functional “capacity” assessment, although it is carried out by medical doctors. This type of assessment framework is used for determining entitlement to all DI and DA cash benefits available for working age people with disabilities.
- In Portugal, medical doctors are also responsible for carrying out the disability assessment for all cash benefits available for working age people with disabilities, although the type of assessment used is described as a functional “capacity” assessment; in the case of Dependency supplement, eligibility is based on assessing the care or support needs of the applicant.
- In Albania, the framework used to determine the loss of “capacity” to work is based on a functional “capacity” assessment which, again, is carried out by medical professionals.

Overall, even in these few countries in which there is no evidence of the use of a pure medical model for assessing eligibility for any disability-specific income support, there is a strong – if not exclusive – presence of medical professionals and medical supporting evidence. The next section provides further insights into these specific features of current disability assessment frameworks in ESPN countries.

1.5.2 A comparative overview of procedural aspects: evidence and assessors

Assessment procedures can differ in a number of ways. ESPN national experts were asked to provide a brief description of some selected aspects of the disability assessment framework used for the DI and DA cash benefits available for working age people. This section provides a comparative overview of the descriptions provided by ESPN national experts,³⁸ focussing on two major features of these procedural aspects: the supporting evidence and the assessors involved in the assessment.

Based on the descriptions provided by ESPN national experts, the first relevant finding is that the most common kind of supporting evidence used during the assessment in relation to the benefits described reflects the previously mentioned dominance of a medical and/or a functional type of assessment.

In all 35 countries (with the notable exception of Turkey, where the process requires a face-to-face examination by a committee of medical experts), the disability assessments for one or various benefits always require applicants to submit medical records, medical notes, and/or the results of medical tests or examinations, all provided by the patient’s doctor (Table 1.7).

Table 1.7: Grouping of countries according to the type of evidence used, DI and DA cash benefits, ESPN countries

| Medical evidence ¹ | Medical examination and/or interview ² |
|--|--|
| AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK AL, BA, ME, MK, RS, UK, XK | AT, BE, CY, CZ, DE, DK, EE, EL, ES, FI, HR, HU, IE, IT, NL, RO, SI BA, MK, RS, TR, UK |
| Self-assessment | |
| AT, BE, CY, EE, FI, FR, IE, LV, MT, RO, SE BA, UK | |

Note: Inclusion in any of the three categories considered is determined by having at least one benefit for which that specific type of evidence is requested (e.g. in Belgium the self-assessment is only used for DA benefits). ¹ This category includes medical notes and reports, as well as the results of medical tests and exams. ² Medical examinations always include face-to-face interaction (including online alternatives during COVID-19) with the applicant. Source: Authors’ elaboration based on the 35 ESPN national reports.

The type of evidence required in the assessment procedures usually includes a diagnosis, but it may also include more detailed **medical evidence**, namely with regard to the applicant’s medical history, including referrals by the person’s family doctor (or general practitioner). In some cases, the medical information is directly retrieved from the health information system. For example:

- In Estonia, the medical evidence used for assessing the disability-related condition for entitlement to “Work ability” allowance and to Disability allowance for a person of working age should include the person’s medical history, of up to five years, which is stored in the

³⁸ We refer the reader to the ESPN national reports for a detailed description of all the features of the disability assessment frameworks reported in relation to each of the benefits included in the national reports.

health information system (e.g. diagnoses, summaries of medical examinations, prescriptions, sickness leave).

- Similarly, in Lithuania, the assessment of the disability-related condition for entitlement to “Work incapacity” pension is based on medical evidence consisting of medical records which are automatically retrieved from the healthcare system.

In more than half of the EU Member States, as well as in five non-EU ESPN countries (Table 1.7), assessments also involve face-to-face (sometimes also by video or phone) interaction with assessors, which may include **a medical examination and/or an interview**. In general, medical examinations and/or interviews are used in addition to other types of supporting evidence, usually as well as medical evidence, either on a compulsory basis (e.g. AT, DE, EL, FI, HR, HU, SI; BA, RS) or as an option open to the assessing team (e.g. BE, CZ). Increased trust being put in self-assessments by claimants themselves is a positive development in Scotland reported by the UK country team (See Section 6).

In a very limited number of cases (e.g. DK, ES; RS, TR), however, medical examinations are reported as the only type of supporting evidence required to assess the disability-related condition for entitlement to a specific benefit. Turkey is the only ESPN country in which entitlement to cash benefits for working age people with disabilities depends on an assessment based solely on a face-to-face examination of the applicant by a council of medical doctors; no other supporting evidence is required.

According to Waddington (2018), the applicant often plays a passive role in this type of medical examination. Face-to-face interactions (e.g. interviews), where the applicant may have the opportunity to participate more actively in the assessment, seem to be less common. The example provided by the ESPN national experts from Denmark of the municipality-based assessment determining eligibility to Disability pension provides some interesting insights into this type of procedure.

- In Denmark, the municipality awards Disability pension based on an extensive assessment which includes – whenever the disability pension or supported employment becomes a likely outcome – the setting up of a rehabilitation team and the scheduling of rehabilitation meetings. At these meetings, the citizen participates together with their caseworker and representatives of different sectors of the administration, in order to discuss various issues. However, the ESPN national experts argue, the whole process for awarding a disability pension may become a lengthy and de-motivating process.

Unsurprisingly, medical evidence is the only type of supporting evidence reported by ESPN national experts from those countries (BG, EL, LU; ME, MK, TR) which use an exclusively medical assessment to decide eligibility for the provision of disability cash benefits as a whole.

Table 1.7 also reveals that **self-assessments** are less likely to be part of assessment systems (and are mentioned by national experts from only 11 Member States, as well as experts from Bosnia and Herzegovina [where they are used for only one benefit scheme] and the UK).

Such self-assessments are more likely to be found in countries in which assessment systems use either a functional or a mix of medical-functional “capacity” assessments (e.g. BE, CY, LV, RO; UK) or in the context of procedures assessing the need for care or support (e.g. AT, FI, FR). These self-assessments often take the form of a standard questionnaire to be filled in and submitted by the applicant.

- Eligibility for Integration allowance in Belgium depends on an assessment of the applicant’s abilities to perform different activities of daily living (non-work-related); the assessment is carried out on the basis of an online application (My Handicap), supported by information from the attending physician as well as through an interview and medical examination by the medical officer or a multi-disciplinary team (including medical as well as non-medical professionals, such as social assistants, psychologists, speech therapists, physiotherapists). The ESPN national experts point out that self-assessments are only used for DA cash benefits.
- In Finland, entitlement to Care allowance for pensioners is based on an assessment mechanism that includes a self-assessment – together with an evaluation by a medical doctor – in order to determine the severity of the disability and the applicant’s need for support and assistance.
- In the UK, entitlement to “New Style” (contributory) Employment and Support Allowance is based on a functional “capacity” assessment of the applicant’s “capability” for work which includes a self-completed questionnaire, medical and non-medical evidence and personal interaction with a “health professional” in an assessment if the Department for Work and Pensions (DWP) deems this necessary.³⁹

Overall, the evidence provided by ESPN national experts shows that self-assessments are still only used in disability assessment systems in a small number of countries and, within those countries, limited to some specific cash benefits. However, active involvement of people with disabilities in generating the information used for the individual disability assessments, namely through the above-mentioned self-assessment questionnaires, is identified as a “good practice” in line with the requirements of the UN CRPD (Waddington 2018).

A variety of health professionals, including medical doctors, nurses, psychologists, therapists (such as physical therapists or occupational therapists) and rehabilitation specialists, are mentioned by ESPN national experts as the “assessors” involved in current disability assessment frameworks.

In all 35 countries analysed, medical doctors are directly involved in the assessment process, either as the only assessors or along with other professionals. These medical doctors may either be individuals who are already familiar with the applicant (e.g. family doctors), or a medical professional who works on behalf of the assessment agency. Table 1.8 shows this widespread involvement of medical doctors in disability assessment processes, although in most cases they are not acting alone but rather involved in multidisciplinary teams.

Input from medical doctors only, for assessing the disability of the applicant, is reported by ESPN national experts from 11 Member States and from three non-EU countries (Table 1.8).

³⁹ A new approach to assessment in relation to benefits for the extra costs of disability is being taken in Scotland with a view to addressing some of the criticisms of assessment procedures in the rest of the UK (see Section 6 for further details on this reform).

Table 1.8: Grouping of countries according to the composition of the assessment team⁴⁰, ESPN countries

| Medical doctors only | Multidisciplinary “teams” involving only health professionals ¹ |
|--|--|
| BE, BG, CY, CZ, EE, EL, IE, IT, LV, NL, PT BA, MK, TR | LU |
| Multidisciplinary team involving medical and non-medical specialists ¹ | |
| AT, DE, DK, ES, FI, FR, HR, HU, LT, MT, PL, RO, SE, SI, SK AL, BA, ME, RS, UK, XK | |

Note: ¹ Inclusion in this category means that a multidisciplinary “team” is acting as assessor for at least one of the benefits described. Source: Authors’ elaboration based on the 35 ESPN national reports.

Multi-disciplinary teams involving both medical doctors and other health professionals (e.g. rehabilitation specialists, psychiatrists) are reported only by the ESPN national expert from Luxembourg as part of a purely medical assessment framework:

- The medical commission – responsible for assessment of the disability of applicants for the Allowance for people with severe disabilities – is made up of five members, including three doctors with specialisms in the fields of rehabilitation and functional rehabilitation or psychiatry, a doctor representing the social security medical board (*Contrôle Médical de la Sécurité Sociale* – CMSS) and a doctor representing the Minister of Health.

Other professionals involved in the disability assessment systems described by ESPN national experts include social workers, employment specialists, municipal workers, and representatives from organisations working with people with disabilities. These multidisciplinary teams comprised of medical and non-medical staff operate in a significant number of Member States and in almost all non-EU ESPN countries (Table 1.8). According to Waddington (2018), multidimensional assessments have the potential to identify restrictions in participation in society and environmental obstacles, allowing for a more adequate allocation of benefits in line with applicants’ actual needs. The description provided by the ESPN national experts from Kosovo seems to illustrate the relevance of ensuring an inclusive composition of assessment teams within the existing disability assessment frameworks:

- In Kosovo, the Medical Committee – responsible for assessing the disability-related condition for entitlement to Compensation for blind people – is made up of three expert doctors, one representative from the Kosovar Blind Association, and one specialist from the Ministry. The ESPN national experts argue that this is a good mix of actors, noting in particular that a positive development in recent years was the inclusion of one representative from the association for blind people, in line with the UN CRPD provisions.

Finally, it is important to highlight that a comparative analysis of the assessment systems currently in place also reveals that the person or people carrying out the disability assessment procedure, i.e. the assessor(s), is not necessarily the final decision maker. A variety of people and agencies are identified as the decision makers for the entire provision of disability-specific cash benefits identified across countries and this information is provided for each benefit in the ESPN national reports.

⁴⁰ The use of “team” does not necessarily mean that there is only one team during the whole assessment process which, in some cases, may involve different people at each stage.

1.5.3 Disability assessment frameworks in Europe: towards a UN CRPD-compatible way of assessing disability?

ESPN national experts were asked to provide a critical analysis of the design and implementation of existing disability assessment frameworks in their countries. The comparative analysis of these assessments confirms the persistence of obstacles, most of which had been identified in earlier studies (Hammersley 2020, Hammersley 2022, Waddington 2018).

One area of concern is the lack of consistency across ESPN countries in adapting to and applying the human rights model of disability. ESPN national experts from Austria, Lithuania, Malta, Poland and Romania explicitly refer to limitations arising from the narrow focus of current disability assessment models.

- In Austria an assessment by the Vienna Chamber of Labour highlights that the “grading regulation” (*Einstufungsverordnung*) for the long-term care allowance retains in part a rather narrow focus on physical problems and disorders, whereas psychological, social and mental problems are insufficiently taken into account.
- In Poland, the reforms introduced in the late 1990s shifted the focus of the assessment by the Social Insurance Institution (*Zakład Ubezpieczeń Społecznych – ZUS*) from health detriment into work “(in)capacity”; however, in the light of the UN CRPD, the terminology used in the assessment (i.e. “inability” to work and have an independent existence) is still perceived as stigmatising and as focusing on “deficits” rather than “capabilities”.
- ESPN national experts from Romania report that - according to the World Bank - the assessment procedure continues to be strongly biased towards a medical approach, without considering the social inquiries conducted by professional social workers or the social needs and limitations in terms of social inclusion of the person concerned.

Progress in this area is reported by the ESPN national experts from Albania, who recognise that many of the issues affecting the current disability assessment system, such as the strictly medical evaluation of disability or the periodic re-examination, have been addressed by the new biopsychosocial model which is being implemented. Additionally, they argue, this model will represent an important change in the current methodology and evaluation criteria while simplifying procedures and improving access; instead of evaluating only the “capacity” to work, the focus of the assessment will extend to the ability to carry out activities of daily living.

Several concerns are also reported by ESPN national experts regarding various aspects of the application process. These include *inter alia* accessibility difficulties for non-nationals (CY), burdensome requirements, particularly regarding documentation (CY, EL; AL, MK, RS), complex procedural rules (DE), and lack of support to navigate the application process (CY).

- According to the ESPN national expert from Cyprus, all application forms on the Social Insurance Services (SIS) website are only available in Greek, which makes access difficult for other European citizens and third-country nationals. Furthermore, the SIS website does not have accessible and user-friendly features to facilitate access and interaction for people with disabilities (e.g. with a visual disability). In addition, the large number of applications and certificates required may be quite burdensome to collect from the various separate government services and other agencies.
- In Greece the application process is deemed to be particularly burdensome and time-consuming given the number of documents which have to be collected from various sources (doctors, authorities, etc.) and the complete lack of links between the relevant authorities involved in awarding the various disability benefits. The ESPN national experts

note that, as a consequence, the whole process places a considerable administrative burden on people with disabilities.

There is evidence that some of these difficulties were exacerbated during the pandemic, causing delays in exercising social protection rights or even the cessation of acquired rights.

- In Croatia, in the early days of the pandemic, personal medical examinations were cancelled, and the assessment was carried out only on the basis of incomplete medical documentation (all documentation is normally submitted to the experts for inspection during the face-to-face examination). In practice, according to the Ombudsperson for people with disabilities (2020), there were violations of the rights of people with disabilities because the assessment was based on incomplete medical documentation.
- The ESPN national expert from North Macedonia reports that, during the pandemic, there were difficulties in collecting and renewing documents, and in scheduling disability assessment appointments. In some cases, these led to the loss of social protection rights. Even before the pandemic, the experts argue, the process of obtaining the medical evidence needed to access the disability allowances was long and tiresome.
- Likewise, the ESPN national experts from Kosovo report that the COVID-19 pandemic may have negatively affected the assessment process, due to cancelled face-to-face examinations, leading to several withdrawals of benefits and complaints.

Additionally, ESPN experts from several countries identify difficulties with the implementation of assessment procedures. These include *inter alia* issues related to: the **quality** of the procedures (e.g. AT; UK), **lack of transparency** regarding the assessment criteria (e.g. CY, LU, SK; AL, BA), **punitive and restrictive criteria** (e.g. BA, ME), the coexistence of **multiple and conflicting definitions** (e.g. MT, RO, SE; XK), **conflicting assessments** from different bodies (e.g. CZ; MK), **political interference** in the process (e.g. EL; BA), **lack of a uniform approach** (e.g. EE, HR, MT, SE; BA, XK), **cost** of the procedures (e.g. BA) and **excessive waiting time** before the decision regarding entitlement to the benefits is given (e.g. CZ, EE HR, HU; ME).

- ESPN national experts from Austria and the UK report concerns about the quality of the procedures and the expertise of assessors. In the former case, there is evidence that the medical doctors involved in the assessments repeatedly appear to be badly informed about the health history of applicants, lacking interest in the whole process; in the latter case, there are concerns about the quality of the reports and the expertise of assessors, in a context in which assessments are conducted by health professionals from private companies contracted by the Department for Work and Pensions.
- In Luxembourg, Info-Handicap – an association of 56 organisations working with people with disabilities – emphasises the lack of transparency in the decisions and the non-public nature of the criteria used in the assessment procedures; as a consequence, they argue, the medical Commission is therefore free to act as it wishes.
- Likewise, the ESPN national experts from Albania note that the current assessment framework places the entire responsibility on the Medical Commission on the Determination of the Ability to Work (MCDAW), which takes decisions on a case-by-case basis without any evidence of clear and transparent criteria being used; as a result, they argue, several cases of corruption in the MCDAW have been reported in the past.
- In Montenegro, the list of medical indications which enable the person concerned to exercise the right to family allowance, care allowance, personal disability allowance and compensation for part-time work determines the decision by the Commission of the Centre

for Social Work. However, according to the ESPN national expert, this list is very rigid and does not include some “medical conditions” which can be frequent among people with disabilities.

- Evidence from Sweden shows that there is a discrepancy between the labour market concept used to assess working “capacity”⁴¹ and the possibility of people being able to support themselves through work in reality. ESPN national experts from Sweden note that the use of this very strict labour market concept can hit certain groups hard, particularly those aged 60 or older.
- ESPN national experts from Kosovo also refer to a discrepancy between the concept of “permanent disability” and legislative requirements for beneficiaries to be re-evaluated every, one, three and five years - meaning that, in fact, disability is in practice not treated as “permanent”. Additionally, they argue, this leaves more room for discretion on the part of assessors and decision-makers.
- In Czechia, the ESPN national experts highlight some discrepancies and conflicting assessments between the results of face-to-face interactions conducted by a social worker, and medical examinations performed by an assessor from the Social Security Administration.
- In Greece, the Single Table for Disability Percentage Determination (EPPPA) is used to determine the percentage of disability which is attached to specific impairments. Reports from the National Confederation of Disabled People of Greece and the Greek Ombudsperson have warned of the introduction of changes to the EPPPA as politically driven interference aiming to restrict eligibility for disability provision.
- In Estonia, the main challenge in implementing the assessment framework is the need to ensure a uniform approach, since the assessment is provided by different health service providers commissioned by the Unemployment Insurance Fund (EUIF). According to the ESPN national experts, efforts have been made to set up a feedback system on assessment among the different assessors, to ensure that the methodology and its implementation are thoroughly discussed, and explanations are provided when necessary.
- One of the main obstacles to accessing disability benefits that are not war related in the Federation of Bosnia and Herzegovina entity is the cost of a disability assessment, which is paid for by the person with disabilities. It ranges from KM84.41 (€43) to KM128.12 (€66) in cases in which the medical commission needs to make a home visit. The ESPN national experts from Bosnia and Herzegovina note that some cantons refund the cost of disability assessments for beneficiaries found to have at least 90% disability.
- ESPN national experts from Croatia and Hungary present evidence of lengthy durations of disability assessment procedures. In Croatia the time required for the assessment of the rights to social welfare ranged from a few weeks in Zagreb (where the central office is located) to eight months outside Zagreb. The Commissioners for Fundamental Rights in Hungary have investigated and found several cases of violations of rights as a result of the prolonged assessment procedures regarding applications for disability allowances.

⁴¹ The labour market concept covers all jobs in the entire labour market, including sheltered jobs and jobs with wage subsidy, even though such jobs may not be available.

The critical analysis of disability assessment frameworks carried out by ESPN national experts shows that the systems in place often lack consistency, thus causing inequalities in accessing benefits for people with disabilities. Some experts provided figures highlighting the low take-up of benefits which may come as a consequence of these difficulties, among others, in the design and implementation of the disability assessment systems in their countries.

- In Germany, for example, in 2020, 913,315 reportable work-related accidents were registered. In the same year, however, only 17,640 new occupational accident pensions were approved. In the case of occupational diseases, 101,206 cases were decided in 2020, with only 5,056 new pensions approved.
- The ESPN national expert from Malta refers to beneficiary data issued by the National Statistics Office (2021), arguing that the take-up of disability-related assistance appears rather low, amounting in 2020 to 137 beneficiaries of Disability Assistance; 3,238 of Severe Disability Assistance; 538 of Increased Severe Disability Assistance; and 361 of Visual Impairment Assistance. While stating that it is unclear what impact the nature of the assessment has on coverage and take-up, the expert points out that these figures are considerably lower than the number of people estimated to have disabilities in Malta.

However, in a small number of countries (e.g. EE, FI; XK) ESPN experts identify positive trends regarding disability assessments, some of which are in line with the requirements of the UN CRPD, i.e. reductions in the burden on applicants, provision of user-friendly information and/or involvement of organisations representing the rights of people with disabilities in the assessment process.

- In Estonia, a combined application process makes it possible for people with disabilities to apply for Disability allowance and “Work ability” allowance together, either through the Social Insurance Board (ESIB) or through the Unemployment Insurance Fund (EUIF).
- The ESPN national experts from Finland report that the assessment process – for both DI and DA cash benefits – is usually straightforward and there is no stigma attached to making an application. The application, and the accompanying documents, can be submitted online, via post or in person.
- In Kosovo also, the ESPN national experts explain that the procedures are well defined and information about the process enabling persons with paraplegia and tetraplegia to apply for compensation is accessible online. They refer to a “good mix of expertise” in the assessment framework, in particular the involvement of a social worker and a third-sector or other association specialist on service provision, and the fact that earning on the labour market is not penalised, all suggesting that the scheme is oriented towards inclusion.

1.6 An integrated overview of working age people’s actual entitlement to disability-specific income support

ESPN national experts were asked to describe the conditions under which working age people with disabilities are currently receiving disability-specific cash benefits/pensions in their respective countries. This description – available in detail in the 35 ESPN national reports – briefly covers four main aspects:

- The level of each DI and DA cash benefit examined in the national report, including any differences arising from the type, severity or duration of the disability;
- The maximum and minimum duration of receipt of each benefit and any relevant conditions affecting its duration;

- Any interactions with employment-related income or with various social protection benefits;
- A short assessment – based on available evidence – of any main challenges relating to the adequacy of both DI and DA cash benefits.

This section provides an overview of the situation across ESPN countries, not aiming to fully reflect the wealth of information provided in the ESPN national reports.⁴² Another main focus of the comparative approach undertaken here is to present and discuss two major issues arising from the analysis provided by ESPN national experts: (i) how does the existing provision of disability-specific cash benefits address the interaction between entitlement to these benefits and other income or other benefits?; and (ii) what are the main challenges in terms of adequacy relating to disability-specific cash benefits available for working age people with disabilities?

1.6.1 Interaction between disability cash benefits and other income: possibilities subject to conditions

The overall picture regarding interaction between the entitlement to disability-specific cash benefits and other income or other benefits can largely be described as variable and complex. In fact, different possibilities coexist within individual countries.

The most commonly observed situation is that working age people can simultaneously receive disability-specific cash benefits and other social protection benefits, but in a selective way or subject to certain restrictions. This applies to DI benefits as well as to DA benefits.

- In Czechia, someone receiving an “Invalidity” pension is entitled to all other social benefits, with the following exceptions: (i) it is not possible to combine an “invalidity” pension and a regular old-age pension, i.e. the highest pension is paid; and (ii) someone in receipt of a third-degree “invalidity” pension is not entitled to unemployment benefits.
- In Hungary, Exceptional “invalidity” allowance cannot be paid together with an old-age pension, or other regular cash benefits (excluding sickness, accident and childcare benefits).
- In Italy, non-contributory Civil “invalidity” allowance can be combined with the Companion Allowance, but it cannot be combined with either of the two main contributory allowances/pensions for either employees or the self-employed.
- In Spain, Non-contributory “invalidity” benefit cannot be received together with a non-contributory retirement pension, with an assistance pension (FAS), with a LISMI⁴³ disability subsidy (both of which are gradually being phased out) or with Child Benefit for families with sons and daughters with disabilities.
- In Montenegro, subsidies for the employment of people with disabilities can be claimed at the same time as the personal disability allowance or the care and assistance allowance, but not the family allowance or disability pension.
- ESPN national experts from Bosnia and Herzegovina and from Kosovo note that compensation for “invalids” of war and civilian “invalids” of war in their countries is not subject to any conditions regarding other contributory social transfers or labour market income.

⁴² We refer the reader to the ESPN national reports for a detailed description of the actual benefit entitlements related to each of the benefits included in the national analysis.

⁴³ Law 13/1982, of 7 April 1982, on the Social Integration of People with Disabilities (LISMI).

A number of ESPN country teams both from Member States (e.g. CY, CZ, LV, MT, PL) and from non-EU ESPN countries (e.g. BA, ME) highlight the fact that if there is an overlap between different cash benefits, the beneficiary is only entitled to receive one of the benefits, in general the one providing the higher income or the more advantageous conditions.

- In Cyprus, if the insured person is simultaneously entitled to an “Invalidity” pension and another regular benefit based on their own insurance contributions to the Social Insurance Fund, they receive only the highest benefit.
- In Poland, beneficiaries of Disability pension who are entitled to other insurance benefits have the right to choose the higher or more beneficial benefit.

The ESPN national experts from Ireland report that in the Irish social protection system, insurance-based benefits are not affected by the receipt of other income whereas assistance-based benefits are. They add that it is generally only possible to receive one benefit at a time (subject to limited exceptions).

In the UK, for New Style Employment and Support Allowance (ESA), if a person receives a gross pension of over €102 per week, his/her ESA is reduced by half of the excess. The ESPN national experts explain that this is not a household means test and it only relates to pension income.

The extent to which it is possible to combine the receipt of disability-specific cash benefits with income from work-related activities again varies between the different benefits. However, it is possible to identify some patterns in the descriptions provided by ESPN national experts.

In a large number of Member States (e.g. BG, CY, CZ, DE, FI, FR, HR, HU, EL, ES, FI, LT, LV, MT, RO, SK), entitlement to disability-specific cash benefits (DI and/or DA) is not, in general, affected by income from work-related activities.

- The ESPN national experts from Bulgaria note that beneficiaries of (contribution-based) Disability pension due to general illness can work and gain work-generated income without this affecting the benefit. Again, no interaction with income from work exists for the main DA scheme, Monthly financial support for people with disabilities.
- In Latvia, both Disability pension and Compensation for loss of “capacity” for work can be claimed whilst receiving income from work and/or short-term social insurance benefits.
- In Lithuania, employed recipients of “Work incapacity” pensions can combine a full social insurance pension with income from employment without any deductions.

In some cases, however, ceilings may be applied to the work-related income for some benefits (e.g. DE, FI, FR, IT).

- In Finland, Disability pension can be combined with employment; the recipient can earn up to €855.48 per month, without losing any of their pension.
- In France, Disability pension can be claimed at the same time as receiving a salary, provided that the total amount is not higher than the salary received prior to the disability.
- The ESPN national experts from Germany report that people are allowed to have supplementary earned income from an occupation while receiving a Reduced earning “capacity” pension. However, these earnings may affect the amount of the pension. For example, the supplementary income limit for a fully-reduced earning “capacity” pension is €6,300 per year; for partially reduced earning “capacity” pensions, the income limit depends on the amount of the individual pension.

