



ANED country report on the implementation of policies supporting independent living for disabled people

Country: Luxembourg

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The information contained in this report was compiled by the Academic Network of European Disability experts (ANED) in May 2009.



This information was gathered and completed through contacts with:

- **Info-Handicap:** A federation of all organisations of and for disabled people that runs an information and orientation service for disabled people
- The **Ministry of Family and Integration**, responsible in Luxembourg for policy in disability matters and financial support for service agreements to disabled persons through service providers.

Some general comments in relation to the situation in Luxembourg:

Research: there is very little scientific research in Luxembourg in the social field. At university level (most departments only were created 5 years ago) some departments such as psychology,, education sciences or social sciences could deal with these matters, but disability is not a priority for investigation and – there is more research into ageing.

Studies: the only recent study has been by the Credas investigation, ordered in 2007 by the Ministry of Family and Integration, but still not officially published. There are also some attempts from specific associations to produce detailed documentation and observations through training sessions, seminars or study days (Fondation Tricentenaire, Fondation APEMH, SIPO for example) and the latest handbook on social work in Luxembourg (see references).

Data and Statistics: the only official data are those mentioned and produced in activity reports from the different Government departments: Family, Employment and Education Ministries and which often explain how and who gets financial support by their departments.



PART 1: EXECUTIVE SUMMARY AND CONCLUSIONS

In Luxembourg there are no clear statements in favour of independent living for disabled persons in legal documents, except a declaration of intent in the 1997 Action Plan in favour of Disabled Persons (Mai 1997, page 15). Also there is not much pressure from self-advocate groups or users' organisations to implement this, neither are there centres for independent living.

More positively, some concrete actions have been undertaken since 1997 to progress self determination:

- "Long term care insurance" is a new social security law (1999) which provides dependent disabled persons with financial means to compensate basic dependency needs, to purchase assistive equipment and products and to assure housing or transport adaptations. It acknowledges also basic assistance provided by professional service providers and informal carers.
- The law upon a revenue for disabled workers (September 2003) ensures that the disabled person who works (even in sheltered facilities) receives a minimum income similar to a "non-disabled" worker, which guarantees an economic base for independent living.

These measures respond to the needs of disabled people for financial and technical equipment but they do not address socio-pedagogical support needs, which are still organised through professional service providers. These are important in giving opportunities for independent living, support for social and cultural leisure activities etc. There is also a lack of support needed to prevent disabled people from falling into dependency situations.

We can therefore make some recommendations:

- to assure a legal right to and provide means for socio-pedagogical, qualified support for all disabled people even when not living in residential service provision,
- to provide more reliable data about how many people with disability would like to take up these opportunities and the specific support they need to do so,
- to train professionals and/or peers to respond in an adequate way to these support needs and to build up local community support networks,
- to campaign for regional centres for independent living, which could be sources of expertise closely linked to other community or municipal services,
- to implement the UN Convention on the Rights of Persons with Disabilities.

A big issue for independent living is the overall accessibility of buildings, and living and social environments: much more effort has to be made to get public transport as well as public buildings (administration offices, work places, cultural and commercial sites, etc.) accessible. Access for persons with an intellectual disability also needs improvement: there should be development of easy to read materials, pictograms etc.

Under the new coalition government programme, the Ministry of Family and Integration plans to transpose the recently signed UN Convention and to table an outline law on disability that introduces a global concept of integration and non-discrimination. This would also have an impact on the existing "Loi des incapables majeurs" which governs the legalities of guardianship/trusteeship. This would be completely changed through legal recognition of the mental capacity of disabled people, as stated in the UN Convention (article 12).



PART 2: LEGAL AND POLICY CONTEXT

Except for some clear statements in the “Programme d’action en faveur des personnes handicapées” (Action plan in favour of People with a disability)¹ from 1997, which has no legal status, there is no right to independent living for people with disabilities.

The only law assuring financial support permitting compensation for dependency is “Long term care insurance” - Assurance dependance – which gives financial support that allows disabled people to organise support through a person (or services). Long term care insurance is a branch of mandatory Social Security. A person is “dependent” in a legal sense, i.e. where they require long-term care services or where he or she needs help from someone – a professional or a person close to him/her – in order to perform basic tasks. These tasks mainly relate to personal hygiene (washing oneself, brushing one’s teeth, going to the toilet), nutrition (eating, drinking), mobility (getting up, lying down, moving around). Dependence is when the need for assistance lasts for a minimum period of six months, or is permanent. For a home-based dependent person, long term care insurance will pay for the help and care given by a care network or by a semi-stationary centre. Long term care insurance also acknowledges the assistance provided by an informal carer (anyone who is not linked to a care network).