A number of ESPN country teams also report situations in which the interaction between entitlement to disability-specific cash benefits and income from work results in reductions in the level of a specific benefit (e.g. AT, BE, EE, FR, LT, NL).

- In Belgium, beneficiaries of “Invalidity” benefit with medically reduced working “capacity” of at least 50% may combine the benefit with earnings from work when they resume their work. A work activity during the period of disability may be authorised by the medical officer of the mutual insurance fund. The daily amount of the benefit in this situation may not exceed the daily amount that would be given if this were not the case. If the adapted work does not exceed 20% of usual working time, there is no reduction of the benefit. If the adapted work does exceed 20% of usual working time, the benefit is reduced according to the average number of hours of adapted work performed per week beyond 20%. In the case of full-time work, beneficiaries keep 20% of the benefit.
- In Estonia, “Work ability” allowance is reduced in case of labour earnings higher than 90 times the daily rate (€15.13 at the beginning of 2022, indexed annually).
- In the Netherlands, claimants of Wajong (a non-contributory cash benefit) who can do some work can still receive the benefit and may keep part of their earnings from work. If they are able to work, their Wajong will be 70% of the minimum wage and for every additional €1 they make by working, they may keep 25 cents.

Finally, in a few EU and non-EU countries (e.g. LU, PT, SE, SI; AL, ME, MK, UK), ESPN national experts report that it is generally not possible to combine income from disability-specific **insurance-based** cash benefits with income from work, although specific exceptions may apply depending, for instance, on the nature of the work or the severity of the disability.

- In Luxembourg, the award of an “Invalidity” pension is subject to the insured person renouncing any self-employed activity subject to insurance or any salaried activity in Luxembourg or abroad unless this is considered insignificant (i.e. it does not exceed one third of the minimum wage).
- In Portugal, absolute “Invalidity” pension cannot be combined with income from work; in 2022, the minimum monthly amount of the absolute “Invalidity” pension is €402.32.
- In Slovenia, beneficiaries of disability pensions lose their right to a disability pension if they start gaining income from work and thus enter the compulsory social insurance system. An exemption is provided for (i) persons with disability category II and older than 55 and (ii) persons with disability categories II or III performing non-standard work that matches their remaining working “capacity”.
- In the UK, beneficiaries who are in paid or unpaid work while claiming New Style Employment and Support Allowance are not eligible for ESA, unless the work is of certain kinds (e.g. work placement, some kinds of voluntary work or caring), or is “permitted work” (part of treatment, “supported work”, or under 16 hours’ work weekly, up to €176.92/week), or other work for up to €23.90/week, in 2022-2023).

Concerns with regard to potential benefit traps leading to low labour force participation are only explicitly raised by the ESPN national experts from Poland in relation to non-contributory Social pension. The reduction of the amount of the benefit when beneficiaries receive income from work exceeding 70% and up to 130% of the average wage in the economy may, according to the ESPN national experts, lead to a “benefit trap”. This is because a small increase in income leads to an income loss, particularly if the pension is suspended (in the event that income from work exceeds 130% of the average wage).

Conversely, ESPN national experts from Belgium report positive developments in relation to entitlement to non-contributory disability income support, aimed at reducing disincentives to engaging in paid working activities. The introduction of a higher threshold for exempted income from work (+ 170%, to a maximum of €63,000 per year since October 2021), means that, currently, the Integration allowances is granted largely independently from income from work. This measure abolishes the so-called “price of labour” (meaning that, because of the low threshold for income from work that obtained before, taking up work was discouraged).

1.6.2 Disability-specific income support for working age people with disabilities: providing adequate protection?

As regards social protection, Article 28, paragraph one of the UN CRPD provides a key reference point for the discussion in this section: “States Parties recognize the right of persons with disabilities to a decent standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability”.

ESPN national experts raise a range of concerns about the support available in their countries, the most common of which is precisely the (in)adequacy of the cash benefits available for working age people with disabilities. The low level of income provided by the disability-specific cash benefits (in particular, DA schemes) is by far the most widespread criticism reported in the assessments of ESPN countries’ provision.

Levels of support are described as limited and, in many cases, inadequate (e.g. EE, EL, HR, IT, LT, LV, MT, RO; AL, BA, UK, XK). Concerns about the inadequacy of support in this regard are confirmed by the evidence provided by ESPN national experts of the levels of poverty among people with disabilities.

- In Croatia, the low level of income provided by Up-to-employment allowance (which is less than 15% of the standard unemployment benefit and below 50% of the Guaranteed Minimum Benefit), means that unemployed people with disabilities are left in deep poverty after receiving this benefit if their family members are not able to support them financially.
- The ESPN national experts from Estonia argue that although “Work ability” allowance should ensure an adequate replacement income – it is higher than or equal to the minimum subsistence level – an analysis of that minimum subsistence level showed that the current level of the benefit does not ensure coverage of the expenses needed to enjoy a decent life. Thus, particularly for people with partial “capacity” to work, the “Work ability” allowance is far from ensuring an adequate income.
- In Italy, the level of income provided by DA schemes (Civil “invalidity” pension and Civil “invalidity” allowance) is very low, corresponding to 36% of the relative poverty threshold (60% of the median equivalised income).

- According to the ESPN national expert from Malta, the adequacy of Disability assistance scheme has repeatedly been called into question by disability activists, as it is insufficient for people with disabilities to lead an independent life in the absence of family support.
- The ESPN national experts from Albania argue that the reform of the disability assessment process has introduced improvements, but has not touched the sensitive topic of benefit levels, which continue to pose serious issues in terms of adequacy: the EU-SILC at-risk-of-poverty threshold was €128 per month in 2020 (for one-person households), leaving almost all beneficiaries of disability benefits exposed to poverty risks.

A number of ESPN country teams (e.g. CZ, DE, RO, SI; BA) explicitly report the low level of income provided by disability cash benefits by comparing them with the benefit level of mainstream old-age pensions. This raises concerns about DI benefits and their impact on the lives of people with disabilities both in the short and long term.

- In Czechia, in 2020, the mean monthly amount of newly assessed “Invalidity” pension (third degree – i.e. full disability) was about €40 lower than the level of the old-age pension. However, on average, “invalidity” pensions are assessed 14 years earlier than old-age pensions. As pensions in payment are indexed more slowly than accrued old-age pension entitlements (wages), these 14 years have the effect of making the total average monthly amount of this type of pension €70 lower. However, as the age of 65 turns an “invalidity” pension into an old-age pension, the actual differences between these two types of pensions will be significantly higher with respect to the age of the individual.
- In Germany, the average reduced earning “capacity” pension in 2020 was €862.89 per month, €124.92 lower than the average old-age pension, at €987.81 per month.

Other concerns voiced by ESPN national experts include:

- Inequities of provision (for example, between those with different types of disability, between men and women, between different territories etc.) (e.g. CZ, DE, EE, HU, IT, MT; AL, BA, XK);
- Decreasing levels of protection and/or coverage (e.g. HU, LT, SE, SI; XK);
- Administrative and/or organisational issues (e.g. BE, EL, HR, HU, LT, MT, RO, SE).

Some ESPN national experts refer to problems of **inequalities** arising because provisions vary not only by type of impairment but also according to the severity of disability, or with preferential treatment granted to people injured in the course of military service.

In Czechia, Estonia and Albania, ESPN national experts refer to the disadvantageous condition of people who are assessed with a less severe disability level – assuming that they will be able to make up for the missing income by engaging in paid economic activities – or those with shorter contributory histories. In both cases, people are entitled to significantly lower “invalidity” pensions.

In Malta, the ESPN national expert stresses the presence of historical gender inequalities in the labour market negatively affecting the protection of women with disabilities and increasing their exposure to the risk of poverty. The ESPN national expert highlights the negative effects of the low and/or interrupted work history of women – particularly in older age cohorts – preventing them from accruing a contributory pension in their own right.

In this respect, a study by Hammersley (2020) on poverty and social exclusion among people with disabilities in Europe refers to the impact of gender inequalities in terms of the increased vulnerability of women to poverty and social exclusion, arising from a combination of factors such as the salary gap between men and women, the lack of competitive vocational training, digital illiteracy, unpaid work, work-life balance barriers, and other more general forms of discrimination on the grounds of gender and disability.

In Hungary, access inequalities derived from geographical variations is described at length in the ESPN national report. Overall, there are significant differences in entitlement for applicants living in different regions of the country (e.g. Central Hungary versus Central Transdanubia) or for those living in rural versus those in urban areas: for example, compared to claimants living in a village, those living in the county town are about twice as likely to receive benefits, while those living in the city are about one and a half times more likely.

According to the ESPN national experts from Bosnia and Herzegovina and from Kosovo, compensations for “invalids” of war and civilian “invalids” of war in their countries currently provide some of the highest benefits compared to other disability programmes. The level of these benefits, they add, can even surpass the average wage.

In Slovenia, there is evidence of **decreasing levels of protection** arising from pension reforms which changed the number of best consecutive years for calculation of the pension assessment base (from the best 10 to the best 24 years); there has also been a sharp increase in the share of new disability pensioners whose pension has been calculated from the minimum pension assessment base. According to the ESPN national experts, there was a relative fall in the value of disability pensions compared to net earnings, of around 13% (from 50.6% to 44.0%), between 2011 and 2020. Lower average new disability pensions – compared to new old-age pensions (amounting to 72.5% of average old-age pensions for pensioners who retired in 2020) – are the result of a very low share of recognised occupational injuries or diseases and high proportions of disability pensions calculated from the minimum pension assessment base.

In Sweden, there are two major issues of concern regarding the protection provided by the DI system. On the one hand, the number and share of people who receive Sickness compensation have fallen sharply since 2015, and the refusal rate increased from 43% in 2014 to 70% in 2019, probably as a result of a more restrictive interpretation of the regulations by the National Social Insurance Agency since 2015. On the other hand, an increasing proportion of beneficiaries of Sickness compensation only receive the basic guaranteed benefit (for those who never worked). Between 2006 and 2020, this proportion increased from 10% to 27% among women, and from 16% to 42% among men.

For a few countries (e.g. BE, FI, RO, SE) ESPN experts draw attention to different types of **shortcomings of the current systems**, with negative consequences for the support provided to people with disabilities.

- In Belgium, the system is deemed to be working in a non-preventative way, in an attempt to keep people with chronic health problems in the labour market. In addition, studies show insufficient support with the application process for the Integration allowance; proactive outreach could help to overcome the current problem of non-take-up of this non-contributory allowance, which is due to the complex and stigmatising eligibility and conditionality rules in place.

- The complexity of the benefits system is a specific concern voiced by the ESPN national experts from Finland, who argue that the problem with the Finnish non-contributory benefit system is that the level of benefit for a single person is rather low. Different benefits in Finland are paid more in parallel than sequentially, i.e. benefits are often paid as top-ups. Thus, the experts conclude, the income transfer system for people with disabilities is difficult to understand and involves a wide range of providers at different levels.
- The ESPN national experts from Romania report gaps in the implementation of rehabilitation programmes, aimed at re-integrating “Invalidity” pension beneficiaries into the labour market. Based on existing studies, these programmes are deemed to be weak and their effectiveness questionable.

Overall, the comparative analysis of the main adequacy challenges affecting the provision of disability-income support, as identified by ESPN national experts, highlights significant gaps in the level of protection given in the 35 countries covered by this study. The most notable problem people with disabilities are confronted with is the low level of income provided, in both absolute terms (i.e. incomes below the main statutory benefits) and relative terms (i.e. insufficient to cover the additional costs related to disability). There is also evidence of inequalities in the level of social protection arising from geographical variations, gender, as well as between types and severity of disability in many of the countries analysed. Finally, there is room for improvement in relation to adequacy problems embedded in the functioning of the social protection systems (see also the Recommendations section above).

2 SOCIAL PROTECTION FOR OLDER PEOPLE WITH DISABILITIES: OVERVIEW AND MAIN FEATURES

Section 2 focuses on the current social protection schemes (access to disability-specific cash benefits and main statutory old-age pension schemes) across the 35 ESPN countries for older people. The analysis focuses on: (i) the conditions under which older people with disabilities exercise their access to statutory old-age benefits compared to people without disabilities; and (ii) provision of any disability-specific income support for old age people with disabilities.

2.1 Access of older people with disabilities to the main statutory old-age pension schemes: neglecting distinctive needs and unique life conditions?

According to Waddington and Priestley (2018), a large proportion of people with disabilities in the EU are of pensionable age and a large proportion of retired people declare some degree of disabilities. In both cases, there are challenges. On the one hand, those who have lived with disabilities during earlier adult life may be disadvantaged - for example, a disrupted working life and difficulties in fulfilling other eligibility requirements may restrict their entitlement to some contributory benefits. On the other hand, older people who acquire their impairment(s) later in life, after retirement, are likely to face additional costs of living and their risks may not be fully covered by standard pension policies.

The most notable outcome from the comparative analysis, carried out on the basis of the ESPN national reports, regarding the conditions under which older people with disabilities exercise their right to statutory old-age benefits, seems to confirm the concerns mentioned above. Across Europe, the conditions and entitlement for older people with disabilities are generally the same as those that apply to older people without disabilities. Ensuring equal rights for older people with disabilities to old-age social protection benefits may prove problematic as such benefits may reflect the lack of recognition of the distinctive needs of older people with disabilities and with particular life trajectories.

The descriptions provided by ESPN national experts and their identification of the main eligibility-related obstacles, as well as challenges related to adequacy, confirm these concerns.

On the whole, there are no different eligibility conditions or additional amounts included in the provision of the main statutory (contributory and non-contributory) old-age benefits for people with disabilities, compared with people without disabilities, in the ESPN countries.

Nevertheless, there are exceptions to this overall rule. These exceptions largely relate to specific contributory conditions to compensate for **shorter contributory records** (e.g. EE, ES), provisions facilitating **earlier retirement** for people with disabilities (e.g. BE, RO) and **non-inclusion of disability benefits** (including benefits for extra disability costs) in means testing to determine access to means-tested benefits (e.g. MT; UK).

- In Estonia, the qualification period for entitlement to Old-age pension is reduced by one year for each three years during which the person has partial or no working “capacity”. Additionally, although the benefit does not include any additional amount or compensation, people with disabilities may withdraw money (from the second pillar funded pension scheme, which became voluntary in 2021) at any time, without paying the 10-20% income tax that applies to people without disabilities.
- The ESPN national experts from Spain report an exception to the minimum contributory period required for entitlement to Contributory retirement pension: in partial retirement, the minimum contribution period required for people with disabilities whose level of disability is 33% or more is reduced to 25 years (from 33 years for others).

- In Belgium, inactivity due to disability (minimum 65% “work incapacity”), sickness and “invalidity” periods are counted as equivalised years for early retirement. This means that inactivity for reasons of disability, sickness or “invalidity” is calculated on the basis of an assumed wage equal to the wage in the year prior to the inactivity. These equivalised years are important for people with disabilities, making it slightly easier for them to meet the eligibility conditions for (early) retirement.
- In Romania, people with disabilities (with pre-existing enrolment in the social insurance system) benefit from a 10- or 15-year reduction of the standard pensionable age, according to the degree of disability and to the contributory period completed.
- In Malta, the means test which determines eligibility for the non-contributory pension available to people aged 60 or over – the old-age pension – disregards any amounts received as disability allowances.
- In the UK, entitlement to Pension credit – an additional means-tested payment on top of the basic State Pension – disregards the income provided by benefits to cover the additional costs of disability.

Unsurprisingly, current contributory conditions are the most commonly mentioned gap identified by the ESPN national experts (e.g. AT, BE, BG, CZ, FI, HU, IE, LT, NL, PT, SI; AL, BA, MK, RS) regarding the entitlement conditions of people with disabilities in old age to the main statutory old-age pensions. This constraint is explicitly identified in 22 countries (18 Member States and four non-EU countries).

Overall, the main problem reported is that entitlement conditions for access to statutory old-age pensions tend to disregard the impact of disability on people’s working trajectories and on the likelihood of (not) meeting the minimum insurance and contributory history necessary to obtain an old-age pension.

- The ESPN national experts from Bulgaria report that, on 25 December 2021, important changes in the pension legislation came into force, giving increasing importance to the contribution record, i.e. they favour people with a longer employment record and, conversely, they affect negatively those who became disabled earlier in their life or who, for various reasons, did not spend long in employment.
- The ESPN national expert from Malta notes that the most striking obstacle for people with disabilities to amassing the right to a contributory pension is their insecure and interrupted work history. People with disabilities in Malta have among the lowest employment rates in Europe; in 2018, the employment rate in Malta for people without disabilities was 74.8% but was only 44.5% for those with moderate disabilities and 34.2% for those with severe disabilities.
- According to the ESPN national experts from Serbia, the current regulation concerning calculation of the old-age pension does not take into account any impact of the inequalities which people with disabilities encounter in the labour market. Additionally, they note, the Strategy for the improvement of the status of people with a disability 2020-2024 emphasises the fact that the majority of people with disabilities face problems in finding a job. This may result in many of them being entitled to receive only the temporary compensation payment, which provides a very low level of income.

Despite the recurrent examples provided by the ESPN national experts regarding the likelihood of people with disabilities having shorter contributory records due to their weaker links with the labour market, there seems to be a lack of evidence-based studies showing how this actually leads to obstacles in qualifying for old-age pensions. The ESPN national experts from Ireland directly refer to this issue in their report.

- In practice, in Ireland, it is likely that people with disabilities will find it more difficult to meet the contribution conditions since they generally are less likely to work full time in the Irish labour market. A recent study found that in 2019 people of working age with disabilities had particularly low employment rates (41% compared to 73% overall). However, there do not appear to be any specific studies on the issue of whether this leads to obstacles in qualifying for a pension.

ESPN national experts from Italy provide a good example of a mechanism which aims to overcome the obstacles which are likely to arise from the impact of contributory history requirements on entitlement to old-age pensions.

- Law No. 388/2000 introduced supplementary contribution credits for individuals with at least 74% disability: two additional months of contributions are credited for each year spent in employment. This may allow people with disabilities to retire up to five years before the standard pensionable age. Moreover, the 2016 reform (Law No. 232/2016) introduced an early-exit option for disadvantaged workers called the “social APE”. This allows some groups of disadvantaged workers – including individuals with at least 74% of disability and 31 years of contributions (with a reduction for women: one year per child, minimum 29 years) – to anticipate exit from the labour market up to three years and seven months earlier than the standard pensionable age, through the provision of a state subsidised allowance of maximum €1,500/month. The social APE remains, however, a temporary measure.

Other gaps and/or obstacles identified by ESPN national experts regarding the access of older people to the main statutory old-age pensions include regional disparities affecting entitlement procedures, which creates inequalities among beneficiaries.

- The ESPN national experts from France note that there are two different types of Personal independence benefit (APA) with different allocation rules and amounts – APA in the home and APA in a care home – creating a source of confusion which can discourage people with disabilities from claiming the benefit; additionally, the processing times depend on the *département*, which means that, depending on where they live, some people with disabilities receive the same benefit more quickly than others.

Information on challenges in relation to adequacy was scarce, which was mainly due to the lack of evidence and/or studies directly drawing on the experience of people with disabilities as recipients of mainstream statutory old-age pensions. Still, a few ESPN country teams (e.g. CY, LT, LV, MT, PT) highlighted the inadequate levels of income provided by the current old-age pension schemes and the risk of poverty which older people with disabilities may be facing as a result of this low level of benefits. The fact that the current provision tends to treat people with disabilities and people without disabilities in an “equal” way as regards the amounts of the benefits is often mentioned as an important gap, since there is no consideration of the additional costs incurred as a consequence of disability.

- The ESPN national experts from Cyprus report that the amount of Social pension for older people includes no additional amounts or compensation to meet the increased needs of people with disabilities. Although there is no evidence on the adequacy of this Social pension, they argue that current provision is likely to be inadequate. Data from Eurostat

place Cyprus at the bottom of the rankings in relation to benefits for people with disabilities and at the top as regards the risk of poverty faced by people with disabilities.

- The ESPN national expert from Portugal also highlights that Old age pension does not include any additional amount or compensation for people with disabilities, compared to people without disabilities. Thus, he argues, the fact that people with disabilities can have higher expenses is not taken into account. In 2020, about 69% of pensioners received a pension below the national minimum salary (€635/month in 2020) and, in the same year, the poverty threshold in Portugal stood at €554.42/month (€6,653/year).

ESPN national experts from the UK provide evidence on the more favourable position of the non-contributory, means-tested Pension credit beneficiaries regarding the adequacy of the amounts provided and the inclusion of additional provisions for those who have a disability in their country. According to them, Pension credit is much more generous than working age means-tested benefits (for people with and without disabilities). In 2022-2023, the standard minimum guarantee is €212.62 per week for a single person and €314.74 for a couple. The savings credit adds to this but is currently being phased out. Additionally, those people receiving the Attendance allowance, or the middle or highest care component of other non-means-tested benefits for extra disability costs, get an extra severe disability amount of €83.01) per week.

Finally, a few ESPN country teams highlight the role of disability-specific old-age pension benefits, which may strengthen the adequacy of the mainstream provision of old-age benefits, thus providing better protection for older people with disabilities. These specific schemes are the focus of Section 2.2.

2.2 Disability-specific old-age pension schemes: limited provision across Europe

Disability-specific old-age pension schemes are reported by ESPN national experts from eight Member States (BE, DE, DK, EE, FR, IT, LT, PL). A comparative analysis of the schemes in place across these countries reveals one common aspect: provision of this type of specific cash benefit targeted at older people with disabilities aims to address particular aspects arising from their situation (e.g. need for assistance, the severity of the disability, the need to cover extra disability-related costs, facilitation of earlier exit from the labour market).

- In Flanders (BE), Allowance for assistance to older people is a non-contributory benefit for persons over 65 years who have limited resources and health problems; applicants must have resided in Flanders for 10 years, including five continuous years; the level of the benefit varies with the degree of autonomy and need for support of the beneficiary.
- In Denmark, there is one disability-specific old-age pension scheme (Senior Pension) which allows for an earlier exit from the labour market than the national old-age pension. To be eligible for the Senior pension, the claimant's "capacity" to work must be less than 15 hours of work per week in their latest job.
- In Estonia, Disability allowance for a person of retirement age aims to cover extra expenses due to the disability, and hence the coverage of the allowance partly depends on the type of disability (and the type of assistive equipment needed for activities of daily living).
- In France, people with disabilities who have reached the legal retirement age can receive the same pension as people without disabilities. However, private-sector employees with disabilities can apply for an Early retirement benefit for disability for private-sector employees if they have permanent "incapacity" of at least 50%.

- In Germany there is only one disability-specific old-age pension scheme for people with severe disabilities included in the statutory pension insurance system. According to the ESPN national experts from Germany, the benefit entitlements are the same as for a regular old-age pension.

In some cases, disability-specific old-age pension schemes which continue on from working-age disability benefits replace the “regular” disability pension after retirement age (e.g. IT, LT, PL).

- In Italy, people with disabilities previously entitled to either Civil “invalidity” pension (100% disability) or Civil “invalidity” allowance (74%-99% disability) are automatically entitled to Replacement social allowance when they turn 67. In 2021, the monthly amount of the benefit was €374.85, which could be increased to €460.28 for beneficiaries with an annual income below €4,931.29.⁴⁴
- In Poland, an old-age pension *ex officio* is automatically granted to people who receive a disability pension prior to reaching retirement age who have full or partial “incapacity” to work due to a health situation, assessed prior to reaching retirement age.

Overall, the assessment by ESPN national experts of disability-specific old-age pension schemes reveals a paucity of evidence regarding hindrances related to eligibility conditions, assessment frameworks or adequacy. However, there is one general challenge in relation to the entitlement of older people with disabilities to the main statutory old-age pension schemes: the low level of income provided by the benefit (e.g. IT, LT).

Some ESPN national experts, however, refer to the generosity of this type of provision compared to the average old-age pension.

- In Germany, the average amount of Old-age pension for people with severe disabilities was €1,184.75 per month in 2020, €196.94 higher than the average old-age pension at €987.81. Additionally, the ESPN national experts note, people can have additional income while receiving a disability-specific old-age pension, without any limits.

Again, the overall lack of analyses that specifically assess the adequacy of these benefits for people with disabilities remains a serious constraint on further and more consistent evaluation of the current provision of this type of disability-specific cash benefits in Europe. Further efforts in developing the evidence base (e.g. statistics, research) in this specific domain should therefore be a priority at the EU level.

⁴⁴ Both the basic and the increased amounts remain well below the relative poverty threshold: 47% and 58% of the latter respectively.

3 OVERVIEW OF THE FINANCIAL SUPPORT AIMED AT COVERING THE HEALTHCARE AND HOME ADAPTATION EXPENSES FACED BY PEOPLE WITH DISABILITIES

“Disability-related expenses”, which are not clearly defined in Article 28 of the UN CRPD, should be understood as the additional expenditure incurred by people with disabilities compared with people without disabilities in order to reach a comparable standard of living. Provision for these expenses is often, but not exclusively, through payment of social security benefits, sometimes known as “extra costs benefits”.

Section 3 focuses on the most important/relevant cash benefits (whether contributory or non-contributory) paid to cover disability-related expenses in the fields of healthcare and housing. ESPN national experts were asked to briefly describe the existing provision, to highlight the main gaps/obstacles faced by people with disabilities in accessing it, and to identify the main challenges related to whether the benefits described actually cover the extra costs related to disability. For healthcare the focus is on “assistance with covering the costs of healthcare such as doctors’ visits, medication and hospital stays” and for housing it is on “home adaptations”.

3.1 Financial support aimed at covering the healthcare expenses faced by people with disabilities

Article 25 of the UN CRPD directly addresses the right of people with disabilities to healthcare services, and the conditions under which States Parties should ensure the right to the enjoyment of health-related rights without discrimination on the basis of disability, in particular by providing “persons with disabilities with the same range, quality and standard of free or affordable healthcare and programmes as provided to other persons (...)”. In this regard, it is important to highlight that the universal character of healthcare systems, ensuring that people with disabilities (among other groups) have access to affordable or free healthcare services, is an important aspect of healthcare provision in several of the countries studied.

The provision of cash benefits for people with disabilities aimed at covering disability-related healthcare expenses – as defined for the purpose of this study – is reported by ESPN national experts from a very limited number of countries (DK, NL, SE; BA).

The descriptions provided in the national reports show that, in most cases, these cash benefits do not exclusively aim to cover the additional costs arising from disability-related healthcare expenses, but in practice, these benefits play an important role in meeting these costs. Despite the variety of provision described by ESPN national experts, the recognition that disability entails additional healthcare related costs is an important common element underlying the descriptions provided by ESPN national experts from these four countries.

- In Denmark, Extra costs benefit – not means-tested – aims to cover the extra expenses related to reduced functional “capacity” and can be claimed as a regular benefit paid out monthly and as a lump sum benefit; it is provided at the municipal level and plays an important role in covering healthcare costs for people with disabilities.
- In the Netherlands, the provision of a specific Disability allowance grants people with disabilities yearly cash benefits to cover their extra healthcare expenses; it is available only to beneficiaries of other disability-specific cash benefits (e.g. Wajong) whose level of disability is 35% or more or who are entitled to help in order to find or keep a job.

- In Sweden, Additional cost allowance is a benefit for people with disabilities, which targets expenses that arise because of the disability (i.e. expenses considered to be above average for people of the same age with no disability). As in the Dutch case, it is not exclusively aimed at healthcare expenses. Expenses for healthcare are covered until the person's expenses have reached the national ceiling of patient fees and medication, i.e. the "high-cost protection" ceiling (*Höghkostnadsskydd*). When that ceiling is reached, the costs are covered by the high-cost protection and not by Additional cost allowance.
- In Bosnia and Herzegovina, the existing provision consists of a war veteran benefit granted as one-off financial assistance which can be used for medical treatments, purchase of sanitary materials and medicines, expenses incurred during medical treatments that are not included in the healthcare package, or treatments only partially funded by the health insurance fund.

Various countries provide other types of support – apart from the cash benefits presented above – aimed at helping people with disabilities to meet the costs of healthcare. The most commonly reported measure in this respect is the **exemption from co-payments** (e.g. AT, BG, CY, IE, IT, LU, LV, PT, SI, SK; BA, RS, XK) applying to different healthcare services (e.g. in-patient care, emergency care, GP appointments, specialist medical services, medicines, tests). The descriptions provided show that there is considerable variety in the scope and type of healthcare services which are covered by these exemptions from co-payments, as well as in the specific conditions applicable to such exemptions. Overall, this type of support is usually available to people with disabilities, among other groups of people (e.g. people with low incomes) who, it is recognised, should benefit from affordable (or free) access to healthcare services.

The two examples below may help illustrate the diversity of that support.

- In Austria, people with disabilities may be exempted from a number of different private co-payments that apply to specific services and benefits in kind granted by the healthcare system. The most important co-payments are prescription fees, daily fees for in-patient care in hospitals, and a 10% private co-payment for "therapeutic products and medical aids", such as, for example, wheelchairs, crutches, walking aids, prostheses, glasses and contact lenses, hearing aids, ventilators, bathing and toilet aids, medical oxygen, etc.
- In Slovakia, people with disabilities on a low income⁴⁵ (as well as other vulnerable groups) are exempted from medicine co-payments. For people with disabilities on higher incomes, there is a limit to their co-payments on pharmaceutical products, i.e. these will not exceed €12 per quarter. Co-payments exceeding this limit are returned in the financial quarter after the one in which they were charged.

Increased reimbursement of healthcare costs and **lower fees** for various types of healthcare services are also available for people with disabilities in a number of ESPN countries (e.g. BE, EE, EL, FI, LT, LV). Again, there is great variation in the design and implementation of these measures to which people with disabilities – usually among other groups of "vulnerable" people in the population – are entitled.

⁴⁵ Low income is defined in relation to the quarter of the year, as this is a period when co-payments are reviewed by the health insurance agency. Low income is when three months of accumulated wages and pensions do not exceed 1.8 times the average wage in Slovakia.

In several cases, ESPN national experts highlight the universal character of their countries' healthcare systems, which ensures that people with disabilities (among other groups) have access to affordable healthcare services. However, even in some of these cases there are specific provisions in place which, for example, exempt people with disabilities from co-payments (similarly to some of the examples mentioned earlier).

- In Cyprus, the new National Health System (NHS) was introduced in 2019. This ensures universal coverage irrespective of the obligation on beneficiaries to pay contributions, thus addressing a previous gap: all residents, regardless of their income and contributions, now have access to healthcare from providers contracted with the new NHS, who account for almost 100% of primary care and about 80% of hospital and inpatient care. Additionally, the new NHS exempts a number of specific categories of people with disabilities from co-payments.
- In Czechia, the ESPN national experts note that there are no cash benefits aimed at covering disability-related healthcare expenses. Doctors' visits, hospital stays and (in part) medication are free of charge within the system of public health insurance regardless of whether or not the person has disabilities. Moreover, they note, the share of healthcare expenditure in total household expenditure is relatively small in Czechia (between 3% and 4%).
- In Montenegro, all citizens (including people with disabilities) have medical insurance which gives them access to a wide range of services including: health promotion, disease prevention, diagnostics, check-ups and treatments, including measures to identify and prevent deterioration of their condition, rehabilitation, continuous care, dental care, urgent and emergency services, dialysis, transfusion services, drugs and medical aids, and medical assistive technology.

A number of ESPN national experts identify the presence of obstacles to people's full enjoyment of their health-related rights; in some cases, these have a direct impact on people with disabilities. Conditions relating the support available to the level of income of the person with the disability or their household is a common concern raised by ESPN national experts, although the actual obstacles vary significantly across countries.

- In Austria, people with disabilities living in households with income above the relevant income thresholds are excluded from the exemptions from private co-payments. This is especially likely to be the case for people with disabilities living in a shared household with people who have no disabilities and who earn income from gainful employment, or who receive social insurance benefits exceeding the minimum levels defined by the Compensation Supplement Reference Rate.
- In Belgium, unlike households who benefit from social assistance and who receive the benefit automatically, households with income which is low but above social assistance levels have to apply and pass an income test. According to the ESPN national experts from Belgium, this is also the case for many beneficiaries of "Invalidity" benefits, leading to significant levels of non-take-up. This problem, they add, is being remedied through the use of so-called "proactive identification" whereby low-income people are identified and contacted by healthcare funds, with a view to encouraging them to apply for the benefit.
- In Spain, people with disabilities are exempted from co-payments on medication if they receive a non-contributory pension, or if they are beneficiaries of Health and pharmaceutical care assistance (*Asistencia sanitaria y prestación farmacéutica* – ASPF). Others must comply with the levels of co-payments established in accordance with their income and link with the labour market.

Inequities in accessing healthcare services are another issue raised by several ESPN national experts. These may be related to local or regional inequities in the provision of support (e.g. DK, EL, RO; BA) or to inequities among different groups of people with disabilities (e.g. EL, LV, NL, RO, SE; BA).

- In Denmark the municipalities have some discretion regarding the service level they provide to their citizens. In practice, this means that benefits and provision vary between municipalities.
- In the Netherlands, people who are assessed as less than 35% “incapacitated for work” but are still not able to work do not get the cash benefit granted to cover extra health expenses. According to the ESPN national experts, these people may face financial difficulties since they are not eligible for this benefit and also not able to work.

Other causes for concern reported by ESPN national experts include: complex entitlement conditions for the support (e.g. ES, FR, LT) or implementation hassles (e.g. SE), inadequacy of existing schemes to address healthcare costs (e.g. EL, IE, MT), and inadequacy of support for existing healthcare needs (e.g. EL, LT, RO).

3.2 Financial support aimed at covering the home adaptation expenses for people with disabilities

Article 28 of the UN CRPD explicitly mentions housing in the list of examples of measures which should be included in the right to a decent standard of living. Assessing countries’ efforts and achievements in promoting the right to adequate housing for people with disabilities would necessarily involve analysing the provision of public policies in the field of housing (e.g. public housing programmes, assistance with rental costs, support for home owners, and ensuring availability and affordability of housing). However, ensuring the right to adequate housing also includes provisions to support the necessary home adaptations for people with disabilities, for whom these adaptations are crucial to ensure that obstacles to accessibility are identified and removed.

ESPN national experts were therefore asked to provide information on the most important cash benefits aimed at covering disability-related expenses arising specifically from “home adaptations”.⁴⁶ Additionally, national reports also provide a critique of the existing measures in this specific domain. This section provides a comparative analysis of the measures currently in place across the 35 ESPN countries which help people with disabilities to meet the costs of home adaptations.

The evidence provided reveals that countries have put in place various types of schemes, implemented at different levels and to which different eligibility requirements apply. In most countries support is limited in some way, and means testing is a common method used to decide eligibility for support for home adaptations.

⁴⁶ It is important to keep in mind this specific focus, i.e. this study does not cover all the public support available to people with disabilities in the field of housing.

ESPN national experts from 14 Member States (AT, BE, CZ, DE, DK, ES, FR, HU, IE, LT, LU, NL, SE, SK) and from the UK report the existence of cash benefits aimed at covering or contributing towards the costs of different types of home adaptations for people with disabilities (e.g. installation of lifts, accessible wet rooms, door extensions). Overall, these benefits or allowances are direct payments – rather than reimbursements – and are largely provided by the municipal or regional authorities.

- In Austria, financial assistance for home adaptations is available both at central level – the Support Fund for People with Disabilities – and from specific programmes put in place by the federal provinces. Entitlement conditions include a minimum level of disability and income testing.
- In Germany, benefits for adapting the home to the needs of people with disabilities (as well as personal support for independent living) can be applied for as a benefit in kind, a cash benefit or a mixed benefit.
- In Denmark, people with a permanent physical or mental disability can apply to the municipality for support (in the form of a cash benefit) with home adaptations in order to better adapt the home to the person's needs. If the home cannot be adapted to a sufficient degree, the municipality can offer help to cover the expenses associated with finding a new and more accessible home.
- In Ireland, the Housing Adaptation Grant for People with a Disability scheme provides grant aid to applicants (subject to means testing) to assist in the carrying out of works that are reasonably necessary for the purposes of rendering a house more suitable for the accommodation needs of a person with disabilities. The scheme is administered by local authorities.
- In Luxembourg, Dependency insurance covers adaptations to accommodation, insofar as these make it possible to maintain or increase the autonomy of the person involved. The amount covered cannot exceed €28,000 per person and it is paid directly by the National Health Fund (CNS) to the contractor's or service provider's bank account.

Help to cover the costs of home adaptations is also provided in the form of reimbursements (or co-financing) of the expenses incurred in altering the dwelling. This type of support is mentioned by ESPN national experts from six Member States (EE, FI, IT, LV, MT, PL). There is evidence of this support being provided largely at the local level, although with varying degrees of discretion for local or municipal authorities. In Latvia and Malta, support is provided and managed at the central level.

- In Estonia, some local authorities offer reimbursements for home adaptations as an additional service, setting their own terms and conditions. For example, in Tallinn (the capital of Estonia), up to €1,600 is reimbursed for persons with profound or severe disability after the home is adapted, while in Tartu (the second largest town) up to 85% is reimbursed, with a cap of €1,800.
- In Finland, the Act on Disability Services (380/1987) stipulates that the municipality shall reimburse a reasonable level of costs for altering the dwelling and acquiring equipment for it if the person with disabilities needs these measures to in order to be able to carry out activities of daily living.
- In Malta, the support scheme is run by the Housing Authority, a statutory agency, and is intended to help people with disabilities to make their home adequate for their needs, or to convert part of existing premises to allow the person with disabilities to live in proximity

to the family yet with a degree of independence. The support is means-tested, and the amount awarded depends on income earned in the year prior to application.

In Croatia, there is specific in-kind support available for people with disabilities arising from the Homeland War who are not able to move without wheelchairs and other orthopaedic aids, and blind veterans, to adapt their home for the use of a wheelchair.

There is no evidence of cash benefits aimed at covering the costs of home adaptations for people with disabilities in six Member States (BG, CY, EL, PT, RO, SI) and in all seven (potential) candidate countries (AL, BA; ME, MK, RS, TR, XK). In some cases, there are plans for future interventions in this field (e.g. EL); in other cases, the available support takes the form of in-kind benefits or other types of non-income support that may be used for adapting the dwelling (e.g. RO; BA), available, for example, to vulnerable sectors of the population including people with disabilities (e.g. PT). In other cases, there is no support in this area (e.g. BG; RS).

There are three major causes of concern mentioned by ESPN national experts with regard to the existing support schemes aimed at covering the costs of home adaptation: territorial inequities, inadequacy of financial aid compared to the actual costs of home adaptations, and means testing.

The local nature of the majority of the support systems in place is often mentioned (e.g. DK, EE, ES, IT, LV, SE) as a source of inequalities in availability of the benefits and the generosity of the aid provided and also in terms of the heterogeneity of implementation procedures.

- ESPN national experts from Spain note that grants or benefits depend on the budgetary “capacity” of each local authority, which generates significant differences between territories.
- In Sweden, although the grant is available nationally, the process of handling applications and how the regulations are interpreted varies between municipalities, which may affect whether or not someone receives the grant.

Another common critique regards the inadequacy of the payments (i.e. benefits, allowances, grants, co-funding) for home adaptations, which are often deemed insufficient to meet the actual costs of the adaptations needed (e.g. AT, BE, HU, IE, LU, MT).

- ESPN national experts from Belgium argue that, in addition to bureaucratic obstacles, the allowances are considered to be restrictive (not all necessary adaptations are refunded) and inadequate (the incurred costs are always much higher than the allowances).
- ESPN national experts from France report that the amount of the Independent living supplement (MVA) is fixed and does not take into account the total expenditure generated by adapting housing to the disability, resulting in a fairly low amount compared to the costs generated by home adaptations.

The imposition of a means test to decide eligibility for support for adaptations is also considered an obstacle by some ESPN national experts.

- In Malta, the scheme does not stipulate that the value of the applicant’s home is not included in the capital asset calculation. The ESPN national expert from Malta argues that, given the steady increase in property prices in recent years, hardly anyone would qualify for this scheme if their residence is taken into account, at today’s valuations.
- ESPN national experts from Slovakia note that means testing of the allowance is an obstacle, i.e. people with disabilities whose income is above the threshold (a monthly income of €1,090 as of February 2022) may not be able to afford the high costs related to the necessary adaptation of their homes.

Finally, complex and/or bureaucratic procedures are also mentioned as an obstacle, and may discourage the take-up of existing benefits by people with disabilities or reduce their chances of entitlement to support in practice.

- In Latvia, where the support consists of a loan, the administrative procedure is very complicated. According to the Ministry of Welfare, only four people received this support between 2014 and 2019.
- In Luxembourg, there is evidence of complaints regarding the "long and bureaucratically complex procedures" involved in requests for the reimbursement of costs by the dependency insurance scheme.

4 OVERVIEW OF UNEMPLOYMENT PROTECTION AND ACCESS TO GUARANTEED MINIMUM INCOME (GMI) SCHEMES FOR PEOPLE WITH DISABILITIES

People with disabilities are entitled to social protection benefits for risks other than disability. The current section provides an overview of the situation across ESPN countries with regard to access by people with disabilities to mainstream unemployment benefits and to GMI benefits.

ESPN national experts were asked to examine these two areas focussing on three main aspects: (i) any differing eligibility conditions for people with disabilities compared with people without disabilities; (ii) any additional amounts or compensation which apply when beneficiaries have a disability; and (iii) the main gaps and/or obstacles faced by people with disabilities in accessing schemes, based on available evidence.

4.1 Unemployment benefits: mainstream provision versus specific needs

Previous studies (Eurofound 2021, OECD 2018, Sainsbury et al 2017) show that, in general, European countries have in place measures to provide a replacement income for people with disabilities who find themselves outside the labour market either temporarily or permanently. However, when considering unemployment benefit schemes from a disability perspective, there may be eligibility conditions or benefit levels that negatively affect people with disabilities. For example, unemployment protection based on career earnings may disadvantage those with short, intermittent and insecure employment histories (including when this is due to discrimination). Administrative rules and definitions of “unemployment” may vary in their treatment of jobseekers with disabilities (e.g. whether those in vocational “rehabilitation” programmes are counted as claimants, jobseekers, trainees or employees).

The comparative analysis of the ESPN national reports shows that people with disabilities generally exercise their right to statutory unemployment benefits subject to the same eligibility conditions as people without disabilities. This is true for 23 Member States (AT, BE, BG, CY, CZ, DE, DK, EE, EL, FI, FR, HR, IE, IT, LT, LU, NL, PL, PT, RO, SE, SI, SK) and six non-EU countries (exceptions: Kosovo⁴⁷ and the UK).

It is important to note that, according to [2019 Eurostat data](#), the share of individuals aged less than 60 and living in households with very low work intensity was 22.8% among those having an activity limitation, compared with 6.5% among those with no limitation. This clearly reflects the more difficult access to the labour market for people with activity limitations.

In those countries in which ESPN national experts identify different eligibility conditions for people with disabilities (ES, HU, LV, MT; UK) the most common differences for applicants with disabilities relate to conditions linked to contributory records or activation.

- In Latvia, unlike people without disabilities, unemployed people with disabilities who have regained their working “capacity” are entitled to receive unemployment benefit, even if they made no social insurance contributions during the last 16 months prior to obtaining unemployed status, or only contributed for a period of less than 12 months.

⁴⁷ Kosovo does not have an unemployment benefits programme in place and is therefore not included in the analysis provided in this section.

- In Malta, people with disabilities are subject to less stringent activation requirements; they are entered into a different unemployment register, as long as they have a reasonable prospect of obtaining and maintaining employment, and a personalised action plan is then drawn up to help the claimant find work.
- In Spain, unemployed people with a disability over 33% do not need to have been registered as a jobseeker for the last 12 months to be eligible for the means-tested Active integration income.
- In the UK, those claiming New Style Jobseeker's Allowance or Universal Credit may be able to restrict their availability for work (or modify the equivalent "claimant commitment" for Universal Credit) because of their physical and/or mental situation, for which they will probably need medical evidence.

ESPN national experts from Hungary highlight a specific distinction regarding the eligibility conditions for the Job seeking allowance between people with and without disabilities:

- The daily commuting time between the place of work and the place of residence deemed acceptable for people with a reduced "capacity" for work (using the means of transport available) cannot exceed two hours. The national experts argue that this is an advantage over the general population, for whom travelling for three hours can be deemed acceptable.

Only three ESPN country teams (BE, MT; RS) report the existence of additional amounts and/or compensation available to unemployed people with disabilities compared to those without disabilities.

- In Belgium ESPN national experts report different ways of calculating the relevant unemployment period, to the benefit of people with disabilities, i.e. periods of sickness or "invalidity" are counted as equivalised days. They argue that this is important for the calculation of the (reduction of the) second period, which is prolonged by two months per year worked (or equivalised periods). Additionally, the maximum limit of 36 months for the second unemployment period does not apply to people with a permanent "work incapacity" of at least 33%.
- In Malta, in-kind support is provided in the form of a job coach, made available by the Lino Spiteri Foundation where necessary, to support applicants placed in work both on- and off-the-job.
- The ESPN national experts from Serbia indicate that the level of benefits is calculated differently, as people with disabilities receive 50% of the corresponding "invalidity" pension, while people without a disability receive benefits calculated on the basis of their previous earnings related to the annual average wage.

One important issue is the impact of this apparent "equalisation" of unemployment protection rights between people with disabilities and people without disabilities.

Several ESPN national experts (e.g. those from AT, CZ, DE, EL, HR, LT, LU, PT; BA) refer to problems of (in)adequacy related to the low levels of the mainstream unemployment benefits and an (overall) absence of additional amounts or compensation for people with disabilities. Thus, policy responses in this area do not seem to take into consideration disability-related costs for people with disabilities, in addition to their unemployment situation.

- The ESPN national experts from Czechia note that the lack of any additional amount/compensation included for people with disabilities in the Unemployment benefit (UB) scheme may imply that the increased living costs that arise due to disability are not covered. Although there are no studies in Czechia on the level of these costs, the national

experts argue that since the benefit level is modest – except in the first two months of unemployment – and no compensation is provided for increased living costs, it is fair to assume that there are problems with the adequacy of the income support provided under the UB scheme for people with disabilities.

- In Germany, unemployment insurance benefits are calculated according to the insurance and equivalence principle and therefore do not provide for additional needs-oriented benefits.
- In Lithuania, the adequacy of the social insurance benefit for unemployment is low and may be further constrained for people with disabilities, because the requirement for the employer's social insurance contributions to be paid on at least one minimum monthly wage does not apply.
- The ESPN national expert from Portugal argues that as there are no additional amounts/compensation, people with disabilities are disadvantaged compared to people without disabilities. As an example, he notes that former recipients of an "Invalidity" pension who were considered fit for work – thus becoming unemployed – receive a monthly sum corresponding to 80% of the Social Support Index (IAS) (i.e. €354.56 in 2022) if living alone or 100% of the IAS (i.e. €443.20 in 2022) if living with other people. These amounts are lower than for other recipients as, in general, the amount of the benefit should correspond to 65% of the reference wage and the minimum admissible amount for the benefit is the equivalent of 100% of the IAS.

The impossibility of combining mainstream unemployment protection and disability-specific benefits is also highlighted by a number of ESPN national experts (e.g. BE, EE, IT, PL). In some cases, experts refer to the potential negative impact of that impossibility on the living conditions of unemployed people with disabilities.

- In Belgium, the amounts of unemployment benefits exempted for the calculation of Integration allowance – a non-contributory disability-specific benefit – are very low, which, according to the ESPN national experts from Belgium, can result in the loss of the allowance income designed to compensate for the extra costs of disabilities, when a person with disabilities becomes unemployed.
- In Estonia, a person who is already receiving "Work ability" allowance does not qualify for the allowance for unemployment, because both benefits are considered to be unemployment risk allowances paid by the Unemployment Insurance Fund.
- In Poland, most people with disabilities receive a disability-specific benefit and, as a result, they are not entitled to mainstream unemployment benefits. Additionally, the ESPN national experts note, in Poland, disability pensioners face relatively high rates of extreme poverty.

Unfortunately, the lack of studies or research – often mentioned by ESPN national experts – focussing on the above-mentioned limitations of mainstream unemployment schemes for people with disabilities makes it impossible to perform an exhaustive and consistent analysis of their impact on the rights to unemployment protection of people with disabilities across Europe.

Conversely, in a few countries (e.g. FR, LT, LV) ESPN national experts highlight the possibility for unemployed people with disabilities to combine these two types of social protection benefits.

Based on the critique provided by ESPN national experts, people with disabilities face other gaps and/or obstacles in accessing mainstream unemployment benefits across Europe. These include:

- Unemployed people with disabilities may end up with lower income from unemployment benefits due to the interaction between an above-average engagement in part-time employment and the benefit formula used to calculate the benefit amount (AT).
- Application and renewal procedures requiring the physical presence of unemployment benefit applicants (including people with disabilities) in labour or social security offices (CY).
- Imposition of strict regulations (e.g. not abandoning or reducing one activity voluntarily, not being dismissed for serious misconduct) for maintaining entitlement to mainstream unemployment benefits may prove particularly hard for people with specific disability limitations (e.g. persons with learning disabilities) or those whose integration in the labour market is not accompanied by adequate formal and/or informal support (LU; AL).
- Specific activity requirements (e.g. a minimum number of working hours per day, actively seeking employment) determining entitlement to mainstream unemployment benefits may limit the access to such benefits of people with disabilities (SE; AL).

These latter gaps confirm earlier concerns (Waddington and Priestley 2018) regarding the need to ensure that the linking of entitlement to unemployment protection schemes with the duty to look actively for a job and participate in active labour market measures takes account of the needs of people with disabilities.

Overall, the descriptions and assessment provided by the 35 ESPN country teams seem to confirm the need to investigate more closely how unemployed people with disabilities can be disproportionately affected by limitations within current mainstream unemployment protection schemes in Europe. Successful policy developments in this area will necessarily require better evidence-based stocktaking of the living and income conditions of people with disabilities in this situation.

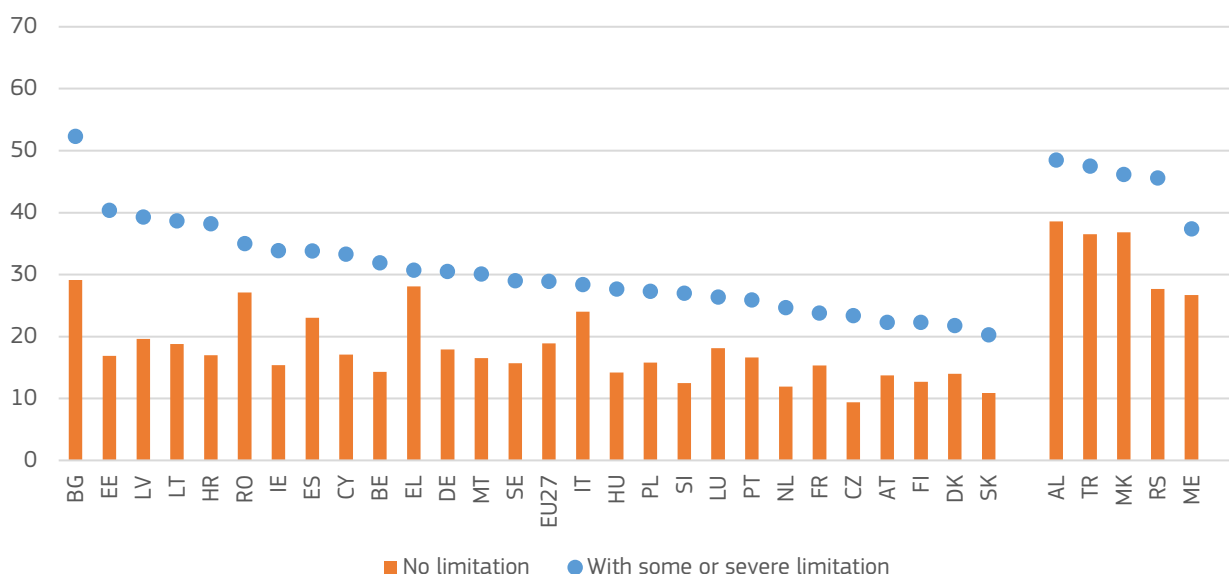
4.2 Minimum income schemes and other social assistance schemes (GMIs): overcoming a standardised policy approach?

Minimum income schemes and other social assistance schemes (GMIs) are intended to ensure a decent standard of living for everyone lacking resources, whether in or out of work, and effective access to enabling goods and services. Thus, as rightly highlighted by Waddington and Priestley (2018), GMIs have a wide potential to address systemic inequalities, including disability-related inequality.

The European Pillar of Social Rights (EPSR) Action Plan explains that levels of poverty have been decreasing in the past decade, whereas inequalities have not followed the same trend. According to Eurostat data (Figure 4.1), people with disabilities have a higher risk of poverty or social exclusion (29%) than people without disabilities (19%). The situation is highly variable among Member States and even more variable in comparison with the seven (potential) candidate countries.

Looking at a range of social indicators included in the 2021 Eurofound Living, working and COVID-19 e-survey, a recent report (Eurofound 2022) echoes the aforementioned concerns in relation to the disadvantaged situation of people with disabilities. It shows an important gap in the financial situation of people with and without disabilities, with larger numbers of people with disabilities reporting difficulty making ends meet, financial fragility and payment arrears.

Figure 4.1: People at risk of poverty or social exclusion by level of activity limitation, %, 16+, ESPN countries, 2020



Note: No data available for Bosnia and Herzegovina, UK and Kosovo.

Source: Eurostat [hlth_dpe010], retrieved 1 June 2022.

While the EU continuously aims to reduce poverty, it has become obvious that people with disabilities remain at higher risk of poverty and social exclusion in Europe. At least one in four of those with some or severe activity limitation is at risk of poverty or social exclusion in 21 Member States, as well as in all five non-EU ESPN countries for which data are available.