This allowance is only given when a certain level of dependency need has been reached (at least 3,5 hours of specific support a week). The law states that the allowance is not available for disabled people who have only a low dependency need, nor for more autonomous people with disability who want to maintain independence in a normal environment or who want to avoid falling into a major dependency status. Three groups of persons can benefit from long term care insurance without meeting these conditions: people who are completely blind, people having difficulties in communicating because of serious problems of hearing, dysarthria, persons having undergone a laryngectomy and people with spina bifida.

To be eligible for technical aid (and since a change in law² in 2005, also for adaptation of the home), it is not necessary to reach the 3,5 hours threshold per week. This means that there is financial support available for adapting housing and also for technical aids for disabled persons who are not dependent.

Similarly, indirect support for independent living may be seen in the 2003 law about revenue for disabled persons³ which assures a minimum salary to every disabled person able to work or a compensatory minimum income if not. This can be interpreted as a financial provision that allows a basic economic autonomy, which of course is one of the conditions of independent living.

A disabled person formally has legal capacity, but there is a guardianship law which may be activated in order to protect persons from a variety of potential abuses (mainly material and financial exploitation)⁴. This law – if applied – is intended to provide major protection measures: guardianship (tutelle) or trusteeship (curatelle). In the latter instance, a trustee is appointed who will act in major financial or property transactions; for example he is asked to co-sign important money transfers or contracts involving major expenditure. He is only able to act with the person of which he is the trustee. In the case of a guardianship (tutelle), the guardian may act in the place of the person he protects (his sole signature will be sufficient). Another big difference is that when a guardianship is announced, the person concerned loses her civil rights (she will be declared an “incapable major person”).

¹ <http://www.info-handicap.lu>

² <http://www.legilux.public.lu/leg/a/archives/2005/0215/a215.pdf> (Modification assurance dépendance)

³ <http://www.legilux.public.lu/leg/a/archives/2003/0144/index.html> (revenu des personnes handicapées)

⁴ <http://www.legilux.public.lu/leg/a/archives/1982/0072/1982A15151.html> (Loi sur les incapables majeurs)



That means that she may not sign official documents on her own, may not contract marriage and may not take major personal decisions without the consent of the guardian. In practice, these decisions are taken by a specially nominated judge and of the cases concerned in the disability field, they mostly concern persons with an intellectual disability, as they are often considered incapable of managing their assets and property in an appropriate and independent way.

The **governmental declaration of new political coalition**⁵, a programme of the Ministry of Family, has set out plans that may have an influence on future policies to support independent living opportunities for disabled people. The declaration says that the UN Convention will be transposed into national law in order to guarantee the effectiveness of implementation of rights for people with disabilities. This also means that a ratification of the UN Convention on rights for disabled people⁶ could be in place at the end of 2009. For the moment, the Minister in charge has launched a consultation with colleagues to check which specific laws or agreements should be changed or adapted to fit in with the obligations of the UN Convention. A working group at the level of Info-Handicap (organisation of disabled people's associations) is analysing the situation.

The government has announced that it will also elaborate an outline law (loi-cadre) introducing a global concept of integration and non-discrimination of disabled people. The new coalition programme also plans definitive adoption of a new agreement (convention) between service providers and public bodies on socio-pedagogical support (involving autonomy, learning and social competences, self-determination and independent living) for disabled people. In this way there should be a structured and unified evaluation of disabled people's support needs in institutional residential settings and this instrument⁷ (GEBA) should prevent persons with a certain degree of autonomy having to stay in residential homes with a high quota of support staff.

Nevertheless there is no legal policy framework to give a right to independent living in practical everyday life, various service providers provide opportunities to disabled people to organise their independent living; but the support offered to do so is organised by the service providers and staff are not employed by the disabled person herself. Respect for the needs and rights of people with disabilities to live in an independent way (and with adequate support) is also recognised by public bodies through agreements (conventions) they sign with service providers to implement social support allowing independent living for people in residential settings. In 2008, 115 units were co-financed by the government to support autonomous or semi-autonomous living facilities. (see the 2008 activity report of the Ministry of Family and Integration⁸)

It should be noted that new ideas about independent living have mainly come from organisations for or of disabled people (parents associations, supporting volunteer organisations, etc.) that are managing service provision themselves. Often these initiatives have been then financially supported by government agreements. The support was then organised through service provision (staff and other facilities) rather than direct support to disabled persons. There are no significant users' or lobbying groups in Luxembourg campaigning especially to change policy to promote independent living.

⁵ <http://www.gouvernement.lu/gouvernement/programme-2009/programme-2009/11-famille/index.html>

⁶ <http://www.un.org/disabilities/default.asp?id=259>

⁷ Geba stands for "Grille d'Evaluation des Besoin en Accompagnement" (evaluation grid to establish the support needs of a DP in a specific residential setting)

⁸ <http://www.mfi.public.lu/publications/index.html>



PART 3: PROGRESS TOWARDS INDEPENDENT COMMUNITY LIVING

In general we may say that in Luxembourg there has been a constant movement away from big segregated institutions to smaller residential homes (units of 8 to 12 persons) during the last 35 years. At the beginning this movement sought to close the huge psychiatric and religious institutions for persons with a disability. The next step was to create small residential ‘family like’ groups permitting a participative way of living. These guaranteed individual rooms and bathrooms, and also privacy in living areas. The last trend has been to give more opportunities to people to have private housing facilities (where people rent or buy their own apartments). This is combined with individualised light socio-pedagogical support wherever possible what we call “accompagnement en milieu ouvert” or “support in ordinary flats in the community”. Professional support is still delivered by institutional service providers (which may be disabled people’s or parents’ associations, mainly NGOs), but it takes place in their own house/apartments and the decision, choice and control of the disabled person herself is more important.

Residential institutions are still being supported through government agreements. However they are small in size; mainly less than 30 places. No clear directives are given on segregation / inclusive settings; this will be decided by service providers themselves, which in the majority take the option of an inclusive setting.

Bigger concentrations of disabled residents are more easily tolerated for very severe dependent or elderly disabled persons, due to special infrastructure needs and/or technical aids and materials. In such cases residential homes for 20 or 30 residents may be found, but the groups will then be subdivided in smaller groups of 10 persons. These groups have autonomy in cooking, leisure activities, etc., and just use some collective therapies or stimulation rooms while having personalised individual rooms and privacy.

As mentioned before, data from the activity report of the Ministry of Family (see above) shows that in 2008, 115 persons were supported in more individual and independent housing settings, compared to 662 supported in more “institutionalised” residential care, equating to 15% and 85%. These figures concern disabled people (with all sorts of disability) who live in residential care that is co-financed by the government through NGOs or other service providers. There are no statistics available for the number of disabled people who live with their families.

It is also difficult to obtain figures on how much is spent on institutional support compared to support for people living independently in the community. Where disabled people are living independently in the community, supported through NGOs through government finances, it is difficult to get financial figures because most of the expenses will be met individually by the disabled person herself (rental costs of an apartment, a small contribution to staff support) ... and data is not collected on these amounts.

For new constructions, service providers will ask at government level for small residences. When more independent solutions have to be found, these are discussed on a personal level with the person concerned and a solution found with him/her, without ministerial involvement.

Usually no disabled person will be forced against her will to go into one or the other living facilities. Every organisation should give information during the admission procedure and will try to gain the consent of the disabled person herself and /or her legal representative. The disabled person also has to sign an accommodation contract, where rights and duties are clearly defined for both sides, and where an opportunity is given to stop the process. Said differently, every disabled person has theoretically the right to live independently by his own decision, if he/she has the material and economic means to pay for his housing and support needs.



What remains then is the issue of an accessible environment which permits complete independent living in society. Some major financial efforts have been made in recent years on adapted housing. This has led to some options for accessible flats. The problem remains with the accessibility of transport and buildings. The recent law on accessible buildings (29 March 2001) concerns only new build public buildings, and gives no timescale or obligation for adapting private or older public buildings. The new coalition programme (see above) intends to review the 2001 law, acknowledging the importance of this aspect for full participation and inclusion of disabled people.

A last comment may be made about the organisation of professional support for independent living, which may influence practical realities. As mentioned, for the moment disabled people are not used to having opportunities (ideological, legal and financial) to organise their support staff themselves, and no user group has directly campaigned for it. The only way to organise this support (and have it paid for) is to go through a traditional service provider. However, this also means that the responsibility is then passed to them; a situation which does not work in favour of independent living choices (reported by the Info-Handicap group). The non-existence of options for self management of support staff – due to too restrictive legal procedures and rules on staff employment - seems in the past to have been the cause of failure of some new initiatives (Ibid.).