Moreover, across all ESPN countries, people with some or severe activity limitation are significantly more likely to be affected by poverty or social exclusion than people with no such limitation. However, the at-risk-of-poverty-or-social-exclusion rate varies significantly among countries: from 20% in Slovakia up to 52% in Bulgaria, inside the EU, and from 37% in Montenegro up to 49% in Albania, for the non-EU ESPN countries with data available.

In several countries, people with some or severe activity limitation are more than twice as likely to be affected by poverty or social exclusion as people with no such limitation. This is the case in nine Member States (BE, CZ, EE, HR, IE, LT, LV, NL, SI). Even in the six Member States (AT, CZ, DK, FI, FR, SK) in which people with some or severe activity limitation are the least exposed to the risk of poverty or social exclusion, they are considerably more likely to face poverty or social exclusion than people with no such limitation.

This is particularly striking in Czechia, where this risk ratio is 2.5 - i.e. the highest ratio among EU countries. Greece and Italy are the Member States with the two lowest ratios (1.1 and 1.2 respectively), but also with a (very) high incidence of poverty or social exclusion for people both with some or severe limitation and with no limitation. The pattern in Albania, North Macedonia and Turkey, with risk ratios around 1.3, is similar to that observed in Greece and Italy.

Article 28 of the UN CRPD highlights the necessity for persons with disabilities to access a decent standard of living and social protection, such as poverty reduction programmes. Effective and adequate GMI policies are an important component of the UN CRPD recommended “social protection floor” for persons with disabilities and a means to achieve the EPSR Action Plan’s ambition to ensure “adequate social protection for all”. It is essential to ensure a disability

mainstreaming approach within GMIs that gives full consideration to estimating and meeting the additional costs of living faced by people with disabilities. For people with disabilities relying on GMI benefits available to the general population, the question of the adequacy of these benefits, to ensure that they cover these additional costs, is key. Another important aspect is related to the eligibility conditions of such schemes, which may restrict access to people with disabilities (e.g. through individual employment activation plan requirements or other specific criteria).

ESPN national experts were asked to examine the most important/relevant GMIs currently in place in their countries, focussing on three main aspects: (i) differing eligibility conditions to access schemes for people with disabilities compared with people without disabilities; (ii) any additional amounts or compensation which apply when the beneficiaries have a disability; and (iii) main gaps in provision and/or obstacles faced by people with disabilities in accessing the existing schemes, based on available evidence.

The comparative analysis shows that, in most countries, eligibility conditions for accessing GMIs include some distinctive features that apply to people with disabilities. These differences may apply to all benefits currently available in the country or to only some benefits. Eleven ESPN country teams (BE, CZ, FI, FR, HR, HU, IE, LV, PL, NL, SE) report that there are no different eligibility conditions for people with disabilities compared with people without disabilities regarding the provision of GMIs as a whole.

The descriptions by ESPN national experts show that there are two main types of alterations to GMI eligibility conditions which apply when applicants are people with disabilities: means testing and working/activation requirements.

ESPN national experts from 12 Member States (AT, BE, CY, DE, EE, EL, IT, LU, PT, RO, SI, SK), as well as from Bosnia and Herzegovina and the UK report that specific types of income, namely income from specific disability benefits or specific assets, are not included in **the means test** eligibility requirement for having access to the GMI. However, the scope and nature of these “exemptions” vary considerably across countries and even between benefits in the same country.

- In Austria, GMIs or Means-tested Minimum Income (MMI) schemes are implemented under the responsibility of the federal provinces. People who are “permanently incapable of working” for health reasons are treated as an independent “needs unit” from the age of 18 years, even if they live in a shared household with their parents or grandparents. This means that these people can independently apply for MMI and that the income of their parents or grandparents is not taken into account in means testing, although they live in the same household. For people who are not “incapable of working” for health reasons, the same only applies from the age of 25. Additionally, cars are excluded from the means test if they are necessary for professional reasons or due to special circumstances, including disability.
- The ESPN national experts from Croatia note that for people with disabilities, entitlement requirements for guaranteed minimum benefit disregard a large number of disability-related benefits (e.g. personal disability allowance, allowance for assistance and care, orthopaedic allowance, etc.).
- In Greece, income from Disability welfare benefits is not included in the calculation of the total income of the household of the person with disabilities, though disability pensions as well as non-institutional care benefit and total “invalidity” benefits are taken into account to determine eligibility for GMI.

- In Luxembourg, the means test for calculating the supplement to Social inclusion income (Revis), for a “recognised employee with a disability” who has a job on the regular labour market only takes into account income from work when determining the total household income. However, the ESPN national expert notes, this income from work is not fully taken into account, thanks to the so-called “immunisation”, meaning that only 75% of the work income is considered.
- In Slovenia, eligibility for means-tested social assistance exempts from the means test income from non-earmarked cash assistance from humanitarian and disability organisations and charities, intended for subsistence, up to the amount of the minimum income for that particular person. Assets exempted from the means test include: (i) a personal vehicle adapted for the transport of someone with severe physical impairments; (ii) any agricultural and forest land; (iii) cash savings, up to a limited amount.

Specific eligibility conditions that apply to people with disabilities also include **less stringent working and/or activation requirements**. These are mentioned by ESPN national experts in ten Member States (AT, DK, EE, EL, ES, IT, LT, LU, RO, SI) and the UK.

- In Estonia, people with disabilities of working age who cannot work due to their health situation are exempted from the existing activation requirements (applicable, for example, to those who are not registered as unemployed, or who refuse a suitable job offer without good reason) when applying for Subsistence benefit under the responsibility of local authorities.
- In Italy, eligibility for Citizenship income is conditional on signing a “Work Pact” with the Public Employment Services, or alternatively a “Social Inclusion Pact” when no household members are directed to comply with active labour market policies.⁴⁸ However, conditionality requirements do not apply to people with disabilities and their caregivers, although they may be asked to voluntarily sign the “pact”.
- In Lithuania, eligibility for GMI does not include the requirement to work or be registered with the Employment Service for those in receipt of disability (or “invalidity”) pensions or other pensions, except for those with 45-55% “capacity” for work (or disability group III before 1 July 2005).

ESPN national experts identify several **other (less common) differences** made to entitlement conditions for people with disabilities who apply for GMI benefits. These include:

- different age requirements, usually lowering the minimum age limit to ensure more comprehensive coverage (e.g. ES, LU, PT);
- less stringent residence requirements granted on a non-mandatory basis (e.g. CY, ES);
- higher income thresholds applying to applicants with disabilities for determining eligibility for the benefit (e.g. ES, IT, MT; MK).

⁴⁸ The scope of the “Social Inclusion Pact” – for households whose members are not directed to comply with active labour market policies – is to establish specific commitments by the members of the household and to identify the most appropriate services to deal with the main determinants of household poverty as identified by the authorities.

Based on the critique provided by ESPN national experts, it is possible to identify a considerable number of gaps and/or obstacles faced by people with disabilities in accessing GMIs. However, it is important to note that, too often, ESPN national experts refer to a lack of evidence that would allow an assessment of the extent to which these gaps and/or obstacles affect the specific situation of people with disabilities. Thus, some of these problems affect all beneficiaries of GMIs, but with potentially an even more negative impact on people with disabilities, with additional needs (e.g. extra costs of living, additional support activities of daily living) related to their disability.

The **complexity** of application procedures (including the characteristics of assessment frameworks) is frequently mentioned by ESPN national experts (e.g. CY, DE, DK, DE, FR, RO, SE; MK, UK, XK) as an important obstacle faced by people with disabilities.

- ESPN national experts from Denmark report that the country's GMI system is known for being particularly complex, which may result in stigma, procrastination and non-take-up. Evidence shows that these problems and outcomes have proved to be particularly acute for people with lower cognitive resources.
- ESPN national experts from Germany note that as a result of the separation of benefits into specialist benefits and subsistence benefits – part of the third reform stage of the Federal Participation Act of 1 January 2020 – people with disabilities (and/or people in need of long-term care) now have to apply for two or even three benefits simultaneously. Moreover, depending on the benefit applied for, applicants will come up against different regulations, for instance on income and imputing of assets.
- ESPN national experts from Sweden refer to a report by the National Board of Health and Welfare showing significant differences in the take-up of GMI among people with disabilities, depending on the legislative framework by which they were covered.
- In the UK, access to Universal Credit has been criticised for its impact on many claimants with disabilities, including serious concerns about backlogs in working “capacity” assessments.

The **impossibility to combine GMI benefits** with disability-specific benefits is another issue frequently raised by several ESPN national experts (e.g. BE, HU, PL, PT, RO; AL, TR) regarding the eligibility conditions for people with disabilities.

- In Belgium, people applying for GMI need to have exhausted all other benefits available to them, including Income replacement allowance and “Invalidity” benefits.
- The ESPN national experts from Poland report that Permanence allowance is not payable if people are entitled to other benefits related to a social pension due to disability, even if the income criteria are met.
- In Portugal, beneficiaries of Solidarity supplement for the elderly cannot combine this benefit with Social benefit for inclusion, which is a disability-specific cash benefit for working age people with disabilities.
- The ESPN national experts from Albania highlight that the social protection system does not allow parallel payments, i.e. people with disabilities receiving disability allowance may not also receive GMI. They argue that this is a significant gap in the social protection system in Albania.

A **lack of recognition of the additional costs** which people with disabilities often face as a result of their disability is another issue raised by a number of ESPN national experts (e.g. ES, IT, LV; RS) when assessing the main gaps and/or obstacles arising from the eligibility conditions for GMIs.

- ESPN national experts from Italy argue that the inclusion of all cash welfare transfers for people with disabilities (with the exception of the Companion Allowance and the deduction of some healthcare expenses) in the means test determining eligibility for Citizenship income is problematic. They explain that it may exclude from the benefit those households whose incomes slightly exceed the thresholds set in the indicator of equivalised economic conditions (ISEE) and the equivalised income tests, but who incur high expenses in order to take care of a member with disabilities.
- In Spain, eligibility for the regional GMIs varies significantly as there is no basic national regulation. Means testing is based on household income and any income is taken into consideration in the assessment of the household's financial resources.

Finally, there is also evidence of the particularly disadvantaged situation of **specific groups of people with disabilities** arising from certain eligibility conditions for accessing GMIs.

- In Lithuania, entitlement to the Small pension bonus is available only to specific groups of social insurance pension recipients (i.e. recipients of the statutory disability pension and of the statutory old-age pension, under specific conditions). Those who have lost 45-55% of "capacity" for work and are below the retirement age are not eligible.
- ESPN national experts from the Netherlands report that whereas young people with disabilities who have some earning "capacity" could previously apply for a Wajong benefit, they now have to rely on a GMI which is generally lower than Wajong benefits.
- In Sweden, those applying for GMI must carry out several administrative tasks, such as recording the jobs for which they apply. ESPN national experts argue that such eligibility conditions may be particularly difficult to meet for people with mental or learning disabilities. Additionally, they note, although the GMI benefit is not designed for people with disabilities, people may have to rely on it if they are denied disability-specific benefits but are not well enough to find work.

ESPN national experts were asked to report on whether the current provision of GMIs included any additional amount and/or compensation specifically targeting people with disabilities.

ESPN national experts from 13 Member States (BG, CZ, EL, FR, HR, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SK) and from three non-EU countries (ME, MK, TR) report that, at least for some GMIs, no additional amounts and/or compensation are available for people with disabilities.

Conversely, several ESPN national reports provide evidence of the introduction of various mechanisms aimed at providing a higher level of benefit for people with disabilities, including increases in the levels of the benefit (e.g. AT, CY, ES, HR, MT, SK; BA, UK) or calculation methods applied to the benefit level resulting in more favourable conditions for people with disabilities (e.g. HU, IT, SI; MK, XK).

- The ESPN national expert from Austria reports that, in Vienna, the maximum benefit that may be granted by Means-tested Minimum Income (MMI) has been increased by 18% for people with disabilities amounting to 50% or more. However, he argues, although no sound evidence exists, this increased benefit rate might not be sufficient to cover higher expenses caused by disability.

- In Cyprus, people with disabilities who are recipients of GMI are also entitled to an additional monthly cash disability benefit of €226.
- In Italy, increases in the equivalence scale applying to households with disabilities are deemed to be limited, and according to ESPN national experts only large households with a member with disabilities benefit from a (very slight) increase of the amount of benefit.
- In North Macedonia, the equivalence scale for Guaranteed minimum assistance is increased for a person who is unable to work due to a learning disability, physical disability and/or mental health situation and/or physical health situation, or due to permanent changes in health status. This increase, however, is limited to three members of the household.

Specific supplements, allowances or additional one-off payments are also used in several ESPN countries (e.g. DE, DK, FI, FR, IE, RO; UK) to provide additional compensation to people with disabilities who are entitled to GMI.

- ESPN national experts from Denmark report that in the event of extraordinary expenses recipients can apply for means-tested help, and that people with disabilities are more likely than people without disabilities to get support for these extraordinary expenses.
- In Finland, GMI compensates for costs that are not covered by other schemes. Municipal-based supplementary and preventive forms of social assistance aim to compensate for expenses caused by the specific needs and circumstances of people with disabilities and to promote autonomy and independence.
- In Germany, basic income support in old age and in cases of reduced earning “capacity” comprises several income support elements, including a fixed allowance of 17% of the monthly standard rate which applies, for example, to people with a full reduction in earning “capacity” who have not yet reached the standard age limit. The ESPN national experts from Germany highlight that this fixed allowance is included in all minimum income benefit schemes under Social Codes II and XII.

There is wide acknowledgment of the diversity of GMIs in place in the Member States, particularly as regards their adequacy. The assessment provided by ESPN national experts of existing challenges in relation to adequacy confirms results from previous studies (Baptista et al 2021; European Commission 2017; Frazer and Marlier 2015) about some of the weaknesses in most GMI provisions.

The most common elements of the critique made by ESPN national experts relate to the low level of the benefit provided, for other claimants as well as for people with disabilities (e.g. AT, BG, DE, EE, EL, FR, HU, LT, LU, LV, PL, PT; BA), often resulting in an income level that does not ensure protection against the risk of poverty (e.g. AT, DE, FR, HR; UK).

- The ESPN national expert from Austria highlights that the income provided by the GMI/MMI usually reaches just about the level of the extreme poverty threshold (40% of median equivalised household income) and that households of GMI/MMI recipients are much more likely to be affected by severe material deprivation than are other groups.
- ESPN national experts from Bulgaria argue that monthly GMI allowances provide a limited amount of income support, failing to achieve one of their goals of significantly reducing poverty. Currently work is under way to explore the possibility of replacing the GMI level by the official poverty line as the basis for calculating these monthly allowances.

- ESPN national experts from Estonia point out that, although there are no specific assessments of the adequacy of subsistence benefits for people with disabilities, it has generally been found that the income level they provide is not sufficient to prevent poverty. Additionally, they argue, as people with disabilities or with reduced working “capacity” are likely to face higher expenses, they may find themselves in an even worse position than beneficiaries without disabilities.

These concerns that GMIs do not take into account the additional needs of people with disabilities are voiced by various ESPN national experts (e.g. CZ, DE, LT, LU).

These outcomes clearly underline that – similarly to other forms of social protection – GMI-related policies need to ensure a disability mainstreaming approach that gives full consideration to estimating and meeting the additional costs of living faced by persons with disabilities. Any standardised approach which fails to take this element into consideration risks intensifying existing disability poverty gaps.

5 OVERVIEW OF ACCESS TO ASSISTIVE TECHNOLOGY AND PERSONAL ASSISTANCE

Article 28(2) of the UN CRPD, which applies to all people with disabilities regardless of their age, urges countries to take steps so that people with disabilities have access to “...appropriate and affordable services, devices and other assistance for disability-related needs...”. Moreover, Article 19 sets out their right to live independently and to be included in the community, with choices equal to those of others. This requires user-led “access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community”.

ESPN experts were asked to briefly explain the main ways in which assistive technology (including devices) and personal assistance is delivered in their countries, and to highlight – based on available evidence – the main gaps and/or obstacles faced by people with disabilities in accessing these. The descriptions and assessments provided by the ESPN country teams are the main contents of Sections 5.1 and 5.2. Section 5.1 focuses on access to assistive technology (including devices) for people with disabilities, whereas Section 5.2 focuses on their access to personal assistance.

5.1 Access to assistive technology (including devices)

The national reports provide evidence of comprehensive provision of devices and assistive technology to people with disabilities in most of the countries analysed. The more common types of devices and assistive technology aim to provide support for people with differing needs, namely:

- Mobility support (e.g. walking aids, wheelchairs, orthopaedic aids, prostheses, adaptive beds, cars and vehicle adaptation);
- Communication tools (e.g. computers and tablets, audio equipment, braille and large-format displays, video magnifiers, software);
- Sensory support (e.g. hearing and deaf technical aids, spectacles, contact lenses, speech processors, cochlea implants, breathing aids);
- Devices used for home and workplace adaptations (e.g. bathing and toileting aids, stairway elevators, alert devices, ergonomic chairs, adjusted work equipment).

In line with the description provided by ANED (Sainsbury et al 2017), ESPN national experts underline that there are different ways in which people with disabilities may access the available devices and/or assistive technology in the 35 countries analysed. Table 5.1 provides a general overview of these access mechanisms based on the descriptions included in the national reports.

Table 5.1: Grouping of countries according to the type of support enabling access to devices and assistive technology, ESPN countries

| Cash benefits or other financial aid | In-kind benefits |
|--|--|
| AT, BE, BG, CY, CZ, DE, DK, EE, ES, FI, IE, IT, LT, LU, LV, PL, PT, SE, SK BA, TR | CY, CZ, DK, EE, EL, FI, HR, IE, IT, LT, LV, NL, RS, SE, SI, SK BA, ME, TR, UK, XK |
| Loans | Vouchers |
| CY, CZ, DK, EE, HU, LU, MT UK | RO ME, UK |

Note: Several answers possible. Source: Authors' elaboration based on the 35 ESPN national reports.

Cash and in-kind benefits and other forms of financial assistance are the most common types of support reported by ESPN national experts. The comparative analysis also shows that in a number of countries (e.g. CZ, DK, FI, SK), people with disabilities may have access to assistive technology (including devices) through different types of support mechanisms within the same country.

- The ESPN national experts from Czechia explain that there are three ways in which the Czech social security system supports the provision of assistive technology for people with health disadvantages: (i) assistive technology lent by a health insurance company; (ii) full or partial coverage of the costs by public health insurance; and (iii) if neither of these applies, the person with a health disadvantage can receive the special-aid allowance.
- Likewise, in Denmark, the ESPN country team reports that people with disabilities can access assistive technology (including devices) either through direct provision of in-kind benefits or through economic subsidies from the municipality.
- ESPN national experts from Finland report that the municipalities are responsible for providing access to assistive technology. This can be done via direct provision, reimbursement of purchases, or cash allowances.
- The ESPN country team from Slovakia mentions two ways in which the State provides access to assistive technology. Firstly, the provision of medical devices (including mechanical and electric wheelchairs, bathtub boards, hearing appliances or adaptive beds) which are listed in the Register of categorised medical devices. Secondly, social benefits – funded from the state budget – are available for the purchase of devices and technologies.

In some national reports (e.g. AT, BG; BA), cash benefits or other type of financial aid are reported as the main form of support to provide access for people with disabilities to devices and assistive technology.

- The ESPN national expert from Austria explains a rather complex system of provision, with different institutions providing financial support for assistive technology and devices subject to different conditions. Referring to the example of the public health insurance providers, he notes that the related regulations for the provision of therapeutic products and medical aids stipulate maximum costs to be covered in a specific time period, and that private co-payments, amounting to 10%, usually apply.
- ESPN national experts from Bulgaria report that the right of people with disabilities to targeted benefits, including the provision of devices and assistive technology, is regulated by the Bulgarian Act on People with Disabilities. As an example, they refer to the situation of people with permanent disabilities, for whom mobility is difficult, who are entitled to targeted assistance for the purchase of a personal motor vehicle of a value of up to four times the monthly poverty line at the time of the purchase, i.e. €844.65 for 2022 based on a poverty line of €211.16 per month.
- The ESPN national experts from Bosnia and Herzegovina mention different types of financial assistance and in-kind benefits which are stipulated by the entities' laws on health insurance and the respective byelaws. They add that most health insurance funds procure the orthopaedic and other aids from suppliers based on a contract. This means that if the real cost of an aid exceeds the amount of funding stipulated by the relevant byelaw, the difference is covered by the person with disabilities themselves. One of the exceptions to this rule, they note, is the case of war veterans with disabilities in the Republika Srpska, who are exempt from these costs and are given the possibility of obtaining funds to purchase aids of their own choice.

In only a few of the countries analysed (e.g. EL, HR; XK) are in-kind benefits reported as the main type of support available to people with disabilities.

- ESPN national experts from Croatia mention that all people with disabilities covered by health insurance in Croatia have the right to orthopaedic and other tools and devices. Access to these assistive tools, they add, is provided as a benefit in kind and is not means-tested. However, they note that usually there is a participation fee to be paid by patients.
- The ESPN country team from Greece points out that the National Organisation for the Provision of Health Services (EOPYY) acts as the sole purchaser of publicly funded healthcare services, providing a uniform package of health services, including the provision of assistive devices. Thus, people with disabilities (including those who are uninsured) are entitled on a cost-sharing basis to the direct provision of assistive devices delivered by private providers contracted by EOPYY.

People with disabilities may also have access to different types of devices and assistive technology through a **loan system**. This type of access is described in more or less detail in a few ESPN national reports (e.g. CY, EE; UK).

- The Loan of Assistive Technology Equipment scheme – described by the ESPN national experts from Cyprus – falls under the general scheme for the management of technical aids of the Department of Social Inclusion for Persons with Disabilities (DSIPD). It provides an affordable alternative for people with disabilities on low incomes, though subject to availability from the relevant DSIPD stock of equipment.
- The ESPN country team from Estonia reports a specific scheme available to people who – due to disability or decreased “capacity” to work – are unable to perform their duties using their employer’s equipment. In this case, the Unemployment Insurance Fund may lend, free of charge, the assistive equipment needed to carry out the work. This equipment, they note, will be made available until the end of the employment relationship, but initially for no longer than three years. The contract can then be renewed if the assistive equipment is still necessary to carry out the work.
- The ESPN national experts from the UK report that, following an assessment, simple, commonly used aids for daily living are supplied on loan and free of charge from local community equipment stores (usually jointly funded by the local authority and local National Health System services). For people needing temporary help following hospital discharge, the National Health Service may also provide equipment for the home.

National reports from Romania, Montenegro and the UK mention the use of **vouchers** as a means to access assistive technology, including medical devices and aids to activities of daily living. In Romania and the UK, these are used for specific purposes:

- In Romania, the ESPN national expert reports that the National Authority for Persons with Disabilities provides vouchers to working-age people with disabilities who are actively in search of work, prioritising those devices better suited to a smoother adjustment to working life.
- The UK country team reports that some local authorities operate Disability Equipment Prescriptions, i.e. vouchers that allow someone with disabilities to purchase simple pieces of equipment from an accredited local retailer. In Montenegro, people with disabilities are given the option of accepting a voucher (based on the catalogue price of pre-approved items) if they decide to choose a more expensive device not listed in the catalogue.

One of the important distinctions identified among the countries analysed with regard to the conditions under which people with disabilities may access devices and assistive technology concerns the use (or not) of means testing in determining eligibility for the existing support. The following examples illustrate these two different approaches in several national reports in which this type of eligibility requirement was explicitly mentioned.

- In Denmark, the ESPN country team explains that persons with disabilities are entitled to borrow assistive devices for free from the municipality and to receive a tax-free economic subsidy which does not depend on a means test against income.
- ESPN national experts in Lithuania report that the main mechanism used to establish eligibility for the available support mechanisms is the assessment of special needs, which depends on the health status and the person's level of autonomy. No income test is used to determine eligibility.
- In Malta, according to the ESPN national expert, the two different approaches coexist: (i) the Grant for the Purchase of Special Equipment is a scheme, which is not means-tested, providing refunds for purchased devices, up to a total maximum refund of €1,000, over a timespan of five years from when the applicant first benefits from this grant; (ii) there is a new means-tested scheme entitled *Sensability*, offering a grant of up to €6,000 against the purchase of sensory equipment in cases of autism; however, she notes, the means test (maximum assets €15,000, and maximum annual income €50,000) is waived for applicants on various forms of GMIs.
- In Finland, according to the description in the national ESPN report, the supply of assistive technology is always subject to a means test, and the assessment based on medical statements.
- The ESPN country team from the Netherlands explain that municipalities are responsible for delivering most in-kind provision in the form of services. The provision, they add, is means-tested and municipalities have a certain freedom in deciding which devices and services will or will not be provided.
- The ESPN national experts from Spain highlight the regional variation in the eligibility criteria used to determine the access of people with disabilities to assistive technology. However, they argue, in general terms these criteria usually include certified disability of at least 33%, being under 65 years of age, living in the region for a certain period of time, and fulfilling a means-tested income limit measured in relation to the Public Income Indicator of Multiple Effects (*Indicador Público de Renta de Efectos Múltiples - IPREM*).

In line with previous findings (Sainsbury et al 2017), in a significant number of national reports ESPN experts indicate the presence of a range of procedures to reduce the costs borne by the State (at the central, regional or local level) for the provision of devices and assistive technology. These mechanisms include co-payments (AT, BE, CY, CZ, EE, EL, ES, HR, HU, IT, LV, NL, PL, SE; BA), a ceiling or reference value for the cost of the product (HR, LT) and/ or limiting support solely to devices included in reference lists of pre-approved items (e.g. HR, LV, PT, RO, SI, SK; BA, ME, RS).

Finally, it is important to note that a few ESPN country teams (IE; AL, MK, XK) report either that they have no support system for facilitating access to devices and assistive technology, or that such a system exists but is under-developed. Several national reports provide a critique of the provision of this type of support, including the identification of several problems.

ESPN country teams identify a number of obstacles faced by people with disabilities in accessing support to devices and assistive technology in their countries. The range of obstacles reported is summarised in Table 5.2, in three main categories.

Table 5.2: Grouping of countries according to the type of obstacles identified, Assistive technology, ESPN countries

| Organisational and funding problems | Eligibility and/or entitlement obstacles |
|--|--|
| AT, DK, EL, ES, LT, LU, PT, RO, SE AL, BA, ME, XK | AT, BE, LU, PT, RO, SK UK |
| Inadequacy of support | No obstacles identified |
| BE, BG, EE, EL, HR, HU, IE, LT, LU, MT, PT, RO, SK AL, BA, XK | CY, CZ, DE, DK, FI, FR, IT, LV, NL, PL, SI RS, TR |

Note: Several answers possible. Source: Authors' elaboration based on the 35 ESPN national reports.

There are several **organisational and funding issues** identified by various ESPN country teams in relation to the provision of support to enable access to devices and assistive technology (Table 5.2). These issues include regional disparities (e.g. ES, SE), lack of transparency and overlapping competencies and responsibilities (e.g. AT), an insufficient number of providers (e.g. RO; ME), lack of qualified personnel in supply centres (e.g. LT), and insufficient or inadequate funding (e.g. EL, ES, LT, PT, RO; AL, BA, XK).