PART 4: TYPES OF SUPPORT FOR INDEPENDENT LIVING IN THE COMMUNITY

As already mentioned, the only direct supports given to a disabled person if they want help to live in their own homes are:

- Benefits to make their home accessible or to organise the technical aids they may need,
- “Long term care insurance” (Assurance dépendance), which finances various services to compensate a dependency need. To get this allowance a special evaluation body has to assess dependency needs and if these are recognised and seen to require at least 3,5 hours a week, a certain amount of money is given to the person concerned (sort of personal budget) to pay for a professional or a family member (informal carer) to help compensate his/her needs. An alternative is to offer a direct service through professional service providers, which will then be paid directly by the Long term care insurance, and document the help given. Some services which need specific knowhow (support to promote autonomy and competence, provision of time limited advice) may only be given through direct services (not by money) and the qualifications of staff that give this service must be specified. Other services, for which staff do not have to have qualifications, are help with eating, mobility, hygiene at home and domestic services such as cleaning and shopping. For some basic support, informal carers may be paid by the allowance. Medical assessment is always done by an official evaluation body attached to the Long term care insurance office. Interviews are held with the concerned person herself, the family members and professionals who may already assist the person. Decision making is exclusively done by the experts of the evaluation body called “cellule d’évaluation et d’orientation” directly attached to the Long term care insurance. The above mentioned support is mainly technical support to compensate basic daily life activities (actes essentiels de la vie). All other support (preventive support activities, pedagogical, social or psychological support, etc.) may only be provided to disabled people when they are admitted to a service provision structure, managed by officially recognised (agreed) service providers.

Concerning technical aids given to disabled people, if the family provides support, the family may be offered the same aids.

At the moment there is only a very general reference to the need for quality assurance in the “ASP-Convention” that service providers have to sign with the government. There is no strict obligation, only a reference saying that there should be a quality assurance in service provision and that associations have to define one: no specific system is imposed.

They may choose a certified system or a number of listed procedural elements.

(see also article “La gestion de la qualité dans le secteur handicap” in Handbuch der sozialen unterzieherischen Arbeit in Luxemburg, listed under part 6 : References)

Care and support is available from non-residential services and in residential settings (structures d’accueil), which are run by private service providers and financially supported by government contributions. These include residential and housing facilities, as well as day care and rehabilitation centres, and so on. Normally these service provisions are offered by non-governmental associations in respect to disability types: learning disability, physical disabilities, autism, etc. Recent statistics are available in the 2007 activity report of the Ministry of Family”

To give a general overview of how services are organised by providers we could describe roughly 3 levels of residential/housing support for the different forms of disabilities. Every service provider has its own approach and not every service provider will offer the whole range of services.



However but this is an overall description of service organisation and evolutionary trends over time.

- A first degree of response is to look at special needs of different categories of disabled people, like ageing and dementia, the needs of disabled people with profound (intellectual) disability and associated disabilities or illnesses (polyhandicap), autistic spectrum disorders, challenging behaviour or severe mental health problems. To respond to these needs, and organise the necessary technical and staff support, service provision is more systematically organised, and it allows less self-determination at first sight. However it should give a framework of individualised support for the resident, involving him as much as possible in the Personal Development Project and assuring Quality of Life. These residential homes have a certain numbers of residents (20 to 35 persons) always subdivided into smaller living units of about 10 people. Most attention will be on organisational aspects and group functioning rather than on individual independent community living. The main purpose is to give specific attention to the special needs residents may have, providing clear guidance and provide special technical aids, by specially qualified staff etc.
- A second degree of response is given to people with a certain degree of autonomy and a milder disability, who need a low but constant level of support in everyday life, while allowing a “normal” social and individual sequence of day home and leisure (individual & group) activities, private space, etc. These groups will be small residential groups of 8 disabled people with a basic support staff (educators, social workers or care staff depending on the disability needs) based in a “normal” house in a “normal” social living environment (community based). The residents will be very much involved in the organisation of all activities, individual needs will be considered, etc. The ideal situation is to give a minimum of support and protection, allowing a maximum of individual planning and social contact to develop.
- As already mentioned, the majority of service providers offer a third degree of support to disabled people who want to live independently. These individual support services are developed on the basis of an Individual Project Plan, where the disabled person is the major actor and will be designed together with her/him taking account of the competences, wishes, but also the economic and realistic environment of the person. This support will need a preparation phase, to build up the relationship between the disabled person and the support staff. After this, the disabled person, will normally live in his/her own flat, with only a targeted presence of support staff. The disabled person is active in everyday life, but he/she does not hire, control or direct the staff that support him. This provision still will be managed by a service provider.