- The ESPN national expert from Austria emphasises that, although support is not subject to any income-related conditions, the multiplicity of possible sources of financial aid and overlapping competencies and responsibilities cause a substantial lack of transparency and problems for potential applicants.
- The ESPN country team for Lithuania provides evidence of several shortcomings, including a lack of involvement of municipalities in the supply process, a lack of healthcare professionals able to provide qualified advice on the most appropriate technologies, insufficient involvement of education and health systems in the organisation of the supply of assistive technology, and the low level of funding within a system that, they argue, is focused on cost reduction rather than on individual needs.
- In Portugal, the ESPN national expert notes that the funding available to support access to devices and assistive technology depends on the budgetary resources of the Institute for Social Security, meaning that, in theory, there is a risk that the support might be declined.
- In Romania, the ESPN national expert reports difficulties related to the low number of providers of devices, as well as regional disparities in the setting of prioritisation criteria which apply to the long waiting lists of people applying for support.
- The insufficient number of providers is also an issue raised by the ESPN country team from Montenegro who report that, currently, the Health Insurance Fund has signed an agreement with only one provider. As a consequence, they argue, for certain aids – not available from that provider – the person has no other option than to pay up front and wait for the refund.

ESPN national experts from a number of countries (e.g. BE, LU, RO; UK) report various obstacles which arise in relation to the **eligibility conditions** or during the application procedures for accessing assistive technology and devices. These usually include complicated and/or lengthy procedures or the exclusion of potential beneficiaries needing support, as illustrated by the following examples.

- The ESPN national experts from Belgium mention issues related to the reference list of eligible devices which is deemed to be too limited, along with “needlessly complicated procedures”.
- In Luxembourg, the ESPN national expert also reports that applications for reimbursement of costs can take a long time and be bureaucratically complex.
- The ESPN national expert from Romania mentions the limited scope of the support programme, which only targets people who register as unemployed, thus excluding all those who benefit from an “Invalidity” pension and who would be willing to increase their employability, but do not want to risk their status as “invalidity pensioners” unless they find a suitable and adequate job.
- In the UK, the ESPN country team notes, eligibility for help depends on a needs assessment by an occupational therapist and there are long delays in obtaining the necessary assessments.

The third main type of obstacles described in the national reports is the **inadequacy** of the available support. Although the cost borne by the beneficiaries is the most commonly noted problem, other relevant obstacles are also mentioned, namely: the poor quality of the devices provided (e.g. BG, HU, LT; BA), the lack of ICT devices (e.g. BG, HU, LT, PT; BA, XK), and devices or assistive technology not adapted to the person’s needs (e.g. EL, HR, LT). The following examples illustrate some of these problems.

- The ESPN national experts from Bulgaria refer to affordability issues and to the low quality and outdated nature of technical aids and medical devices available to people with disabilities.
- The ESPN country team from Estonia reports a lack of specific evaluations of the adequacy of the support system. However, they point to possible difficulties linked to the costs of some technical aids which are well above the established referenced prices, thus making it difficult for many people to buy or hire them.
- In Hungary, the ESPN country team mentions some of the concerns voiced by the National Federation of Associations of People Living with Disabilities (MEOSZ), namely with regard to the poor quality of the devices provided and the need to ensure access to modern assistive technologies, such as IT applications and software.
- The ESPN national experts from Slovakia refer to the fact that the benefits are subject to means testing which, they argue, hampers the access of people with disabilities with incomes above the defined threshold, who may still face difficulties purchasing all the technologies and equipment they need.
- The ESPN national experts from Kosovo argue that government-funded programmes that provide assistive technology to people with disabilities in Kosovo are either under-developed or completely absent. Local and international non-governmental organisations, they note, are trying to fill the gap, but as these depend largely on donor funding, they are unable to provide their services in an uninterrupted way and with the desired quality.

Overall, the quite comprehensive provision of assistive technology (including devices) in the 35 countries under analysis aims to ensure the availability of adequate and affordable support for disability-related needs. However, ESPN experts report a range of concerns about the design and implementation of the mechanisms which determine access and entitlement in practice to these aids. The most frequent obstacles identified are organisational problems affecting the provision of support, problems with application procedures or entitlement restrictions hindering access to support, and the inadequacy of the support available due to the costs to be borne by beneficiaries or because the devices do not adequately meet beneficiaries' needs.

5.2 Access to personal assistance: enhancing autonomy, inclusion and (striving for) choice

The UN CRPD (Article 19) requires governments to implement the necessary support to ensure that people with disabilities have the choice to live independently and be included in the community, *inter alia* by developing access to personal assistance schemes. However, it does not stipulate the ways in which such personal assistance schemes should be managed. Nally et al (2021) explain that the purpose of such schemes in the spirit of the Convention is to help the person to choose and have control over their lives, enabling them to live independently in the community.

There is clear evidence in the ESPN national reports that many countries seek to (better) address the requirements placed on States Parties by Article 28(2) regarding the need to improve existing schemes providing personal assistance with disability-related needs. However, governments have taken different strategies and implemented personal assistance schemes with considerable variation in the 35 countries under analysis.

In addition, the ESPN comparative analysis shows that in a number of countries the definition of personal assistance services does not comply with UN CRPD guidance (provided in Committee on the Rights of Persons with Disabilities 2017) regarding the meaning of independent living/living independently, which should be understood as a situation where people with disabilities are provided with all the means needed to enable them to exercise choice and control over their lives and make all decisions concerning their lives.

In many of the countries under scrutiny, the current personal assistance schemes are regionally or locally managed, although there are often national-level laws and/or requirements framing the design of the provision. The actual service supply is most often placed under the responsibility of municipal services, either directly or under contract arrangements with non-governmental organisations (NGOs) such as disability organisations.

- In Germany, the institutions responsible for Integration assistance are designated by the respective *Länder*. As a rule, the responsible bodies are districts and district-free cities (local institutions), and the *Länder* or higher municipal associations (supra-local institutions).
- In Ireland, personal assistance is funded by the Health Services Executive (HSE) which provides funding to non-governmental organisations.
- In Italy, personal assistance for people with disabilities is regulated by Article 9 of Law 104/1992, which is the main piece of legislation on disability. The regions, in accordance with regional social plans, define how access to these services is provided.
- In Lithuania, an applicant's need for personal assistance is established by municipal social workers. The service may be fully or partially financed from the national state budget. Municipal institutions are responsible for organising the provision of personal assistance and ensuring its quality.

- In Latvia, the personal assistance service is paid for by the State and contracted out by the social services departments of the municipalities.
- In Sweden, personal assistance services fall under the Act concerning Support and Service to Persons with Certain Functional Disabilities (LSS). The LSS sets out the individual rights that are covered by the law, and what requirements they can place on municipalities or the State.

Based on the descriptions provided by ESPN national experts, a variety of services can be identified which provide assistance with the tasks of everyday living, including personal care, activities of daily living, leisure, professional work, and education. The range and scope of these services vary considerably between countries.

- In Austria the national “Personal Assistance at Work” Programme finances employment and training related support (e.g. accompaniment and support on the journey between home and work or the place of training, including the necessary mobility in connection with childcare; assistance in personal care during the period of service or training; and assistance with getting out of or into the car, putting on/taking off a jacket, help with lunch, etc.). Additionally, the federal provinces have set up instruments (co-)financing personal assistance for private purposes, i.e. personal support in the areas of housekeeping, personal care/basic needs, maintenance of health, mobility, communication and leisure, in order to help people with disabilities to live a self-determined and independent life in their own private household.
- Personal assistant services in Croatia include support with personal care, with mobility needs (e.g. transfers), assistance with communication, accompaniment and assistance in various social activities and administrative tasks.
- In Latvia, the personal assistant service introduced in 2013 is designed to enable people with severe disabilities to get out of the house - to go to work, to attend an educational institution, to visit a social rehabilitation service or a day care centre, and to participate in social life.
- In the Netherlands, personal assistance provided by the Social Support Act and the Youth Care Act takes the form of “personal aid to clean the house, to accompany people with disabilities who need supervision to keep them safe or who need help performing daily activities which can be characterised as personal care. This would be, for example, help getting out of bed, getting dressed, washed, help with preparing food”. Another form of personal assistance – provided by the Work and Income (“Capacity” for Work) Act (WIA) – includes sign language interpreters, and job coaching for people with learning disabilities or psychosocial problems.

ESPN country teams describe two main mechanisms through which personal assistance is provided, i.e.:

- Access to a personal assistant, usually employed by a local authority/municipality or contracted out to NGOs (e.g. AT, ES, FI, HU, IT, LT, LU, LV, NL, PT, SI);
- The provision of financial support (e.g. an allowance, reimbursement, lump sum) enabling people with disabilities to access personal assistance services (e.g. BG, CZ, DE, DK, ES, FI, LT, LU, LV, MT, RO, SE, SI, SK; MK, UK, XK).

In a number of ESPN countries, both mechanisms are currently in place (e.g. ES, FI, LT, LU, LV, RO, SE, SI; AL), often pertaining to different personal assistance schemes (for instance, related to the needs of daily living or professional integration; professional personal assistants or informal personal assistants).

- In Finland, the Act on Disability Services states that personal assistance must be provided to the extent required when it is needed for work, study, and activities of daily living. Municipalities can employ personal assistants, use vouchers, or reimburse hiring costs. According to the ESPN national experts, municipalities tend to favour the last option, i.e. the person with disabilities acts as an employer.
- In Lithuania, personal assistance services have been regularly available since 2021 – fully or partially financed from the state budget – and they are organised by the municipal institutions, which are also responsible for ensuring their quality. Cash benefits for people with disabilities and elderly people for nursing and attendance assistance may also be allocated to a person with disabilities, according to the assessed need for personal care and support.
- In Spain, there are two main schemes, one based on the provision of a cash allowance covering personal assistance within the family by non-professional care providers, and the other, a professional personal assistance scheme.
- In Sweden, municipalities have the ultimate responsibility for ensuring that all residents obtain the support and help they need, including personal assistance support. The municipality is financially responsible for those who need personal assistance for less than 20 hours per week. Someone who needs assistance for more than 20 hours per week may be entitled to receive a state assistance allowance via the National Social Insurance Agency.
- ESPN national experts from Albania report that the provision of personal assistance is relatively new in the country. The service is mainly covered by family members in their role as caregivers, though, ESPN national experts argue, there is an issue regarding the adequacy of their qualifications to do so.

In a limited number of countries (BE, DE, DK, IE, LT; UK), national experts refer to so-called “personal budgets”. This model of provision has been recognised as allowing people with disabilities greater choice and control over their own care packages, including the type of support needed and the service providers used (Nally et al 2021; Sainsbury et al 2017).

- National experts from Belgium note that personal assistance budgets – introduced in Flanders in December 2000 – were a pioneer service in Belgium and in the EU at that time. Their creation and implementation were based on Article 19 of the UN CRPD, which defines the right to independent living. From 2016 on, the system was revised to become part of the person-following budget (PVB). These are personal budgets granted to people with disabilities to allow them to buy services and assistance with activities of daily living. The budget granted to people with disabilities under the PVB varies according to the need for support. The budget categories vary between €10,000 and €90,000 per year.
- In Denmark, the personal assistant is financed by the municipality, but it is the person with disabilities who hires the personal assistant and afterwards receives a wage subsidy/reimbursement from the municipality. The person may outsource the administering of responsibilities related to hiring a personal assistant (e.g. salary, holidays) to an agency. According to the ESPN national expert, the rationale of the scheme is to give the person with disabilities more autonomy over their situation.

- The ESPN national experts from Germany report that the right to a choice of integration assistance services also includes the option to choose between benefits in kind and a personal budget. The personal budget is usually granted as a cash benefit, though in certain cases as a voucher. When opting for a personal budget, beneficiaries must decide whether to purchase the services or hire the service providers themselves as an employer ("employer model"). The personal budget can be used for a variety of purposes, for example, for support in the household, for support with care or for accompanying beneficiaries to doctor's appointments or work. The amount of the personal budget can vary greatly depending on need. Based on the available research, evidence shows that the amount may vary between €36 and €12,683 per month.
- The ESPN national experts from Lithuania report the provision of cash benefits for people with disabilities and elderly people which, they argue, could be qualified as a "personal budget". This targeted compensation for nursing and attendance assistance is allocated to a person with disabilities according to an assessment of their need for personal care and support (€76, €139, €239 or €328 per month depending on the care needs). They may cover a large variety of services such as cooking, washing, dressing, mobility assistance, care services, etc. These benefits are paid directly to persons with disabilities, but the law does not regulate or monitor the use of the benefits.
- In the UK, since the mid-1990s, it has been possible for people with disabilities who meet the needs, income and assets eligibility criteria for local authority-funded social care to receive their support in the form of a cash "direct payment" (sometimes called a personal or individual budget) rather than as services in kind. The person with disabilities uses the cash payment to employ one or more "personal assistants" to provide personalised support at the time and in the manner of their choice. As well as personal care, personal assistants may provide help with communication, leisure time activities and social support, depending on the needs and priorities of the person with disabilities. However, the ESPN national experts argue, as social care budgets have become more constrained, local authorities increasingly restrict the types of help for which direct payments can be used.

Although the use of this user-led model is (still) not widespread across Europe – compared with the more predominant provider-led model – its features are more aligned and consistent with the UN CRPD provisions, as it is intended to offer people with disabilities much more choice and control, rather than them being passive recipients of existing provision. This type of provision, however, also needs to address a challenge: the need to ensure the quality of the services purchased by the individual, which may be better guaranteed under regulated provision.

Some features of enhanced choice and control for service users can also be identified in elements of the descriptions provided by different ESPN country teams of their countries' personal assistance schemes (e.g. AT, CZ, EE, ES, FI, LU, SE, SI, SK). Although these elements do not comprise a "full" user-led model, they represent a positive shift towards more empowering provision of personal assistance support.

- In Vienna – under the Vienna Social Fund – personal assistance may be organised via an institution recruiting and employing personal assistants (usually a not-for profit social NGO); or the person with disabilities may employ a personal assistant himself or herself.

- In Luxembourg, beneficiaries of the personal assistance scheme can hire the approved service from one of the Help and care networks (*réseaux d'aide et de soins* - RAS) authorised by the supervisory ministry; or they can opt for the benefits in kind to be replaced by cash benefits. According to the ESPN national expert, they are then free to pay these sums to one or more informal carers (often family members) to provide them with the assistance required.
- In Slovakia, recipients of the personal assistance allowance can choose the provider of the service (including family members up to a maximum of four hours per day for selected activities of daily living). Personal assistants provide services on the basis of a contract (with the person with disabilities or with a personal assistance agency).
- In Slovenia, the Personal Assistance Act (2017) has been in force since 1 January 2019. The user is provided with a free choice of personal assistance provider and personal assistant. The implementation plan – a written agreement on personal assistance services – is prepared together with the personal assistance provider. It contains a definition of the type of tasks performed by the personal assistant, the selection of one or more personal assistants who will provide personal assistance, the schedule of personal assistance, and the rights and obligations of the users, personal assistant(s) and contractor.
- ESPN national experts from Spain report that although the provision of personal assistance remains very limited in their country, there is evidence that several Autonomous Regions have introduced specific conditions (on top of the general requirements) aimed at empowering service users, such as the requirement relating to the interested party's capacity to determine the necessary services.

Finally, there are cases in which personal assistance schemes are still being implemented as pilot or experimental projects rather than in the form of regular services (e.g. EL, IT, PT; BA). In other countries, the types of support described can hardly be seen to constitute “personal assistance” (e.g. EE, FR, PL; RS, TR), in the sense that such services are supposed to support a person to have choice and control over their lives and overcome barriers to their full integration into the community.

ESPN country teams identify a number of obstacles in relation to the personal assistance schemes currently in place in their countries. Table 5.3 summarises the main types of obstacles identified.

Table 5.3: Grouping of countries according to the type of obstacles identified, Personal assistance, ESPN countries

| Inadequacy of support | Entitlement obstacles |
|--|--|
| BE, CZ, EL, ES, HU, IE, LT, LU, LV, MT, NL, PL, PT BA, MK, RS, TR, XK | AT, BE, EE, ES, HU, IE, IT, LT, LU, MT, SE MK, UK |
| Organisational deficiencies | No obstacles identified |
| BE, DE, EE, EL, IE, LT, LV, PT, RO, SE BA, ME, MK | BG, CY, FI, FR, HR, LV, SI, SK AL, XK |

Note: Several answers possible. Source: Authors' elaboration based on the 35 ESPN national reports.

Several **adequacy issues** are identified by various ESPN country teams in relation to the provision of personal assistance support (Table 5.3). These issues include the inadequacy of the amounts to which people with disabilities are entitled, which do not cover actual needs (e.g. BE, CZ, EL, ES, HU, LT; BA), the unsuitable targeting of beneficiaries (e.g. EL, ES, NL, PL, PT; MK, RS) and the rigidity of a provider-led model which curtails beneficiaries' choice and control over the service (e.g. EL, PT; TR).

- The ESPN national experts from Belgium report the introduction of changes (a new system of budget categories) to the personal assistance budget scheme, resulting in reductions of the former personal budgets which are now not adequate to cover support needs.
- Likewise, in Czechia, ESPN national experts argue that the amount of the care allowance to beneficiaries with significant needs covers less than three hours of care per day. As a consequence, they argue, the cost of services is a major barrier to access.
- ESPN national experts from Spain highlight that access to professional personal assistance remains extremely limited despite the fact that the numbers have been increasing in recent years. As of 31 December 2020, only 0.6% of people with disabilities and older people had personal assistance granted. In seven Autonomous Regions there were no personal assistance users, and in the vast majority there were only a very few.
- In the Netherlands, the personal assistance support – based on the Work and Income (“Capacity” for Work) Act (WIA) – is only available to employees, thus excluding people with disabilities who have their own company or work in sheltered employment.
- In Greece, the available personal assistance services – a new personal assistance programme is currently being piloted – are not specific to people with disabilities and therefore, the ESPN country team argues, not adapted to their needs, and very rigid. For example, the programme is limited to specific hours during the day and beneficiaries do not have the right to choose the person who will provide the service.
- The ESPN national expert from Portugal mentions a recent review of the personal assistance pilot project currently under way, which highlights some implementation weaknesses, particularly with regard to the design of the pilot. According to this review, rather than imposing a specific model, the pilot should have allowed greater autonomy and the possibility to test different solutions. Additionally, the restricted budget of the programme limits the reach and impact of the pilot.

The comparative analysis of the assessments provided by ESPN country teams also reveals several obstacles faced by people with disabilities in accessing the schemes. These **entitlement obstacles** include regional disparities in the availability of personal assistance services (e.g. AT, EE, ES, IT), long waiting times for accessing the service (e.g. BE, HU, MT) and lack of awareness regarding the availability of the support (e.g. BE, ES, LT; MK).

- The ESPN national expert from Austria reports significant disparities between the Vienna system for personal assistance – the most established and most generous scheme of all the federal provinces – and the provision available in other federal provinces, in which access criteria tend to be more rigid and/or the available budget is lower.
- The ESPN national experts from Belgium report that the long waiting lists for accessing the personal assistance budget scheme and inadequate budgets push people with disabilities towards residential care. They add that, currently, the waiting time for people in priority category one is more than one year, for priority category two more than four years and for priority three 20 years.

- In Lithuania, the scope of the provision is deemed to remain limited. ESPN national experts point out that, especially in rural areas, people with disabilities are not well informed about the personal assistant service, and some of them show resistance to receiving this type of support.

Various types of **organisational problems** affect the provision of support from personal assistance schemes.

Four Member States (BE, IE, PT, RO) refer to the insufficient funding which hinders the effectiveness of the support provided. For example:

- In Ireland, a recent study shows that most people who use personal assistance do not receive any state support: 9% of households incurred additional costs for a personal assistance service (on average €219 per week) and only 15% of these received any State support.
- Likewise, in Romania, there is evidence that insufficient funding is limiting the availability of the support: out of the 238 positions for professional personal assistants advertised by the county level General Directorates for Social Assistance and Child Protection only 21 have been filled, due to lack of demand or funding.

Issues related to the quality of the provision (e.g. scarce availability of the provision, lack or inadequate training of personal assistants) are mentioned by ESPN country teams from three Member States (LT, LV, RO) and from four (potential) candidate countries (BA, ME, MK, TR). For example:

- The ESPN country team from Montenegro reports that the service of personal assistance – which is legally established – is not implemented or is only provided by non-governmental organisations as part of their project activities. There is evidence that, in 2017, only two people were actually covered by this service in the country.
- In Macedonia, the Public Institute for Social Affairs identified the need to provide additional training and continued support to personal assistants, and to regulate their employment status.

Finally, two Member States (DE, SE) report the existence of conflicting responsibilities in the provision of personal assistance support. The ESPN national experts from Germany point out that conflicts of responsibility often arise, due to the respective funding agencies' concerns to avoid costs. In Sweden, the ESPN country team argues, there are problems and lack of clarity caused by the responsibility being divided between the municipalities and the National Social Insurance Agency.

6 MAPPING RECENT OR ANNOUNCED SOCIAL PROTECTION REFORMS

This section provides an overview of the main findings concerning major reforms implemented since 1 January 2017 which have had an impact on the access of people with disabilities to social protection. ESPN national experts were also asked to identify major reforms currently in the pipeline (Table 6.2) which are likely to have an impact on this. An assessment of the impact (or likely impact) of such reforms includes a critique on whether they have improved or reduced the access of people with disabilities to social protection schemes or whether they are likely to do so in the future.

Recent major reforms are identified in almost all the countries analysed, with the exception of three Member States (FI, HU, IE) and Turkey.⁴⁹ These reforms can be roughly divided into five different categories (Table 6.1).

Table 6.1: Grouping of countries according to the type of recent reforms, ESPN countries⁵⁰

| Policy or legislative frameworks | Institutional reforms |
|--|--|
| BE, BG, CY, DE, DK, EE, EL, ES, FR, HR, IT, LT, LU, LV, NL, PL, PT, RO, SI, SK AL, BA, ME, MK, RS, XK | AT, BE, BG, CY, DK, EE, EL, ES, HU, IT, LT, LU, LV, MT, RO, SE, SK MK, UK |
| Income support measures | Assessment frameworks |
| AT, BE, BG, CZ, DE, EE, EL, ES, FR, HR, LT, LU, LV, MT, NL, PL, PT, SE, SI, SK BA, ME, MK, XK | BE, CY, EL, LT, MT, RO AL, BA, MK |
| Access to assistive technology/personal assistance | No major reforms |
| EE, LT, LV, PL, PT, SE, SI, SK XK | FI, HU, IE TR |

Note: Several answers possible. Source: Authors' elaboration based on the 35 ESPN national reports.

A large number of recent reforms described by ESPN country teams pertain to **new policy or legislative developments** directly targeting people with disabilities (e.g. National Strategies for People with Disabilities, Acts on People with Disabilities) or with an indirect impact on their living conditions (e.g. GMI legislation, Pension Acts). The following examples illustrate some of these policy and legislative reforms described in the ESPN national reports:

- In Bulgaria, from 2018, decisive action is being taken to reform the social care system in the field of disability rights policy. The Act on People with Disabilities, effective from 2019, is the main Act guaranteeing the rights of people with disabilities in principle. More recently, in 2020, the Council of Ministers of Bulgaria adopted the National Strategy for People with Disabilities 2021-2030, along with a comprehensive Action Plan for 2021-2022 outlining further steps for ensuring better protection of the rights and well-being of people with disabilities.
- In 2018, the government of Cyprus launched the “First National Strategy for Disability 2018-2028” along with the “Second National Disability Action Plan 2018-2020” under the slogan “Persons with disabilities are equal members of society”; this was linked to a vision

⁴⁹ In these four countries, ESPN national experts consider that there have been no major social protection reforms since 2017.

⁵⁰A detailed table identifying the major recent and announced social protection reforms, based on the assessments made by the ESPN national experts is provided in Annex C.

of fulfilling the rights of people with disabilities as equal members of society and improving their quality of life through reforms and additional measures under the UN CRPD. The strategic objectives of these initiatives include setting up a disability assessment framework, improving the adequacy of social protection benefits, and developing specialised support services to enable independent living in the community, etc.

- In Germany, under the Basic Pension Act of 2020, a partial crediting of pensions from the statutory old-age pension schemes was introduced on 1 January 2020 to the GMI schemes under Social Code II and XII, analogous to the existing regulation for private supplementary pensions, if at least 33 years of compulsory contributions to a pension scheme have been paid. An amount of €100 per month from the statutory pension plus 30% of the income from the statutory pension exceeding this amount is exempt from crediting, up to a ceiling of 50% of the standard benefit for a single adult. ESPN national experts from Germany note that these reforms were in line with UN CRPD commitments.
- In France, a fifth branch of the general social security scheme regarding autonomy was created by the Act of 7 August 2020, managed by the National solidarity fund for autonomy (CNSA), which thus becomes a national social security fund. Following on from the recommendations of the 2019 “Libault Report”, the creation of this new branch for autonomy recognises “the risk of loss of autonomy and the need for support for autonomy” as a social protection right, by making it part of the laws governing social security financing.
- In December 2021 the Italian Parliament approved Law No. 227 (*Legge Delega sulla disabilità*), which sets out the main principles and guidelines for a reform of disability policies, thus enabling the Government to pass (by mid-2023) specific Law Decrees in order to regulate these issues in detail. Law No. 227/2021 adopts the principles of the UN CRPD on disability, against a background of general agreement on the goals it aims to promote. The main goal of the reform is to promote deinstitutionalisation and autonomy of people with disabilities.
- In March 2021, the Strategy for People with Disabilities for the period 2021-2030 was adopted in Poland. The strategy aims to strengthen social inclusion policies and activities, increasing the labour market activity of people with disabilities, with the main goal of increasing this from 28% in 2019 to 45% in 2030. According to the ESPN country team, it broadly responds to the main goals of the Union of Equality: EU Strategy for the Rights of People with Disabilities 2021-2030. Additionally, they argue, specific efforts have been made recently to implement strategic, programme and legislative actions aimed at implementing the provisions of the UN CRPD in the Polish legal system. In this regard, they highlight the European Social Fund (ESF) funded project led by the Ministry of Family and Social Policy, with participation of NGOs for people with disabilities and research institutions: “Development of a draft law implementing the UN CRPD with the proposed name: Act on Equal Opportunities for Persons with Disabilities, together with the Regulatory Impact Assessment and justification, as well as proposed legislative changes”.
- In February 2022, the Serbian parliament adopted the Law on Social Entrepreneurship. According to the ESPN country team for Serbia, the major positive impact expected of the new law – after more than a decade of debates and preparations – is its potential to create a better environment for employment of vulnerable population groups (including people with disabilities), with an increase in allocation of the necessary resources.

More than half of the ESPN country teams identify **institutional reforms**, referring for example to the setting up of new, or the reorganisation of existing, organisational structures (e.g. AT, BG, EL, RO; MK), or to the transfer of responsibilities and/or competencies between different levels of governance with responsibilities for the social protection of people with disabilities (e.g. BE, DK)

- The ESPN national expert from Austria mentions that, although social protection for people with disabilities has not recently undergone comprehensive structural or institutional reforms, health insurance reforms introduced in 2019 involved a merging of the nine different regional health insurance funds, where before there was one for each of the nine federal provinces, into one common “Austrian Health Fund”. This comes with a partial harmonisation of benefits and services.
- In 2017, in Belgium, the assistance allowance for older people was transferred to the competency of the Regions. The design of the three regional systems remained broadly similar, but the regionalisation of the allowances has made the situation much more complicated for people with disabilities living in the Brussels Capital Region, who have to choose whether to join the Flemish or the Walloon system.
- The ESPN national experts from Denmark highlight the likely negative impact of the Healthcare Reform of 2017/19, which included a transfer of responsibility for specialised provision to people with disabilities from the five regions to the 98 municipalities. This may have led to a reduction in expertise in the services and increased geographical inequalities. Organisations representing people with disabilities fear that considerable knowledge may have been lost and that the individual municipalities may find it difficult to deliver the same range and quality of services as the regions did.
- In Greece, in February 2021, the National Accessibility Authority was established to act as a state advisory body aimed at facilitating the access of people with disabilities to all aspects of life. It comprises representatives from the Greek Ombudsman, the National Commission of Human Rights, local and regional authorities, the National Confederation of Disabled People of Greece and scientific experts. According to the ESPN country team, its main purpose is to monitor the implementation of the international, EU and national accessibility frameworks in all aspects of human activity, as well as to formulate policy proposals and regulatory interventions concerning issues related to accessibility.
- The ESPN national expert from Romania refers to a recent institutional reform under way in the area of disabilities, following the disbanding, in 2019, of the National Authority for Persons with Disabilities due to its institutionally weak position and limited role. Consequently, a specialised department, along with another for the protection of children’s rights, was established under a single National Authority, with a view to creating a unified approach to disability, able to smooth the transition from childhood to adulthood of people with disabilities. Recently, in November 2021, the National Authority for Persons with a Disability has been re-established and more recently, in February 2022, its organisational structure was approved.

ESPN experts in most Member States and in half of the non-EU countries covered by the ESPN mention important reforms affecting the **provision of income support measures** for people with disabilities. These are mostly positive measures enhancing access to existing benefits (e.g. BE, DE, EE, EL, ES, HR, LT, LU, LV, MT, SK; MK, XK), increasing the level of benefits (e.g. AT, BG, CZ, LU, MT, SI, SK) or introducing new benefits (e.g. FR, PT, SE, SI; BA, ME).

- In Germany, as part of the implementation of the Federal Participation Act, integration assistance benefits and services are provided under facilitated conditions of access, since 1 January 2020. According to the ESPN country team, this is a result of the separation introduced by the reform between the integration assistance benefits and the livelihood-securing benefits of Social Code XII.
- In Lithuania, from 1 July 2021, recipients of the social insurance “Work incapacity” pension are eligible for the full amount of the unemployment social insurance benefit. According to the ESPN national experts from Lithuania, this change addresses a major gap in the access conditions of people with disabilities to unemployment benefits.
- The ESPN national expert from Malta reports that Increased Severe Disability Allowance (ISDA) has been raised, over a period of three years, aiming to reach the level of the net minimum wage in 2022.
- The ESPN national experts from Slovakia note that, in the period 2016–2018, the amount of attendance service benefit was increased several times. In 2018, they add, attendance service benefit for adult persons of working age reached the level of the minimum wage.
- In 2019, the Republika Srpska (one of the two entities within the State of Bosnia and Herzegovina) introduced disability benefit for people with disabilities under the social assistance legislation. According to the ESPN country team, this benefit is granted to people with at least 70% disability, assessed on the basis of the byelaw legislation for pension and DI, and as long as the person with disabilities is already receiving carer’s assistance.

About one fourth of the ESPN country teams mention recent reforms of existing **disability-related assessment frameworks**. Overall, these changes have improved the eligibility conditions for people with disabilities, simplified (re)assessment procedures and in several cases enhanced the alignment of current frameworks with UN CRPD recommendations.

- In January 2022, in Cyprus, the House of Representatives amended the existing GMI legislation to stop disability reassessment for people with permanent disabilities, thus – the ESPN national experts argue – bringing to an end apparently unnecessary and unjustified procedures that affected a significant number of people with disabilities. The new legislation states, *inter alia*, that in the case of a person with disabilities who was certified at the first assessment as having a permanent or irreversible disability without the possibility of rehabilitation or improvement, no new assessment is required unless the person applies for additional benefits or services due to a deterioration of their disability or the occurrence of an additional disability that was not certified.
- In Greece, a pilot project has been under way since 2018, to explore new administrative procedures and appropriate criteria, based on functional ability, along with medical criteria, for disability assessment. Greek authorities, under the post-programme surveillance framework, have committed to “apply to all disability benefits the new approach for disability determination based on both medical and functional assessment by mid-2019”.

- In Lithuania, in 2019, a new programme was put in place aimed at modernising and aligning the disability assessment framework with the WHO International Classification of Functioning, Disability and Health (ICF) and the biopsychosocial (interaction) model of disability. According to the ESPN country team, its aim is to shift the legislative focus and to increase the administrative capacity enabling a social integrated assessment.
- According to the ESPN national experts, from 2016 onwards Albania has been implementing a significant reform of the social protection programme, covering assessment and payments for people with disabilities. This reform brings an important change to the disability assessment framework, shifting from the existing purely medical to a biopsychosocial assessment model. This new model considers not only the “capacity” to work but also wider criteria, by focusing on the ability to carry out activities of everyday life.

Recent reforms aiming at improving access to **assistive technology and/or personal assistance** are also mentioned by about one fourth of the ESPN country teams.

- The ESPN national experts from Estonia report that, in January 2022, the Estonian Health Insurance Fund took over the financing of several medical devices from the Social Insurance Board. One of the consequences, they note, was that the list of reimbursable equipment was further expanded, the out-of-pocket payment fell from 50% to 10% for the purchase of this equipment and the previous minimum “own contribution” of €7 will no longer apply to the purchase of the device.
- In Latvia, a new model for the provision of personal assistants was launched in July 2021. According to the ESPN country team, this new model aims to address several shortcomings of the previous system. It aims to provide state support for more participation by people with disabilities in work and education. The reporting burden for people with disabilities has been reduced, and a fixed number of hours (between 15 and 160 hours per month) is allocated to a person with disabilities who can use them at their own discretion.
- In Sweden, the ESPN country team highlights two major reforms in the field of personal assistance aimed at strengthening the right to personal assistance and at reviewing the current model of shared responsibility (i.e. between municipalities and the National Social Insurance Agency). The former includes proposals in several areas, such as changes to the so-called basic needs, aimed at giving a stronger right to personal assistance to people who, because of recent changes in case law, are not currently eligible for these services. The latter reform is a proposal that personal assistance should be the responsibility of the State, with an appropriate and effective form of regulation that creates stable long-term conditions for services of good quality, characterised by high legal certainty, and which can also be followed up and monitored.
- The ESPN national experts from Kosovo note that the implementation of Law No. 05/L-067 on the Status and the Rights of Persons with Paraplegia and Tetraplegia has been the main reform concerning people with disabilities in Kosovo since 2017. The law, as described, makes for some progress in social protection for paraplegics and tetraplegics, including allowances for the provision of custodians and incontinence products. However, they argue, the law targets only one category of people with disabilities and creates inequities regarding other categories.

ESPN experts in 18 countries (13 Member States, the UK and four (potential) candidate countries) describe some relevant reforms that have been announced (Table 6.2) which can be roughly categorised in the same five different types as the above-mentioned recent reforms.

Table 6.2: Grouping of countries according to the type of announced reforms, ESPN countries⁵¹

| | |
|--|---|
| Policy and legislative frameworks | Institutional reforms |
| FI, LU, SI BA, ME, XK | FI, IT |
| Income support measures | Assessment frameworks |
| BE, DK, EL, HR MK | BE, CZ, FI, IT, LT, MT, SI BA, UK |
| Access to assistive technology/personal assistance | No major reforms |
| EE, FI, IT MT, SE | AT, BG, CY, DE, ES, FR, HU, IE, LV, NL, PL, PT, RO, SK AL, RS, TR |

Note: Several answers possible. Source: Authors' elaboration based on the 35 ESPN national reports.

Overall, analysis of the descriptions and assessments provided by ESPN country teams reveals similar developments to those depicted earlier. Thus, the following examples illustrate the different types of reforms described in the ESPN national reports, categorised according to this table:

- In Luxembourg, the government programme for the period 2018-2023 foresees a reform of the 2003 law relating to people with disabilities. According to the ESPN national expert, this reform proposes a simplification of procedures, a change in the name of the Allowance for people with severe disabilities, a revision of the rules claiming the funds paid by the National Solidarity Fund from heirs and the collection of data on compliance with employment quotas relating to the hiring of employees with disabilities.
- According to the ESPN country team from Slovenia, the government is planning a new pension reform that will modify the access of people with disabilities to social protection schemes. However, they argue, at this moment, it is not yet known which measures will finally be proposed. Based on the agreed Starting points for the modernisation of the Pension and Disability Insurance System in the Republic of Slovenia, drafted in 2017, they note, the emphasis is likely to be placed on the new definition of disability and on vocational rehabilitation as a fundamental right.
- According to the ESPN national experts from Kosovo, the government is moving in the direction of a uniform approach towards disability (as opposed to increasing categorisation) by drafting a new Law on Evaluation, Status Recognition, Benefits and Services for People with Disabilities, popularly known among people with disabilities as the "Inclusive Law". The draft law, sponsored by the Ministry of Finance, Labour and Transfers and drafted in close coordination with organisations representing people with disabilities is inclusive for all types of disabilities and is expected to be adopted in the second half of 2022.

⁵¹ A detailed table identifying the major recent and announced social protection reforms, based on the assessments made by the ESPN national experts, is provided in Annex C.

- The ESPN national experts from Finland state that a State-owned special assignment company (*Työkanava Ltd*) will probably start operations in 2022 to promote the employment of people with partial working “capacity”. The idea, they explain, emanated from Sweden, where the *Samhäll* company has employed thousands of people with partial working “capacity”. The company would support the skills of those in the most difficult labour market position by providing the possibility to work in the company. The idea is to empower employees to seek employment in the open labour market.
- In Denmark, the ESPN country team highlight the 2023 changes to the social pensions (disability pension and national old age pension) which will no longer be means-tested against income from work. This will markedly increase the autonomy of people with disabilities who receive a disability pension and are married to someone in work. They will no longer have part of their pension reduced because of their partner’s earnings. It will, for the same reason, also become less stigmatising to receive a disability pension.
- In Italy, according to the ESPN country team, it is expected that specific Law Decrees will be announced in the coming months in order to implement the reform of disability policies outlined in Law 227/2021. These measures will, they argue, be likely to include provisions simplifying access to health and social services, reforming the disability assessment framework, promoting independent living and establishing a National Ombudsman for people with disabilities.
- The ESPN national experts from the UK report that the Scottish Government intends to develop a new approach to assessment. From April 2022, the Scottish government took over responsibility for assessment and decision-making relating to the benefits for the extra costs of disability, the Adult Disability Payment and Pension Age Disability Payment respectively. ESPN national experts note that face-to-face assessments will only be conducted when necessary (and not at all for the Pension Age Disability Payment) and claimants will be able to submit a range of supporting information, such as a social care assessment, a report from a district nurse or community psychiatric nurse and/or information from a family carer. These reforms, they claim, would address some of the criticisms of assessment procedures in the rest of the UK.
- The ESPN country team from Estonia reports that, at the end of 2021, the government approved and forwarded to the Parliament a draft accessibility plan, the aim of which is to improve the accessibility of various electronic products and e-services, including for people with disabilities (e.g. with visual or hearing impairment). The standards will apply from June 2025 to new products and services placed on the market.
- The ESPN national expert from Malta refers to the potential impact of developments in collaborative research on innovative assistive technologies for people with disabilities (within five years), including research on Augmentative and Alternative Communication (AAC) methods; designs/prototypes of specialised equipment for people with disabilities; guide and service animals; and technologies to increase accessibility, such as SMART homes. As a result of this research, she argues, the Directorate for Disability Issues will propose new areas for assistive technology investment to the Government.

Overall, the comparative overview of recent reforms and those that are likely to be implemented in the coming years provides a somewhat encouraging picture of countries' efforts to improve the social protection rights of persons with disabilities and to strengthen countries' commitments to the UN CRPD provisions in several relevant areas (e.g. strengthening the legal framework for protecting the rights of people with disabilities, improving the adequacy of income support benefits, enhancing the right to independent living and autonomy, strengthening social inclusion, increasing opportunities for inclusive labour market participation).

By reviewing the national debates currently under way in the 35 countries under analysis, it is hoped that the next section will help to provide a more comprehensive overview of overall social protection issues, drawing on a wider range of information and assessment sources.

7 NATIONAL DEBATES ON THE SOCIAL PROTECTION OF PEOPLE WITH DISABILITIES UNDER THE SPOTLIGHT

ESPN national experts were asked to briefly explain whether the issue of access to social protection for people with disabilities figures in national debate, drawing on a diverse range of information sources (e.g. newspapers, parliamentary questions, party programmes and civil society in their countries). They were asked to identify the major focus of ongoing discussions and to highlight possible general issues of benefit adequacy and/or services available to people with disabilities.

Although 34 of the 35 countries covered in this report have ratified the UN CRPD and are thus bound by its provisions and obligations (Kosovo being the exception), social protection for people with disabilities, with regard to the relevant legal obligations set by the UN CRPD, does not generally seem to rank high in most countries' political and public debates. ESPN experts in 16 countries either did not identify any relevant debates (BE, DE), or reported that the issue only arises in public debate from time to time or that it does not have a prominent place on the public political agenda (AT, CY, EL, HR, IE, IT, LU, LT, MT, PT, RO; AL, MK, TR). However, when specifically asked to identify possible general issues of benefit adequacy and/or services available to people with disabilities, ESPN experts from nine Member States (Table 7.1) and from two (potential) candidate countries and the UK reported relevant debates around these specific matters.

In those countries in which ESPN national experts identify other relevant discussions concerning the access of people with disabilities to social protection, the most prominent issues relate to the rights of people with disabilities with regard to the UN CRPD commitments, the assessment frameworks in place, the implementation of personal assistance schemes and deinstitutionalisation reforms and the need to enhance independent living among this group of the population. Table 7.1 provides an overview of the main topics under discussion within countries.

Table 7.1: Grouping of countries according to the topics under public debate, ESPN countries

| Rights of people with disabilities | Assessment frameworks |
|--|---|
| CZ, DK, EL, ES, FI, FR, HR, IT, PL RS, UK, XK | BG, EL, IE, LT, NL, PL, PT, SK ME, UK |
| Personal assistance | Deinstitutionalisation/independent living |
| BG, EL, ES, FI, IT, LV, SE ME | CZ, EL, ES, HU, IT, LT, PL, PT |
| Costs and/or funding | Work and inclusion |
| DK, FR, IE, LV, SE BA | CZ, FI, LT AL, UK |
| Adequacy of benefits | |
| BE, CY, DE, EE, EL, HU, IE, IT, LT, LV, PT, SI, SK MK, UK, XK | |

Note: Several answers possible. Source: Authors' elaboration based on the 35 ESPN national reports.

There is evidence of recent or ongoing debate on ensuring the **rights of people with disabilities** in a number of countries under analysis. This debate is usually linked to developments in the adoption of new legal frameworks (e.g. national plans and/or strategies) and whether such developments comply with the country's UN CRPD commitments. Several types of actors (e.g. associations representing people with disabilities, NGOs working in the sector, the national Ombudsperson, governments and other public authorities) are usually involved in such discussions. The following examples illustrate some of these debates, as described in the ESPN national reports:

- On 15 July 2021, the Croatian Parliament unanimously adopted the Report on the Work of the Ombudsperson for Persons with Disabilities for 2020. The report points out that due to the COVID-19 epidemic and the earthquake in 2020, there was a significant collapse in the human rights of people with disabilities. ESPN national experts note that all the shortcomings in the system that have been pointed out for years made life even more difficult for people with disabilities during 2020; this is evident by the number of complaints the Ombudsperson received (from 2,266 individuals and legal entities) and by the recommendations and warnings issued (424).
- In Denmark, current debates focus on the situation of people with disabilities and the way they experience and evaluate the social protection offered. According to the ESPN national experts from Denmark, there is a debate about how people with disabilities experience the system, and their degree of satisfaction with the services on offer and with their case manager, *inter alia*. In this context, "Disabled" People's Organisations Denmark has been advocating for more trust and less loneliness.
- The ESPN national experts from Finland point out that the restrictive measures for people with learning disabilities were considerably reformed when the Act on Special Care for People with Intellectual Disabilities (519/1977) was changed in 2016 because of the ratification of the UN CRPD. Additionally, they add, emphasis on the self-determination and participation of people with disabilities has changed the practices and mindset in a few facilities providing care for people with learning disabilities. The Parliamentary Ombudsman and the National and Regional Supervisory Authorities for Welfare and Health have made announced and unannounced inspections to various institutions. Certain interpretations of the new sections of the Act have also been scrutinised by the Supreme Administrative Court. They argue that as a result, the participation and self-determination of people with disabilities have increased, although there is still much room for improvement.
- ESPN national experts from Greece argue that, since 2017, whenever the issue of access to social protection for people with disabilities is discussed, it is in relation to fulfilling the country's commitments under the UN CRPD, especially as regards the right to a decent standard of living for people with disabilities. They add that the ratification of the UN CRPD brought onto the political agenda the issue of protecting and promoting the human rights of people with disabilities in Greece. However, it was with the change of government in July 2019 that the debate was revived, given that one of its main policy priorities was the development of an action plan for people with disabilities.
- The ESPN national experts from Serbia emphasise the nation-wide and high-profile debate initiated in 2018 by a number of veterans' associations. They argued that the legal status of veterans who participated in military operations in the 1990s was not appropriately recognised, while veterans' social protection rights were regulated by several different legal Acts. In March 2020, the government adopted the Law on the Rights of Veterans, Military Invalids, Civilian Invalids of War and Members of Their Families. Overall, the response to the law was positive, while the representatives of the veterans' organisations

expressed their hope that further improvements could be introduced, once this Act was adopted.

- The ESPN national experts from the UK highlight that the 2021 UK-wide National Disability Strategy – which involves all government departments – has been judged unlawful by the High Court, due to inadequate consultation with people with disabilities, a decision which is being appealed against by the government.

In several countries, ESPN country teams refer to discussions fuelled by the existing **disability assessment frameworks**, usually related either to persistent problems (e.g. BG, EL, IE, LT, PL, PT) or to positive changes introduced or planned (e.g. NL, PT, SK; ME).

- According to the ESPN national experts from Bulgaria, the system for diagnosing disability and its application in determining various benefits and other forms of support has been continuously challenged by activists and researchers. The main criticism focuses on the standardising effect of the medical approach, which is contrary to the preferred approach based on a personalised needs assessment. This criticism, they add, has had an increasing impact on policy debates culminating in substantive reforms (e.g. the pooling of benefits, simplification of administrative procedures and introduction of self-assessment tools) which, nevertheless, did not dismantle the system of quantified medical assessment, which continues to play a pivotal role. In this context, ESPN national experts say, some activists and NGOs (e.g. the Centre for Independent Living) continue to advocate the full dismantling of the medical disability assessment framework.
- The ESPN national experts from the Netherlands refer to the specific situation in the region of Zwolle, where the regional Employee Insurance Agency (UWV) office decided, contrary to the law, to grant disability benefits (based on the Work and Income [“Capacity” for Work] Act [WIA]) without a medical assessment. This decision was made because of the major shortage of medical examiners. Normally, they explain, people can apply for a WIA benefit after two years of sick leave, and subsequently need to be medically examined to be awarded the benefit. In this case, the UWV opted not to carry out this medical examination for a group of thirty applicants over 60 years of age. The aim was to eliminate the large backlog of medical assessments.
- In Montenegro, the ESPN country team emphasises that the most prominent current debate relates to the establishment of an Institute as a unique body that would be responsible for disability assessment. Currently, they add, there are about 30 different commissions that are responsible for conducting disability assessments for different purposes. As a consequence, different assessments determining the level of disability are provided by different commissions. It is thus expected that the establishment of one single responsible body will increase the efficiency of the overall process, making it more suited for people with disabilities.

The provision of **personal assistance** services to people with disabilities has been under the spotlight of public and political debate in a few countries, with regard to issues related to the current model of provision. For example:

- ESPN national experts from Sweden note that Swedish welfare services are publicly funded but are to an increasing extent implemented by private providers. The personal assistance market is today by far the most privatised welfare service in Sweden. Within such a context, the fight against fraud is a controversial topic and is high on the political agenda. The governmental strategic report “Personal assistance: Analysis of a quasi-market and its crime” (2018), on how personal assistance is systematically exploited by organised crime, concluded that the “market” for assistance providers was unregulated until 2011, which

led to the establishment of many uncommitted providers and fraud with tax money. The report shows that since 2013 the number of private assistance providers has decreased, and the market is today dominated by a few major actors. There is, however, no consensus on how much of the costs for assistance allowance are due to cheating, over-utilisation and the involvement of organised criminal companies.

- The ESPN country team from Montenegro notes that a very important debate on personal assistance is taking place. This service is recognised in the Law on Social and Child Protection, but is not provided and funded by the state. Currently, they add, the provision is only project-based, implemented by non-governmental organisations (usually funded by the EU, various embassies or other international donor organisations), which provide funding for this service only on a temporary basis. Concerns have been voiced about the need for further improvement of the service and for the State's involvement in its provision, as it is a crucial service for the improvement of the quality of life of people with disabilities.

Existing debates about **deinstitutionalisation** and/or the need to enhance the opportunities of people with disabilities for **independent living** appear in the ESPN national reports either as a key overall issue (e.g. CZ, EL, HU, PT) or as a topic being discussed in relation to the provision of personal assistance services (e.g. ES, PL).

- ESPN national experts from Czechia point out that the key issue in the debate on social protection for people with disabilities regards deinstitutionalisation, to ensure independent living and full social inclusion. Although this goal and related measures are included in strategic documents (e.g. the National Strategy for Development of Social Services 2016-2025), the shortcomings identified in the document are not being adequately addressed. They argue that deinstitutionalisation is still seen as "a project" and is, in general, only happening when EU Funds are available. Although the EU funding supports the reform, the measures at the national level which would initiate the required systemic change are currently incomplete.
- The ESPN national experts from Hungary provide a detailed account of the country's deinstitutionalisation "programme" launched in 2012. This programme is supported by EU funds and has been the subject of lively debates. The implementation of the phasing out process, and in particular the choice of sites for subsidised housing, was debated extensively among stakeholders, rights organisations and experts, as well as in the media.
- The ESPN national experts from Poland explain that an important debate regarding disability is ongoing in the country concerning the need for support for independent living. Two aspects are highlighted in this context: the importance of respecting the rights of people with different needs due to disability, and the need to develop community services and move from institutional to community support whenever feasible.
- ESPN national experts in Spain report that deinstitutionalisation and more frequent use of the personal assistant are two of the objectives of the current debate on social policies for people with disabilities. The expansion of the personal assistant benefit for "dependent persons" – on 31 December 2021, it accounted for 0.5% of the total amount of disability-related benefits – is on the social agenda of the disability sector, which has long been advocating models of independent living and community care.

A few ESPN country teams refer to national debates which have included, *inter alia*, discussions around the **costs of or expenditure on** (e.g. DK, FR, SE) the overall provision or specific types of support for people with disabilities, or the costs to households of the existing support provision (IE).

- ESPN national experts from France refer to the political discussion arising from a Bill proposing that Adult disability allowance (AAH) should be individualised, i.e. the amount of the benefit should no longer take into account the income of partners. This call for individualisation, they add, comes from all associations defending the rights of people with disabilities, with the support of the National Advisory Commission on Human Rights, and Opposition politicians. According to estimates, individualisation of the AAH would require an additional budget of €560 million per year. The government and the majority party fear that such a change could lead all minimum social benefits towards individualisation, with considerable consequences for public finances. Since 1 January 2022, rather than individualisation, the government has opted for a lump-sum deduction from the partner's income.
- According to the ESPN country team in Ireland, the issue of how to address the cost of disability has been ongoing in Irish politics over several decades. Most recently, in 2021, combined new econometric modelling of the costs of disability provided estimates of the overall average annual costs of disability in Ireland ranging from €9,500 to €11,700 per household per annum. In parallel, they add, the Department of Health has received the report of a Task Force on Personalised Budgets for People with a Disability in Ireland. This sets out how personalised budgets could work as a funding mechanism for people with disabilities to meet specified support needs.
- In Sweden, ESPN national experts report that, since the 1994 Disability Reform, the national debate regarding disability policy has been dominated by the expenditure on personal assistance. In more recent years, they add, the focus of the debate has been on what is often referred to as the “cost explosion” and “rampant expenditure” in relation to state assistance allowance. They argue that many recipients are concerned that their right to support and services could be severely weakened by politicians' ambitions to save money and that as a result, fewer people would be entitled to assistance allowance.

Though labour market issues were outside the scope of this ESPN analysis, some ESPN country teams mention national debates on the **labour inclusion** of people with disabilities in their country. The topics of these debates vary quite considerably, and include: (i) the disadvantaged conditions under which people with disabilities have access to earlier retirement, particularly workers employed for a long time in an arduous and hazardous job (CZ), (ii) the need to create the conditions for people with disabilities to secure employment or a decent salary (FI); (iii) the low level of employment of people with disabilities and underlying causes (LT); (iv) (lack) of access to unemployment protection measures when people voluntarily leave a job, regardless of any compelling reasons (AL); (v) work-related requirements and sanctioning measures for unemployed people with disabilities and their impact on people's motivation to undertake working activities (UK).