4.1: PERSONAL ASSISTANCE SERVICES

In Luxembourg there are no personal assistance services that are controlled and directed by disabled people themselves.

The long term care assurance system (see above) provides a certain amount of money that may be given to the person concerned (sort of personal budget) to pay for a professional or a family member (informal carer). This may only be used by the dependent person to organise AEV or domestic services (see above). The limit is 14 hours a week : 7 hours paid in total and the other 7 at only a 50% rate with a monetary value of 25.-€/hour (this would mean a maximum payment of 10,5 hours at 25.- €/hour).

Family members may receive the payment, or the recipient may hire a person to do the work. No groups are excluded from this and needs are established by a special commission.



4.2: ASSISTIVE EQUIPMENT AND ADAPTATIONS

Access to public buildings (administrations, hospitals, public parking, tourist sites, etc.) is governed by the already mentioned law of 29th March 2001, reviewed on 25th January 2008, called “Accessibilité des lieux ouverts au public”⁹

In Luxembourg, the national concept of accessibility (which is closely linked to the European Concept for Accessibility) is coordinated through the Info-Handicap Network. It has involved collaboration on different levels: with experts and professionals implementing accessibility in practice, the Ministry of Integration acting as a policy monitoring group, and with the Luxembourg National Disability Council providing the validation process.

The “**Long term care insurance**” as well as financing direct help and care to the person, also gives finance for some products such as housing adaptations, assistive equipment, technical aids and various sorts of technical advice. Details concerning these technical aids and their financing is contained in an official regulation from 22nd December 2006¹⁰: They include:

- adaptations to personal vehicles,
- adaptations for housing and accommodation,
- products necessary for help and care,
- guide dogs for blind people.

Depending on the kind of technical equipment, the amount and the duration of use, it may be paid for directly by the allowance to the user, rented to the user, or paid for. You may find the whole detailed list of technical aids in the annexe to the regulation (www.secu.lu/legis/legis/DR20061222_aidestech.html)

Different services are approved to provide equipment; eligibility is always decided on by the “cellule d’évaluation et d’orientation”, which has specific criteria for their application and sometimes a maximum amount may be fixed.

⁹ Mémorial –Journal officiel du Grand-Duché de Luxembourg A-N°40 , 7 avril 2008

¹⁰ Règlement grand-ducal du 22 décembre 2006 sur la pris en charge des aides techniques (Mémorial A-2006-240 du 29.12.2006, p. 4816)



PART 5: EVIDENCE OF GOOD PRACTICE IN THE INVOLVEMENT OF DISABLED PEOPLE

There are no self-advocate groups of disabled persons who are active or lobby for a permanent and continuing involvement in consultations on these topics.

The official representation of users is guaranteed by the National Council of Disabled Persons (Info-Handicap asbl), which has an information and consultancy service, and specially targeted working groups. If asked for, peer support could be organised through this organisation .

At the level of government, the “Conseil supérieur des personnes handicapées” , is an official commission which is asked for advice when new laws or regulations are planned in the disability policy field. Peer support might also be organised through this organisation if requested. There are no “centres for independent living”, community living support organisations managed by disabled persons themselves, or support provision where disabled people would be employers or providers.

We may nevertheless mention 2 examples of good practice:

- As discussed above, the majority of service providers in the field of disability support and care provision offer in practice support services for disabled people who want to live independently. Every service provider is obliged to work out a personal individual life project for the disabled person he is supporting in the service. To develop and evaluate this personal project, the disabled person is involved directly in the design of this project and he may in this way lobby for his own particular interests or needs. The support given will be pedagogical and social professional support by qualified staff, and if needed also financial support for some items. The user him/herself will also be asked to participate financially if he has the means. This will be calculated individually and depending on the service provider, use guidelines proposed by the respective Ministry in charge. The contract will be written down in an “accommodation agreement” (contract d’accueil ou d’hébergement).
- Another positive development is the recent creation of special associations dealing with and managing guardianship for people with intellectual disabilities. One of them, T.A.C.S. asbl - TUTELLE AN CURATELLE SERVICE - allows a more “neutral” place to get advice in legal support, guardianship and trusteeship for those disabled persons living in institutions. Previously where no parents or friends took over this role the service provider was often nominated as tutor.