Quite a few ESPN country teams identified issues of the **adequacy** of benefits and/or services available to people with disabilities as a significant topic in national debates. The examples below show some of the main types of discussions currently being held across countries, which are often closely linked with previous critiques included in the national reports regarding the adequacy of disability-specific income provision and/or the identification of obstacles in the access of people with disabilities to specific support (e.g. personal assistance services). The examples below are an attempt to provide a comprehensive overview of the main issues included in ongoing national debates, as reported by ESPN national experts.⁵²

- ESPN national experts from Belgium mention that, for a few years now, the discussion on the adequacy of income replacement benefits, such as “Invalidity” benefits and Income replacement allowance for people with disabilities, has become prominent. The reason, they argue, is obvious: according to 2020 EU-SILC data, the at-risk-of-poverty rate for people with disabilities is 25%, almost double the percentage in the overall population. Additionally, they argue, the at-risk-of-poverty threshold for people with disabilities does not reflect an actual “adequacy level”, due to the fact that people with disabilities face important costs related to their disability.
- In Cyprus, ESPN national experts report concerns voiced by the media in 2021 regarding the poor performance of the country in terms of benefits for people with disabilities, as well as the high percentage of this group at increased risk of poverty. Additionally, they argue, recent Eurostat data reveal that Cyprus is in the bottom ten EU countries with the highest rates of people with disabilities at risk of poverty and social exclusion, affecting the working-age population in particular.
- The ESPN country team from Hungary reports that, in 2021, several National Federations and/or associations advocating for the rights of people with disabilities called for and proposed a government-level consultation on increasing disability benefits, disability allowance and the personal allowance for the blind. In their petition, they argued that “the current level of benefits, which does not reflect economic impacts, does not provide real financial assistance to those affected, is not adequate to alleviate the social disadvantages resulting from a severe disability”, and that the benefits therefore cannot fulfil their original purpose. ESPN national experts conclude that no information on the government’s response to this initiative has yet been released.
- In Latvia, the ESPN national experts note, the debate on the inadequacy of the social protection system has intensified on the political agenda after a critical exchange of views between the government and the Ombudsperson during 2019. The result of this exchange was the filing of five lawsuits before the Constitutional Court on non-compliance of the social benefits system with democratic principles. One of the lawsuits, they add, relates to the inadequate performance of the Latvian disability pension system.
- In Portugal, one of the recent debates on adequacy issues, the ESPN national expert comments, is related to the approval of new rules for early retirement due to disability and the conclusions of a specific study commissioned by the government and delivered to the national parliament in September 2021. Among other conclusions, the study highlights that the early retirement configuration proposed in the draft State Budget for 2020 would result in the amount of the pension being lower than the poverty threshold for more than half of the potential beneficiaries (56%). The study adds that this is particularly harsh and

⁵² We refer the reader to the national ESPN reports for a detailed analysis of current debates in each country, relevant topics, and main intervening actors.

undesirable since the access to early retirement implies the end of labour market participation of the person with disabilities.

- The ESPN national experts from North Macedonia point out that adequacy issues are also the subject of occasional debates, particularly in relation to policy initiatives to increase the take-up of social services for people with disabilities as a substitute for disability allowances.
- In Kosovo, there is evidence of inequity and inadequacy issues in the provision of the current social protection programmes for people with disabilities. ESPN national experts report that, overall, the amount of the compensation provided to most categories of people with disabilities is deemed inadequate, in part due to the lack of support programmes providing assistive technology and personal assistance. The situation is also aggravated by the fact that many beneficiaries are unemployed and belong to low-income households.
- ESPN national experts from the UK point out that, over the past decade, many working-age benefits were frozen or raised by less than inflation in various years, sometimes for several years at a time. However, benefits for people with (more severe) disabilities, and elements of general benefits specific to people with disabilities, were not affected in the same way. This does not imply that such benefits were, or are currently, adequate, however. A research report published in January 2022 – following lively political discussions around the refusal of the government to publish it – shows that the way these benefits were used by people with disabilities was influenced by wider circumstances. The report reveals that some people with restricted financial circumstances were still unable to meet essential living costs and participants with very limited financial resources in particular said that an increase in benefit payments would improve their overall wellbeing.

Overall, the debates currently underway in the countries under analysis seem to confirm some movement in the political and societal arena regarding the enhancement of the rights of people with disabilities, often in relation to the UN CRPD commitments (e.g. adopting new legal or strategic frameworks, encouraging deinstitutionalisation and independent living, reforming disability assessment frameworks). On the other hand, these debates tend to highlight problems that people with disabilities continue to face regarding access and entitlement in practice to social protection provision in their countries (e.g. inadequacy of existing assessment models, inconsistencies in the functioning of assessment procedures, difficulties accessing benefits, quality gaps in service provision).

8 ENHANCING ACCESS TO SOCIAL PROTECTION: GOOD PRACTICES SINGLED OUT

This section summarises the results of the assessment made by ESPN national experts regarding good practices in their country, i.e. practices that help to give people with disabilities effective access to social protection benefits and services. The identification of good practices by ESPN country teams should be understood within the specific context of the development of their own country's social protection system, including the mechanisms in place allowing for an assessment of the impact of the policies and measures in this policy area. Therefore, there is some variation in the approaches taken by experts to select these good practices (e.g. measures aimed at responding to a specific problem versus measures on which there is evidence that they produced positive outcomes).

One of the main outcomes of the comparative analysis of the responses provided by the national experts was the identification of a wide variety of different types of good practices. Table 8.1 provides a tentative categorisation of the broad range of good practices identified.

Table 8.1: Grouping of countries according to the category of good practices, ESPN countries

| Nature of the welfare system | Legislation and strategic policy approaches |
|--|---|
| DK, FI, NL, SE | BE, DE, EE, ES, FR, IT, LU, LV XK, UK |
| Conditions of access to existing support | Adequacy and/or effectiveness of support |
| LV AL, XK | BE, BG, DE, LT, LV, PL, SK XK |
| Information and/or monitoring mechanisms | Pilot projects or specific programmes |
| ES, FI, HU, LV XK | HR, HU, LT, MT, PT, RO BA, RS |
| No good practices identified | |
| AT, CY, CZ, EL, IE, SI ME, MK, TR | |

Note: Several answers possible. Source: Authors' elaboration based on the 35 ESPN national reports.

ESPN national experts from three Member States (DK, FI, SE) describe the **universal character** of their country's **social protection system** and its success in addressing potential inequalities for people with disabilities in accessing benefits and support as the only and most important good practice.

- ESPN national experts from Denmark highlight the universal character of the Danish disability and old age pension schemes, which may be considered as a good practice for providing effective, egalitarian and relatively stigma-free benefits to people with disabilities. The universal character of this approach, they add, prevents people with disabilities from facing inequalities based on their employment record, education etc.
- The Finnish national experts highlight that the Finnish universal income transfer system provides a good protection to people with disabilities against poverty and social exclusion. For people with and without disabilities, the Finnish at-risk-of-poverty-or-social-exclusion rate is among the lowest in the EU (see Figure 4.1).

- Likewise, in Sweden, ESPN national experts note that the Swedish welfare model, with extensive public programmes for people with disabilities, has proved to be a successful way to unburden families from care obligations. A positive effect of these programmes, they argue, is that they have facilitated continuity in the labour market for many people, particularly women carers of persons with disabilities.

The ESPN national experts from the Netherlands, on the other hand, highlight the decentralisation of care, enacted by the Social Support Act and the Participation Act, which provides the municipalities with their discretionary freedom. This considerable discretionary freedom of municipalities to help their citizens with disabilities to seek work, obtain devices, apply for cash benefits, and receive support based on the assessment of their individual situation represents, they argue, a good practice. However, they also note that decentralisation also creates discrepancies in the provision, in the kind and amount of care with which people are provided in different municipalities, exacerbated by budget cuts.

A number of ESPN country teams (e.g. BE, EE, FR, LV; UK, XK) identify important **legislative developments and/or policy reforms** with a positive impact on the access of people with disabilities to social protection. Although they all fall into this general category, the descriptions provided in the national reports illustrate significant diversity among countries.

- ESPN national experts from Belgium report that, since March 2021, the Belgian constitution recognises the right of people with disabilities to full inclusion in society, including by reasonable adaptations. In this way, Belgium formalised one of the key principles of the UN CRPD. Before this, the Council of State and the Constitutional Court used general non-discrimination articles to judge discrimination or restriction of rights based on disability. Inclusion of this new article will give courts a new legal basis. The ratification, the experts add, means, *inter alia*, that society and the Belgian authorities have the responsibility to ensure the human rights of people with disabilities and to promote their inclusion, in contrast with the medical approach to disabilities that is still too often dominant.
- In Estonia, the ESPN country team explains that the “Work Ability” reform had a positive impact on increasing the activity of people with reduced working “capacity”, i.e. their participation in the labour force, registration with the Unemployment Insurance Fund, and participation in activation measures and job search. Data show that the proportion of people with reduced working “capacity” who were registered with the Unemployment Insurance Fund increased from 3.6% in 2014 to 12% in 2020 and 2021.
- ESPN national experts from France highlight the global approach of the French disability policy, which covers multiple dimensions (accessibility, housing, citizenship, employment, etc.). France, they argue, has opted to integrate the issue of disability into laws ostensibly relating to other subjects so that disability features more systematically in each policy.
- ESPN national experts from Latvia report that the development of the country’s disability policy, in the period 2014-2020, was influenced by three conceptually significant aspects. First, the implementation of the principle of equal opportunities in both policy planning and implementation. Secondly, with the establishment of disability expertise in accordance with the International Classification of Functioning, Disability and Health (ICF) principles, an ideological turn has taken place in Latvia’s disability policy, laying the foundations for a transition from a medical model to a human rights model aimed at independent and active living for people with disabilities. Third was the recognition of the need to increase the degree of policy interventions – personalisation of specific measures – by offering support and self-development measures based on the specific needs of persons with disabilities.

- The UK ESPN country team points out policy developments in the devolved administrations. In Scotland, for example, they single out the social security charter for claimants which is intended to put dignity, security and respect at the heart of the benefits system. The Scottish Government, they add, has placed particular emphasis on consultation with people with disabilities about proposed changes to social protection, with on-going engagement through a Disability and Carers' Benefits Expert Advisory Group and an Ill Health and Disability Benefits Stakeholder Reference Group. There are "experience panels" of people on benefits who are consulted about social security policies. These are innovative developments which, according to the ESPN country team, would be likely to benefit people with disabilities if they were also implemented on a UK-wide basis.

ESPN experts in Latvia, Albania and Kosovo identify good practices involving **facilitating the access of people with disabilities to benefits or other type of support**. These include, for example, the relaxing of disability qualification criteria (XK), simplification of administrative procedures (AL), changes to disability assessment, and re-examination mechanisms to facilitate access (LV; AL) to available support.

A number of ESPN country teams (BE, BG, DE, LT, LV, PL, SK; XK) choose to report good practices related to the **adequacy of existing benefits and/or the effectiveness of the provision** of existing support. These good practices are diverse, including, for example: the adoption of systems enhancing people's choice and self-determination (BE); improvements that affect the level of benefits (BG, LV); and the design of disability-specific income support systems (DE, LT, PL, SK; XK). Some of these examples are provided below:

- ESPN national experts from Belgium report that the gradual shift to a more personalised system of financing of extra disability-related expenses – part of the system of personal assistance budgets, whereby people with disabilities can make their own informed choices on the assistance they want to use – can be seen as a best practice, provided that a sufficient financial budget is planned.
- In Bulgaria, following the implementation, in 2019, of the Act on People with Disabilities, there was a change in the basis for calculating the amount of monthly financial support, which is now the poverty line for the year. According to the ESPN country team, this new approach ensures that the financial support is indexed annually, corresponding much better to a dynamically changing economic environment and putting beneficiaries in a better financial position.
- The ESPN country team from Germany considers the integration of disability pensions into the specific old-age pension systems as DI schemes as good practice, generally, as this prevents people with a reduction in earning "capacity" from having to rely solely on GMLs. However, they add, in the current situation, adjustments are necessary to prevent the emergence of material need for assistance, to reduce current poverty in old age and to avoid a future increase in old-age poverty.

Disseminating **information and guidance** on access to support, enhancing information systems, and **monitoring** the effectiveness of social protection support constitute another set of good practices identified by ESPN experts in five countries (ES, FI, HU, LV; XK). For example:

- In Finland, the online Handbook on Disability Services supports local social workers in their work and decision-making. According to the ESPN national experts from Finland, the handbook is particularly useful as it provides recent case law, meaning that social workers no longer have to keep abreast of the current interpretation of the law. Thus, they add, the handbook enhances equal treatment of people across the various municipalities.

- The ESPN country team from Latvia highlights the merging of different public agencies' databases in the Welfare Information System (LabIS); this improved the quality of data due to cross-checking of the records and, simultaneously, helped to address the shortcomings in the provision of social protection services, particularly to people with disabilities. They illustrate this with one example: due to the cross-checking of the records assessing the need of people with disabilities for special care and transport against the records on the allowances paid, it was revealed that hundreds of people did not receive their due entitlements because they were unaware of the application process. As a result, starting from 1 July 2021, thanks to an initiative by the State Audit Office (SAO), these payments are now made automatically without the need to apply.
- The ESPN national experts from Kosovo report that social protection data (such as the number of beneficiaries, budget allocated and spent etc.) are well and regularly reported in public, official websites and databases.

Another category of good practices selected by a number of ESPN country teams (HR, HU, LT, MT, PT, RO; BA, RS) relates to the implementation of **specific projects** – often pilot projects – or programmes targeting specific areas of support, often with a strong involvement of NGOs working with people with disabilities and with the financial support of EU funds. For example:

- In Zagreb, the project of the Centre for Independent Living is an example of a good practice, according to the ESPN country team from Croatia. The project is implemented thanks to cooperation of non-governmental organisations and the City of Zagreb. It provides various services to people with disabilities from associations of people with disabilities and from the Centre for Community Services, including early intervention, psychosocial support and accommodation for 25 people with severe physical disabilities through organised housing with support and residence services.
- The ESPN national experts from Hungary highlight the implementation of the project “MONTÁZS - Developing and improving accessibility of professional and public services for people living with disabilities”. This EU-funded project is run by the National Centre for Disability and Social Policy (NSZFK), a non-profit public benefit organisation. The pilot project has created a network of support services for people living with disabilities and their families, with the aim of developing and improving access to systemic services that respond to the needs of the target group. According to the ESPN country team, one of the main achievements of MONTÁZS is the network of disability advisers to promote equal access to public services for the target group.
- In Portugal, the implementation of the Model of support to independent living (MAVI) – co-financed by European structural and investment funds – is singled out as a good practice by the ESPN national expert. It is currently being implemented as a pilot project and should run until at least 2023. The programme, he adds, was presented by the legislation approving it as “a shift of paradigm of public policies for the inclusion of people with disabilities as it tries to counteract the dominant trends of institutionalisation or dependency on family members”.

- The ESPN national experts from Serbia mention the implementation, in November 2020, of the project “Strengthening the resilience of older persons and persons with disabilities during COVID-19 and future disasters”. The members of the consortium are the national Red Cross organisations from the six Balkan countries, several civil society organisations, the AGE Platform Europe and the European Disability Forum. It is a three-year programme initiative supported by the European Union, the Austrian Development Agency and the Austrian Red Cross. The activities cover: mental health, relief/cash and voucher assistance, strengthening local communities, and research/public policy/advocacy activities.

Overall, analysis of the descriptions given by the ESPN experts shows a wide variety of good practices aimed at enhancing social protection for people with disabilities across much of Europe. It also recalls that these good practices were selected in the light of the overall features (e.g. characteristics, development level, main actors) of the social protection systems in the different countries. That overall context was, thus, crucial for defining the selection criteria for the initiatives described as significant good practices.

ANNEX A: PRESENTATION OF THE ESPN NETWORK MANAGEMENT TEAM AND THE 35 ESPN COUNTRY TEAMS (June 2022)

A1. ESPN Network Management Team

The European Social Policy Network (ESPN) is managed jointly by the Luxembourg Institute of Socio-Economic Research (LISER), the independent research company APPLICA and the European Social Observatory (OSE).

The ESPN Network Management Team is responsible for the overall supervision and coordination of the ESPN. It consists of six members:

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ANNEX B: TYPOLOGY OF ASSESSMENTS

The typology of assessments used in this report is the one followed in the Synthesis Report on Disability Assessment in European States produced by the Academic Network of European Disability Experts (Waddington 2018)⁵³. A brief summary is provided below.

1. Medical-based assessments of disability

This type of assessment relies exclusively or mainly on medical assessment procedures. Where disability is defined in terms of having a specific impairment or illness, the assessment is based on the existence of a medical diagnosis, which identifies an individual as having that impairment or illness. The assessment is purely medical or diagnosis based, and does not take account of the actual ability or needs of the person being assessed. Medical-based assessments of disability may also involve the use of a fixed scale set out in a table and attaching a certain percentage of disability to specific impairments (e.g. Barema assessment). The Barema list or table is divided into chapters covering physical or mental components of the body or the body system, and guidance is set out regarding medical benchmarks against which assessments should be made.

2. Functional “capacity” assessment

This type of assessment goes beyond considering an individual’s medical diagnosis or health status to consider the impact that this has on an individual’s “ability” to carry out certain tasks, in light of environmental and other factors. It seeks to establish functional limitations. Such limitations can be defined as limitations in or “inability” to perform certain physical activities such as walking and lifting, or mental activities such as concentrating or conflict handling. This assessment method therefore involves identifying the “abilities” and “inabilities” of an individual, where the lack of “ability” is related to a health condition. Abilities or functional “capacity” are frequently assessed in two areas: the “ability” to work, which is frequently linked to an assessment of eligibility for a full or partial disability pension or social assistance allowance, and the “ability” to care for oneself, which is frequently linked to an assessment of eligibility for care-related support, or support with independent living.

3. Assessment of care or support needs

This assessment method makes a connection between health status, the “ability” to perform essential self-care or other basic tasks, and the need for care or support. The assessment is often based on the person’s “ability” to perform what are known as activities of daily living. It involves an evaluation of the time periods during the day or night when an individual needs help from another person in order to care for himself or herself or carry out a specific activity such as learning / studying.

4. Assessment of economic loss

This assessment method involves calculating the loss of income due to disability of the person who is being assessed.

5. Assessments involving several different approaches

In practice, many assessments combine elements of two or more of the various assessment methods identified above.

⁵³ https://sid.usal.es/idocs/F8/FD027447/ANED_2017_18_Disability_assessment_synthesis_report.pdf

ANNEX C: MAJOR RECENT AND ANNOUNCED SOCIAL PROTECTION REFORMS, BY TYPE OF REFORM, ESPN COUNTRIES

| EU countries | Recent reforms | Announced reforms | Category |
|--------------|---|--|--|
| AT | <p>Social protection for people with disabilities has not undergone comprehensive structural or institutional reforms since 1 January 2017. However, some reforms to specific policy areas have affected the situation of people with disabilities.</p> <p>Becoming effective as from January 2020, the Federal Long-Term Care Allowance is indexed on a yearly basis, preventing substantial devaluation of these benefits in the medium term. The minimum level of pension benefits, stipulated by the Compensation Supplement Reference Rate, has been repeatedly indexed/ increased to a higher rate than indicated by price inflation.</p> <p>Health insurance, first implemented in 2019, underwent some structural reform, reducing the number of health insurance providers. Some federal provinces have made attempts to increase accessibility of personal assistance, partly through new pilot-projects.</p> <p>There was a reform to the Social Assistance/ Minimum Income in 2019, with a new “Basic Social Assistance Act” decided at national level.</p> | No other reforms currently in the pipeline. | <p>Income support measures</p> <p>Institutional reforms</p> |
| BE | <p>In 2017, the assistance allowance for older people was transferred to the competency of the Regions.</p> <p>Since March 2021, the Belgian constitution recognises the right of people with disabilities to full inclusion in society, including by reasonable adaptations. In 2021, the new federal government decided to increase the Income replacement allowance, the Integration allowance and the Income guarantee for older people; this was part of a package that increases all social minima in the period between 2021 and 2024, on top of the automatic indexation and application of the legal increases through the welfare envelope.</p> <p>The Integration allowance, intended to cover (part of) the extra costs related to disabilities, has been made significantly easier to access,</p> | The federal Action plan for people with disabilities includes various measures: non-inclusion of the allowances under regional competency for the calculation of the guaranteed income for the elderly; the splitting-up of the Integration allowance into a lump-sum and a variable part; automatic identification of beneficiaries of the income replacement and Integration allowances using the Belgian microsimulation model BELMOD; examination of the possibility of allowing cohousing for beneficiaries of the Income replacement allowance, Integration allowances and Guaranteed income for the elderly without consequences for the level of their benefits. | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Institutional reforms</p> |

| EU countries | Recent reforms | Announced reforms | Category |
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| | <p>because since 1 January 2021, the partner's income is no longer taken into account in the means-testing (price of love) and, from 1 October 2021 on, the Integration allowance is granted to people with disabilities with an annual income from work up to €63,000 (price of labour).</p> <p>In 2021 and 2022, reforms have been approved to facilitate access to healthcare, reducing the maximum personal contributions to healthcare costs and abolishing the ban on applying the third-payer system to the costs of a doctor's consultation.</p> | <p>The plan also foresees modernisation of the procedure for assessing and recognising disabilities, by speeding up the procedures, reducing the number of disputes, equal treatment of applications and improved cooperation between DG "Handicap" (HAN) and municipalities.</p> <p>Recently, DG HAN started with the project "Intake remake", to develop more user-friendly digital application forms for different products, such as the Integration allowance and the Income replacement allowance.</p> | |
| BG | <p>In the last few years, the Bulgarian state has implemented a reform to increase the level of assistance for people with disabilities. From 2018, Bulgaria began taking decisive action to reform the social care system in the field of disability rights policy. The main normative act guaranteeing the rights of people with disabilities is the "Act on People with Disabilities", which took effect in 2019. This act introduced a new comprehensive legal framework for the exercise of the rights of people with disabilities in the country.</p> <p>In pursuance of national commitments to implement the requirements of the UN CRPD, in particular Article 33, a National Council for Persons with Disabilities was established in 2019. Furthermore, also in 2019, a Supervisory Board was established and the adoption of the "Act on People with Disabilities" significantly changed the mechanism of the monthly financial support for people with disabilities.</p> <p>In 2020, the Council of Ministers of Bulgaria adopted the "National Strategy for People with Disabilities 2021-2030", along with a comprehensive "Action Plan for 2021-2022" outlining further steps for ensuring better protection of the rights and well-being of people with disabilities, in furtherance of what has already been achieved with the reform in the sector.</p> <p>The Bulgarian "Recovery and Resilience Plan" envisages a social service reform, including a gradual increase in the GMI up to 30% of the poverty line.</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Institutional reforms</p> |

| EU countries | Recent reforms | Announced reforms | Category |
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| CY | <p>In January 2022, the House of Representatives amended the existing GMI legislation to stop disability reassessment for people with permanent disabilities, thus putting an end to apparently unnecessary and unjustified procedures that affected a significant number of people with disabilities.</p> <p>A new National Health Service was introduced in 2019, with universal coverage based on residency, with the inclusion of a wide range of services.</p> <p>In 2018, the government launched the “First National Strategy for Disability 2018-2028” along with the “Second National Disability Action Plan 2018-2020” with the slogan “Persons with disabilities are equal members of society” and the vision of fulfilling the rights of people with disabilities as equal members of society and improving their quality of life through reforms and additional measures under the UN CRPD. The national strategy recognises that there is much room for improvement in services for persons with disabilities in Cyprus.</p> <p>Since 2017, the government’s focus has been on deinstitutionalisation, with the gradual closure of institutional care structures and the creation of independent living units within the community for people with disabilities. In the same year, the “Plan for the Inclusion of People with Severe Disabilities in Assisted Living Programmes” was launched. The aim of this project is to enable people with severe disabilities who need special services to live in the community by creating assisted living units</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Assessment frameworks</p> |
| CZ | <p>As of 1 January 2022, the amount of the care allowance in dependency levels III and IV no longer differentiates between persons assisted by a provider of residential social services (e.g. homes for people with disabilities or homes for the elderly) and those who stay at home and receive care from another provider of assistance (e.g. a family member or a social care assistant). Both categories now receive the same level of the benefit.</p> | <p>The new government appointed in December 2021 declared its intention of significantly changing many public policies. The government promises to “support the development of at-home social and healthcare, field services and the creation of services for families and households”. It will “work towards systemic changes to integrate and link social and health services in long-term care”. The government has declared its support to family carers and to the availability of supporting technologies. It will ensure indexation of the care allowance. The process</p> | <p>Income support measures</p> <p>Assessment frameworks</p> |

| EU countries | Recent reforms | Announced reforms | Category |
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| | | <p>of allocating aids from health insurance and through the Labour Office is to be revised to increase availability of modern technologies. If the government manages to fulfil its declared aims “to simplify and speed up the process of granting financial assistance to people with disabilities, in particular care allowances and disability pensions”, and “to make changes to the assessment by the Medical Assessment Service and the social investigation by social workers”, it could significantly improve the position of people with disabilities. These reforms are still subject to implementation and the future will show whether the expectations will be fulfilled and thus whether the lives of people with disabilities will be improved.</p> | |
| DE | <p>In 2017, the “Occupational Pension Strengthening Act” (<i>Betriebsrentenstärkungsgesetz</i>) introduced a partial crediting of income from additional old-age provision to those receiving cost-of-living assistance and basic income support in old age and to people with reduced earning “capacity”.</p> <p>The “Relief for Dependants Act” (<i>Angehörigen-Entlastungsgesetz</i>) of 2020 provides relief to dependent parents and children of people receiving cost-of-living assistance or basic income support in old age and in the event of reduced earning “capacity” under Social Code XII.</p> <p>Under the “Basic Pension Act” of 2020, a partial crediting of pensions from the statutory old-age pension schemes was introduced on 1 January 2020 to the minimum income schemes under Social Code II and XII, analogous to the existing regulation for private supplementary pensions. It applies if at least 33 years of compulsory contributions to a pension scheme have been paid.</p> <p>The most important reform to improve the integration and participation of people with disabilities was the adoption of the “Federal Participation Act” in 2016. It has come into force in stages from 1 January 2017 onwards. Its implementation is scheduled for completion in 2023. It revises Social Code IX. In this respect, Social Code IX was upgraded to a</p> | <p>No other reforms currently in the pipeline.</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> |

| EU countries | Recent reforms | Announced reforms | Category |
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| | benefit law. An important goal of this law was to make a clear separation between the integration assistance benefits and the livelihood-securing benefits of Social Code XII. This separation was implemented as of 1 January 2020. | | |
| DK | The Healthcare Reform of 2017/19 included the transfer of responsibilities for specialised provision for persons with disabilities from the five regions to the 98 municipalities. | A major expert review of the specialised social measures is being undertaken from May 2022 to April 2023. From 2023, the social pensions (disability pension and the national old age pension) will no longer be means-tested against income from work. | Policy and legislative frameworks Institutional reforms Income support measures |
| EE | <p>In 2016-2017, the “Work Ability” reform gradually entered into force and replaced the former “Work incapacity” pensions with the “Work ability” allowance. As of January 2017, working ability is assessed and allowances are paid by the Unemployment Insurance Fund.</p> <p>There have also been changes in the provision of social services. Amendments were made to the “Social Welfare Act” in 2016, and, since 2018, quality principles apply to services. Since April 2019, it has been made simpler to receive special care services. To improve the accessibility of aids for people with special needs, Estonia has made several changes to simplify the system and make it easier to get aids.</p> <p>In January 2022, the Estonian Health Insurance Fund took over the financing of several medical devices from the Social Insurance. As of July 2017, adult dental care is subject to a partial co-financing scheme again in the form of in-kind benefit.</p> <p>Since 2021, people with totally reduced working “capacity” can withdraw money collected in the second pillar at any time without paying income tax (one-time disbursement).</p> | At the end of 2021, the government approved and forwarded to the Parliament a draft accessibility plan, the aim of which is to improve the accessibility of various electronic products and e-services also for people with disabilities (e.g. visual or hearing impairment). The standards shall apply from June 2025 to new products and services placed on the market. | Policy and legislative frameworks Income support measures Access to assistive technology/personal assistance |