Some associations like Fondation Ligue HMC and Fondation APEMH (for people with an intellectual disability) and Fondation Kraizbiereg/Betreit Wunnen (for people with a physical impairment) are proposing individualised, flexible and “light” support services to help disabled people to live in their own flats or as couples in a more independent way. They offer social, psychological and supervision support. To avoid problems of isolation or poor social contact some also combine this support with special leisure time activities or adult education facilities.

A similar offer is also available to persons with mental health problems in “therapeutic” apartments by associations active in mental health care. Recently a presentation in a management continuous training course was dedicated to the development of this independent living service provision for people with mental health problems; this work unfortunately has not been published.



PART 6: REFERENCES

To the author's knowledge, there is at the moment no official evidence based research in the disability field in Luxembourg. There is no university department dealing especially with disability matters (disability study centres) and so no active and actual research activities by professors or students. On a government level, the only data collected is financial and management monitoring (statistics and expenses) on those 'dependent persons' living in services supported by service providers they finance through the bilateral conventions mentioned above.

Various information and links may be found on the website of Info-Handicap documents may be downloaded via the "Documents" link. For example the "Plan d'action national en faveur des personnes Handicapées" <http://www.info-handicap.lu/>

The national activity reports from the Ministry of Family may be consulted under <http://www.mfi.public.lu/publications/index.html>

More information about "Long term care insurance"
<http://www.guichet.public.lu/fr/citoyens/publications/famille/long-term-care-insurance/index.html> (practical guide in English)
<http://www.secu.lu/legis/CSS/sommassdep.htm>
<http://www.mss.public.lu/dependance/index.html>

Handbuch der sozialen und erzieherischen Arbeit in Luxemburg / Manuel de l'intervention sociale et éducative au Grand-Duché de Luxembourg, Willems H. / Rotink G. / Ferring D. / Schoos J. / et alii, Editions Saint-Paul, Luxembourg 2009, 2 volumes, 1399 pages

This newly edited handbook gives a good overview of the historic evolution and actual organisation and topics of social work in Luxembourg; concerning the disability domain, we may stress some specific articles:

- Behindertenpolitik, by Silvio Sagramola (pp 341-342)
- L'action sociale et éducative face aux phénomènes handicapants, by Norbert Ewen & Raymond Ceccotto (pp 1139-1166)
- La gestion de la qualité dans le secteur handicap, by Christophe Lesuisse (pp 1167-1173)

Other important links :

- [Loi du 12 septembre 2003](#) relative aux personnes handicapées et portant modification de 8 lois et du Code des assurances sociales (Mém. A - 144 du 29 septembre 2003, p. 2938, Doc. parl. 4827) modifiée par la loi du 28 novembre 2006 (Mém. A - 207 du 6 décembre 2006, p. 3584, Doc. parl. 5518 - Transpose les directives 2000/43/CE, 2000/78/CE, 2002/73/CE).
- [Règlement grand-ducal du 7 octobre 2004](#) portant exécution de la loi du 12 septembre 2003 relative aux personnes handicapées (Mém. A - 167 du 13 octobre 2004, p. 2526, Doc. parl. 5310).

Droit des Incapables Majeurs

- [Loi du 11 août 1982](#) portant réforme du droit des incapables majeurs (Mém. A - 72 de 1982, p. 1515).

Accessibilité des Lieux Ouverts au Public

- [Loi 29 mars 2001](#) portant sur l'accessibilité des lieux ouverts au public (Mém. A - 43 du 17 avril 2001, p. 940 - Doc. parl. 4576)



- [Règlement grand-ducal du 23 novembre 2001](#) portant exécution des articles 1 et 2 de la loi du 29 mars 2001 portant sur l'accessibilité des lieux ouverts au public (Mém. A - 147 du 21 décembre 2001, p. 2989)
- [Règlement grand-ducal du 25 janvier 2008](#) modifiant le règlement grand-ducal du 23 novembre 2001 portant exécution des articles 1 et 2 de la loi du 29 mars 2001 portant sur l'accessibilité des lieux ouverts au public. (Mémorial 40 du 07.04.2008 page 640)