| EU countries | Recent reforms | Announced reforms | Category |
|--------------|--|--|---|
| EL | <p>In December 2018, a Ministerial Decision was issued stating that disability welfare benefits were exempt from any tax and not subject to any deduction or seizure by the state or a third party. Since July 2020, disability welfare benefits have not been treated as income.</p> <p>Another reform that had a significant impact on the access of people with disabilities to social protection was the reform of the assessment system for disability, which is currently underway in Greece.</p> <p>In February 2021, a National Accessibility Authority was established to act as a state advisory body aimed at facilitating access of people with disabilities to all aspects of life. Moreover, in November 2021, a regulatory and operational framework was introduced for the first time. In particular, this framework codifies all the procedures and administrative actions required for the assessment and certification of disability and defines the distinct methodology used for the calculation of the disability level. At the same time, the change made to the Single Table for the Disability Percentage Determination (EPPPA) in December 2021, which altered the disability levels attributed to certain impairments, broadened the range of beneficiaries of disability welfare benefits and disability pensions.</p> | <p>The government plans to adopt a so-called “electronic disability card” which will be issued to all persons with a disability level of more than 67%. Although its actual purpose is not clear yet, there are indications that this card will be linked to some of the services and benefits provided to people with disabilities, to help them in their daily lives.</p> <p>A “National Digital Portal for people with disabilities”, which is currently under development, aims to facilitate access of all citizens to information concerning the rights of people with disabilities, including information concerning the relevant social protection provisions.</p> <p>Important changes are expected to be made in March 2022 to the healthcare coverage package provided to uninsured citizens, including people with disabilities.</p> <p>A reform of the unemployment benefit system has been included in the “National Recovery and Resilience Plan”. The reform entails the implementation of two pilot programmes with the aim to rationalise and redesign current passive labour market policies.</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Institutional reforms</p> <p>Assessment frameworks</p> |
| ES | <p>The approval by the “Toledo Pact” of a recommendation referring to people with disabilities, developed in December 2021, regulates early retirement due to disability. It reduces the minimum age of access to the retirement pension for persons with disabilities.</p> | <p>No other reforms currently in the pipeline.</p> | <p>Income support measures</p> <p>Policy and legislative frameworks</p> |
| FI | <p>No recent reforms identified.</p> | <p>A new Act will be presented to Parliament during spring 2022 and come into force on 1 January 2023. The Act aims to improve the participation and self-determination of people with disabilities, as well as making greater use of individual assessment of needs.</p> | <p>Policy and legislative frameworks</p> <p>Institutional reforms</p> |

| EU countries | Recent reforms | Announced reforms | Category |
|--------------|---|---|--|
| | | <p>A State-owned special assignment company will most likely start operations in 2022 to promote the employment of people with partial working “capacity”. The company would support the skills of those in the most difficult labour market position by providing a possibility to work in the company. The idea is to empower employees to seek employment in the open labour market.</p> <p>The social security reform committee is in charge of reforming the Finnish social security system as a whole. It addresses questions related to basic social security, earnings-related benefits, social assistance, and other forms of social security. The committee inspects how to better integrate services with benefits and how to simplify the overly complex social security system. The term of the committee is 2020 to 2027.</p> | <p>Access to assistive technology/personal assistance</p> <p>Assessment frameworks</p> |
| FR | <p>An Act of 7 August 2020 created a fifth branch of the general social security scheme regarding autonomy.</p> <p>In February 2021, a steering committee for inclusive housing was launched.</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Income support measures</p> |
| HR | <p>The new “Social Welfare Act” was approved by parliament on 28 January 2022. The new law expands the circle of persons who can be granted the right to the status of caregiver, which encourages persons with disabilities to stay in their own home and prevents their institutionalisation. Also, the (parent) caregiver is entitled to a higher allowance if a person with disability cannot be included in community programmes and services due to his/her health situation, and the allowance for a caregiver who independently cares for two or more persons with disabilities is further increased. The categories of persons with disabilities who are entitled to personal disability allowance and the allowance for assistance and care are defined more precisely.</p> | <p>There are plans to increase the level of the personal disability allowance and to abolish the income threshold. The new law envisages changes in general social welfare benefits, which may also benefit people with disabilities.</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> |

| EU countries | Recent reforms | Announced reforms | Category |
|--------------|---|--|---|
| HU | No recent reforms identified. | No other reforms currently in the pipeline. | |
| IE | No recent reforms identified. | No other reforms currently in the pipeline. | |
| IT | <p>In April 2021 the Parliament approved the “National Recovery and Resilience Plan” (Law No. 227/2021). A “Disability Reform” was among the aims included in the Plan and, in December 2021, the Parliament approved a Law which gave the Italian Government the power to draft legislation concerning the support of people with disabilities. The goal of the reform is to promote deinstitutionalisation and autonomy of people with disabilities.</p> | <p>This new law only sets out the main principles and guidelines to reform disability policies, thus enabling the Government to pass (by mid-2023) specific Law Decrees to regulate these issues in detail. In particular, the Government will have to pass Law Decrees aimed at simplifying access to health and social services; reforming the disability assessment framework; promoting independent living; and establishing a National Ombudsman for people with disabilities</p> | <p>Policy and legislative frameworks</p> <p>Access to assistive technology/personal assistance</p> <p>Assessment frameworks</p> |
| LT | <p>A major pension reform has been underway since 2018, including a change in the indexation of social insurance pensions. The reform was designed in such a way that no pension beneficiaries should suffer any loss of income.</p> <p>From 1 July 2021, recipients of the social insurance “Work incapacity” pension are eligible for the full amount of the unemployment social insurance benefit.</p> <p>The small pension bonus, introduced at the beginning of 2019, aims at improving the situation of people with disabilities who receive the lowest pensions.</p> <p>The introduction of the single person benefit as from 1 July 2021 aims to improve the situation of single persons, including those with disabilities.</p> <p>During the last five years there have been visible steps towards improving the access of people with disabilities to assistive technology and personal assistance services. A pilot project of personal assistance services for people with disabilities has been implemented since 2018. The service</p> | <p>No other reforms currently in the pipeline.</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Access to assistive technology/personal assistance</p> <p>Institutional reforms</p> <p>Assessment frameworks</p> |

| EU countries | Recent reforms | Announced reforms | Category |
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| | <p>was legally approved in 2021 and should thus be provided by all municipalities.</p> <p>An “Action Plan for social integration of people with disabilities for 2021-2023” was adopted in 2020. It is expected to improve the system of provision of assistive technology for people with disabilities.</p> <p>In 2019, amendments to the laws regulating targeted compensation for nursing attendance assistance were approved.</p> <p>The performance and participation criteria and related tools have been continuously improved so that they reflect more closely the WHO International Classification of Functioning, Disability and Health and the biopsychosocial (interaction) model of disability.</p> | | |
| LU | <p>The 2017 reform of long-term care took effect on 1 January 2018. It consisted in better customisation of the different services, general improvements in quality and clearer criteria with appropriate checks. In addition, procedures were simplified. This law also provided for better monitoring in order to anticipate future changes.</p> <p>Laws in 2018 and 2019 introduced the Social inclusion income (Revis) and an activity of assistance with inclusion in employment, respectively. In 2020, the government regulated an increase in the high-cost-of-living allowance.</p> | <p>The Ministers for Social Security and Health announced the future introduction of Universal Health Coverage. Similarly, some services not yet covered are to be included in the coverage; and the levels of reimbursement for dental care and eye care are to be increased.</p> <p>The government programme for the period 2018-2023 foresees a reform of the 2003 law relating to people with disabilities and proposes a simplification of procedures, a change in the name of the Allowance for people with severe disabilities (RPGH), a revision of the rules for claiming the funds paid by the National Solidarity Fund (FNS) from heirs and a collection of data on compliance with employment quotas relating to the hiring of employees with disabilities</p> | <p>Policy and legislative frameworks</p> <p>Institutional reforms</p> <p>Income support measures</p> |
| LV | <p>Latvia began the deinstitutionalisation (DI) process in 2015 and DI projects are expected to be completed in 2023.</p> <p>Since 2017 the situation concerning social services for persons with disabilities has improved in terms of the range of services and procedures for accessing them.</p> | <p>No other reforms currently in the pipeline.</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> |

| EU countries | Recent reforms | Announced reforms | Category |
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| | <p>The environment and access to information have improved. A “Plan for Creating an Accessible Environment in Latvia for 2019–2021” has been developed: this is the first medium-term planning document, which envisages a coordinated set of measures for ensuring an accessible environment and information in the country. A regulatory framework for ensuring the availability of the environment and information has been developed; in cooperation with NGOs, methodological materials have been prepared to respect the principles of environmental accessibility and universal design in practice in public and private spaces.</p> <p>Policy measures geared towards increasing minimum disability pensions were implemented together with an increase in the minimum old-age pension and the GMI, when the base value for the calculation of minimum pensions was raised following the actions of the Latvian Ombudsman in 2019. The minimum disability pension more than doubled from 2019 to 2021.</p> <p>A new model of assistant, companion and care services for persons with disabilities was launched in July 2021. It aims to provide state support for greater participation of people with disabilities in work and education. The assistant’s remuneration has increased, bringing it into line with the wage of carers in social care centres.</p> | | <p>Institutional reforms</p> <p>Access to assistive technology/personal assistance</p> |
| MT | <p>In 2019, the Government announced that an Impairment Rating Evaluation would be introduced alongside the Barthel index, significantly increasing eligibility for the Increased Severe Disability Allowance (ISDA). In relation to eligibility, since January 2022, the test of weekly means linked to accessing all forms of Disability Assistance is no longer an eligibility requirement. In relation to grant levels, the ISDA has been increased, over a period of three years, to reach the net minimum wage in 2022.</p> <p>In the area of health, in 2017 there were reforms to the method of calculating eligibility for Free Medical Aid. For such Aid, any benefits and pensions received by those in receipt of Increased Severe Disability Allowance will now be disregarded; any income from employment received by those in receipt of the Severe Disability Allowance will also</p> | <p>The “Freedom to Live” strategy document sets up a National Coordination Mechanism within the Directorate for Disability Issues (DDI), to drive and oversee major strategic actions to be pursued over the coming years. These would include a Disability Assessment and Programme Eligibility Reform whereby “Current divergent systems of disability assessment and programme eligibility would be reformed into a unified, holistic system based on functional and social, instead of medical criteria”. It would also include the strengthening of Personal Assistance and Community Living Schemes; and collaborative research on innovative assistive technologies for persons with disabilities.</p> | <p>Income support measures</p> <p>Assessment frameworks</p> <p>Institutional reforms</p> <p>Access to assistive technology/personal assistance</p> |

| EU countries | Recent reforms | Announced reforms | Category |
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| | <p>be disregarded. Furthermore, the duration of Free Medical Aid was extended from three months to one year for people receiving both these benefits.</p> <p>In the area of housing, the Housing Authority's Scheme for Persons with Disability was revised in February 2020. From 2018, people with disabilities who sell their home to buy another residence (and who do not own other property) benefit from a stamp duty refund. Another innovation related to housing was the <i>New Hope Guarantee</i>, launched in 2021.</p> | | |
| NL | <p>Due to the new "Wajong Simplification Act", the different types of Wajong have become more similar. The new rules came into effect partly on 1 September 2020 and partly on 1 January 2021. For Wajong benefit claimants there has also been a new reform concerning the guaranteed amount of their benefit. Since January 2021, after the introduction of the new law, the guaranteed amount applies for 12 months after a claimant loses their job. If a Wajong benefit claimant has not found a new job after those 12 months, they can no longer claim that amount.</p> <p>Under the "Participation Act" a change was made to the benefits employers can receive when hiring an employee with disabilities. These benefits are meant to create more jobs for people with disabilities.</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Income support measures</p> |
| PL | <p>In January 2019, the Solidarity Support Fund for People with Disabilities was established. Already in 2019, several programmes aimed at improving access to care services for older people and people with disabilities were launched by the Ministry of Family and Social Policy.</p> <p>Since 2019 the programme "Care 75+" (<i>Opieka 75+</i>) is also in place. It aims at increasing access to care services in rural and depopulated areas.</p> <p>In March 2021, the "Strategy for People with Disabilities for 2021-2030" was adopted. Another strategic document currently under consultation is the draft Strategy focusing on improving access to social services and supporting independent living.</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Access to assistive technology/personal assistance</p> |

| EU countries | Recent reforms | Announced reforms | Category |
|--------------|--|---|---|
| | Poland has also recently taken strategic, programme and legislative actions aimed at implementing the provisions of the UN CRPD into the Polish legal system. | | |
| PT | <p>There was a major reform of access to social protection schemes for persons with disabilities in October 2017, with the creation of the social benefit for inclusion which replaced previous benefits. Initially, the benefit covered the adult population only. However, in October 2019 it was extended to children.</p> <p>Another important change regards the Model of support to independent living, implemented on the ground as from 2019.</p> <p>As from January 2022, people with disability and “incapacity” of at least 80% may retire as from the age of 60 without suffering any penalties.</p> <p>A new formal status for informal carers was approved in September 2019, establishing a set of rights and supporting measures and including a means-tested cash benefit for principal informal carers. The benefit ran under a pilot-phase in selected municipalities as from June 2020. Legislation approving the widening of the benefit to the whole Portuguese territory was published in January 2022.</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Access to assistive technology/personal assistance</p> |
| RO | <p>An institutional reform is underway in the area of disabilities. The institutionally weak position of the National Authority for Persons with Disabilities led to its disbandment in 2019 and the establishment of a specialised department, along with the department for the protection of children’s rights, under a single National Authority. In November 2021, the National Authority for Persons with Disability was re-established (GEO 121/2021) and more recently, in February 2022, its organisational structure was approved.</p> <p>In terms of policies and programmes, since 2017, the most important reforms have been: (a) the financial re-centralisation, in 2018, of the expenditure on personal assistants, or the equivalent indemnity, (b) the amendment to the legislation that abolished the protected enterprises (abolished in 2017 and re-established in 2021) and (c) the adoption of a</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Institutional reforms</p> <p>Assessment frameworks</p> |

| EU countries | Recent reforms | Announced reforms | Category |
|--------------|---|---|---|
| | <p>national programme for the deinstitutionalisation of persons with disabilities.</p> <p>The National strategy on disability for 2022-2027 (“An equitable Romania”) was approved on 6 April 2022. It includes eight priority areas for intervention.</p> | | |
| SE | <p>In 2019, the additional cost allowance replaced the disability allowance. The aim of the reform was, amongst other things, to overcome the absence of clarity identified in the previous legislation, such as ambiguities in the definitions of core concepts.</p> <p>In June 2021, the Government presented a white paper on amendments to the Act concerning Support and Service to Persons with Certain Functional Disabilities (LSS) and Social Insurance Code. The amendments will provide the National Social Insurance Agency and the municipalities with legal support for refusing to pay a personal assistance allowance to an assistance-eligible person if the provider is not accredited.</p> <p>In May 2021, the Inquiry on Strengthened Assistance presented its final report on how to strengthen the right to personal assistance for people with disabilities.</p> <p>In September 2021, the government appointed an inquiry body with instructions to analyse and propose how personal assistance should be organised, with the state as responsible authority.</p> | <p>In September 2021, the government appointed an inquiry body with instructions to analyse and propose how personal assistance should be organised, with the state as the responsible authority. The aim of the proposal for state responsibility is to establish appropriate and effective regulation that creates stable long-term conditions for services of good quality, with high legal certainty and which can be properly monitored. The inquiry is to also consider proposals for alternative solutions to state responsibility. The results of the inquiry will be presented in March 2023. If the entire responsibility for personal assistance is transferred to the state, this will be a major reform.</p> | <p>Income support measures</p> <p>Institutional reforms</p> <p>Access to assistive technology/personal assistance</p> |
| SI | <p>In late 2021, the “Long-term Care Act” was adopted – also amending the “Social Inclusion of Disabled Persons Act” (2018) – and the “Personal Assistance Act” (2017) was amended and considerably improved. Some other reforms implemented since 1 January 2017 have also improved the access of people with disabilities to social protection or the level of disability benefits.</p> <p>The “Act Amending the Pension and Disability Insurance Act” – in force since 1 May 2021 – shortened the period of gradual equalisation of the</p> | <p>The Slovenian Government is planning a new pension reform that will also modify access to the social protection schemes for persons with disabilities. At this moment, it is not yet known which measures will be finally proposed. In the White Book on Pensions and the agreed Starting points for the modernisation of the Pension and Disability Insurance System in the Republic of Slovenia, the emphasis is placed on a new definition of disability and on vocational rehabilitation as a fundamental right.</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Access to assistive technology/personal assistance</p> |

| EU countries | Recent reforms | Announced reforms | Category |
|--------------|---|---|--|
| | <p>accrual rates for both genders. The amendments also regulated the minimum amount of disability pension.</p> <p>As from 1 January 2019, when the “Personal Assistance Act” of 2017 came into force, persons with disabilities have a statutory right to personal assistance.</p> <p>The “Social Inclusion of Disabled Persons Act” (2018) took effect on 1 January 2019. It widened the circle of persons with disabilities eligible for benefits and increased the disability benefit.</p> <p>The “Act on the Payment of Unpaid Disability Benefits” (2021) recognised the right to disability benefits for those who, during their regular schooling between the ages of 18 and 26, under the “Act on Social Care of Persons with Mental and Physical Impairments”, did not have this right recognised and acquired it only after schooling.</p> <p>The “Long-term Care Act” of December 2021, expanded further the right to personal assistance. It introduced a right to a family-member carer who provides long-term services to a family member with the highest need for care. With the adoption of this Act, the rights of people with disabilities linked to their need for assistance and attendance by another person to provide the basic life necessities are regulated in the same way and by a single act.</p> | | Assessment frameworks |
| SK | <p>In 2018, the amended Act on direct payments to offset the consequences of severe disability came into force. This did away with means-testing for the personal assistance allowance. Before 2018, people with disabilities with income above four times the subsistence minimum had to pay part of the personal assistance costs.</p> <p>The financial support provided to informal carers has significantly improved since 2016. In the period 2016–2018, the level of the attendance service benefit was increased several times. In 2018, the attendance service benefit for adult persons of working age reached the level of the minimum wage.</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Access to assistive technology/personal assistance</p> <p>Institutional reforms</p> |

| Non-EU countries | Recent reforms | Announced reforms | Category |
|------------------|--|---|--|
| AL | <p>As of 2016, Albania has been implementing an important reform of the Social Protection programme covering assessment of and payments to people with disabilities. This reform makes an important change to the disability assessment framework, shifting from the existing purely medical to a biopsychosocial assessment model.</p> <p>In 2019, with the adoption of the law on Employment Promotion, ample space was created for the diversification of employment promotion programmes and employment services, and the establishment of a Social Employment Fund (for the employment and upskilling of people with disabilities).</p> | No other reforms currently in the pipeline. | <p>Policy and legislative frameworks</p> <p>Assessment frameworks</p> |
| BA | <p>In 2018, the RS passed the Law on the protection of victims of war torture, which sets out certain rights for a special group of civilian victims of war – those who were imprisoned in war camps and victims of torture, including those who experienced sexual violence and rape.</p> <p>In 2019, the RS entity introduced a disability benefit for people with disabilities as part of the social assistance legislation.</p> <p>The major development in the Federation of Bosnia and Herzegovina (“FBiH”, one of the two entities within the State of Bosnia and Herzegovina) concerns the adoption of a new List of disabilities and a new Rulebook for assessment of disability under the law on social assistance, which were adopted in the second half of 2021.</p> <p>Another novelty in FBiH is the development of the Law on Social Services, currently in its drafting phase, which seeks to regulate the provision of various social services more systematically in this entity. A February 2021 draft of the law, which was forwarded for public consultation, envisages a set of services to support persons living in their community, and includes, <i>inter alia</i>, at-home support to be provided by service providers who are legal persons.</p> | <p>One of the strategic objectives in the Republika Srpska is to introduce minimum social security for all people with disabilities by applying universal conditionality, irrespective of the cause of the disability, and equal treatment of all people with disabilities within the health care system. The corresponding “Action Plan for the implementation of the Strategy” envisages harmonisation of disability assessment procedures; establishment of a single database on people with disabilities in the RS; the development of new bylaw legislation that would regulate the rights to orthopaedic aids, simplifying the procedure and introducing changes in procurement (i.e. introducing financial assistance), among others.</p> <p>The FBiH Strategy to improve the position of people with disabilities for the period 2016-2021 has expired, and the responsible FBiH Ministry of Labour and Social Policy is currently drafting a report on its implementation. The report should be presented to the FBiH government in spring 2022. It is expected that the ministry will draft a new strategy on disability for the period 2021 – 2027, aligned with the current strategy cycle, defined by the FBiH Development Strategy for the period 2021 - 2027</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Assessment frameworks</p> |

| Non-EU countries | Recent reforms | Announced reforms | Category |
|------------------|--|---|---|
| ME | <p>In 2021, the Law on Social and Child Care was changed with regard to benefit levels. It also introduced a new benefit: compensation for parents/guardians of persons with a disability allowance.</p> | <p>The preparation of a new “Strategy for the Protection of Persons with Disabilities from Discrimination and the Promotion of Equality 2022-2027”, with an “Action plan for 2022-2023”, is currently in the pipeline. The public discussion on the draft Strategy was completed at the end of December 2021, and it is expected that the document will be adopted during the first half of 2022.</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> |
| MK | <p>The social protection reform which was initiated in early 2017 and adopted in June 2019, included a new “Law on Social Protection”, amendments to the “Law on Child Protection”, as well as a new “Law on social security for the elderly”. As part of this reform process, important changes included: removal of the income-test condition for disability benefits, non-inclusion of disability allowances when calculating values of other benefits; and overall simplification of the application process.</p> <p>In 2018, the Government adopted a Decision establishing a National Coordination Body for Implementation of the UN Convention on the Rights of Persons with Disabilities. The Body coordinates the activities of the ministries and institutions under its jurisdiction with respect to the principles and principles of the UN Convention.</p> <p>Other recent reforms related to people with disabilities include: the introduction of a new assessment model based on the International Classification of Functioning, Disability and Health; and expansion of community-based services to provide families with support.</p> | <p>According to the “2022 Programme for Social Protection”, there is a plan to increase the disability allowance in 2022.</p> | <p>Policy and legislative frameworks</p> <p>Income support measures</p> <p>Institutional reforms</p> <p>Assessment frameworks</p> |
| RS | <p>In March 2020 the government adopted the “Strategy for improvement of the status of people with disability 2020-2024”. Its general objective is to ensure equal participation of people with disabilities in all life spheres.</p> <p>The Serbian parliament adopted the “Law on Social Entrepreneurship” in February 2022. The major positive impact foreseen is creation of a better environment for employment of vulnerable population groups, with increased resources.</p> | <p>No other reforms currently in the pipeline.</p> | <p>Policy and legislative frameworks</p> |

| Non-EU countries | Recent reforms | Announced reforms | Category |
|------------------|---|---|--|
| TR | No recent reforms identified. | No other reforms currently in the pipeline. | No major reforms |
| XK | The implementation of the “Law on the Status and the Rights of Persons with Paraplegia and Tetraplegia” has been the main reform concerning people with disabilities in Kosovo since 2017. The law permitted certain progress in the social protection available to paraplegics and tetraplegics, including allowances to cover the cost of custodians and incontinence products. In addition, the law promoted inclusion by considering that employment, self-employment or any other form of employment should not exclude beneficiaries from receiving the compensation. | The government is now moving in the direction of a uniform approach towards disability (as opposed to increasing categorisation) by drafting a new “Law on Evaluation, Status Recognition, Benefits and Services for People with Disabilities”. | Policy and legislative frameworks Income support measures Access to assistive technology/personal assistance |
| UK | No recent reforms identified. | The government says it is committed to reforming the working “capacity” assessment in particular. It also plans to reform assessments for the Employment and Support Allowance and other benefits, to integrate them into one service, initially on a pilot basis in one area. A government policy discussion Green Paper includes a proposed review of social security support for people with disabilities. The Scottish Government also intends to develop a new approach to assessment. | Policy and legislative frameworks Assessment frameworks Institutional reforms |

ANNEX D: REFERENCES

- Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S. and Regazzoni, P. (2021). Social protection and inclusion policy responses to the COVID-19 crisis. An analysis of policies in 35 countries, European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union.
- Committee on the Rights of Persons with Disabilities (2017). General comment No. 5 (2017) on living independently and being included in the community, CRPD/C/GC/5, 27 October 2017, para. 16.
- Eurofound (2021). Disability and labour market integration: Policy trends and support in EU Member States, Luxembourg: Publications Office of the European Union.
- Eurofound (2022). People with disabilities and the COVID-19 pandemic: Findings from the Living, working and COVID-19 e-survey, COVID-19 series, Luxembourg: Publications Office of the European Union.
- European Commission (2017). Minimum Income Policies in EU Member States, Brussels: European Parliament.
- European Commission (2021a). The European Pillar of Social Rights Action Plan, Luxembourg: Publications Office of the European Union.
- European Commission (2021b). Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, COM(2021) 101 final, Luxembourg: Publications Office of the European Union.
- European Commission and Social Protection Committee (2021). Pension Adequacy Report 2021, Vol.2, Luxembourg: Publications Office of the European Union.
- Frazer, H. and Marlier, E. (2015). Minimum Income Schemes in Europe. A study of national policies, Brussels, European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union.
- Hammersley, H. (2020). Poverty and Social Exclusion of Persons with Disabilities - European Human Rights Report, Issue 4, Brussels: European Disability Forum (EDF).
- Hammersley, H. (2022). Social Protection and the Welfare State: What the EU can do to support persons with disabilities, Brussels: European Disability Forum (EDF).
- Lawson, A. and Beckett, A. (2021). The social and human rights models of disability: towards a complementarity thesis, *The International Journal of Human Rights*, 25:2, 348-379.
- Nally, D., Moore, S. and Gowran, R. (2021). How governments manage personal assistance schemes in response to the United Nations Convention on the Rights of Persons with Disabilities: A Scoping Review, *Disability & Society*, DOI: 10.1080/09687599.2021.1877114.
- OECD (2018). Benefit generosity and work incentives for recipients of disability benefits in 12 EU Member States, Paris: OECD Publishing.
- Sainsbury, R., Lawson, A. and Priestley, M. (2017). Social protection for disabled people in Europe: Synthesis report, Academic Network of European Disability experts (ANED).

United Nations (2018). Promoting Inclusion through Social Protection, Report on the World Social Situation 2018, New York: UN.

Waddington, L. (2018). Disability Assessment in European States, ANED Synthesis Report Academic Network of European Disability experts (ANED).

Waddington, L. and Priestley, M. (2018) (Eds.). Mainstreaming disability rights in the European Pillar of Social Rights – a compendium, Academic Network of European Disability experts (ANED).

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