

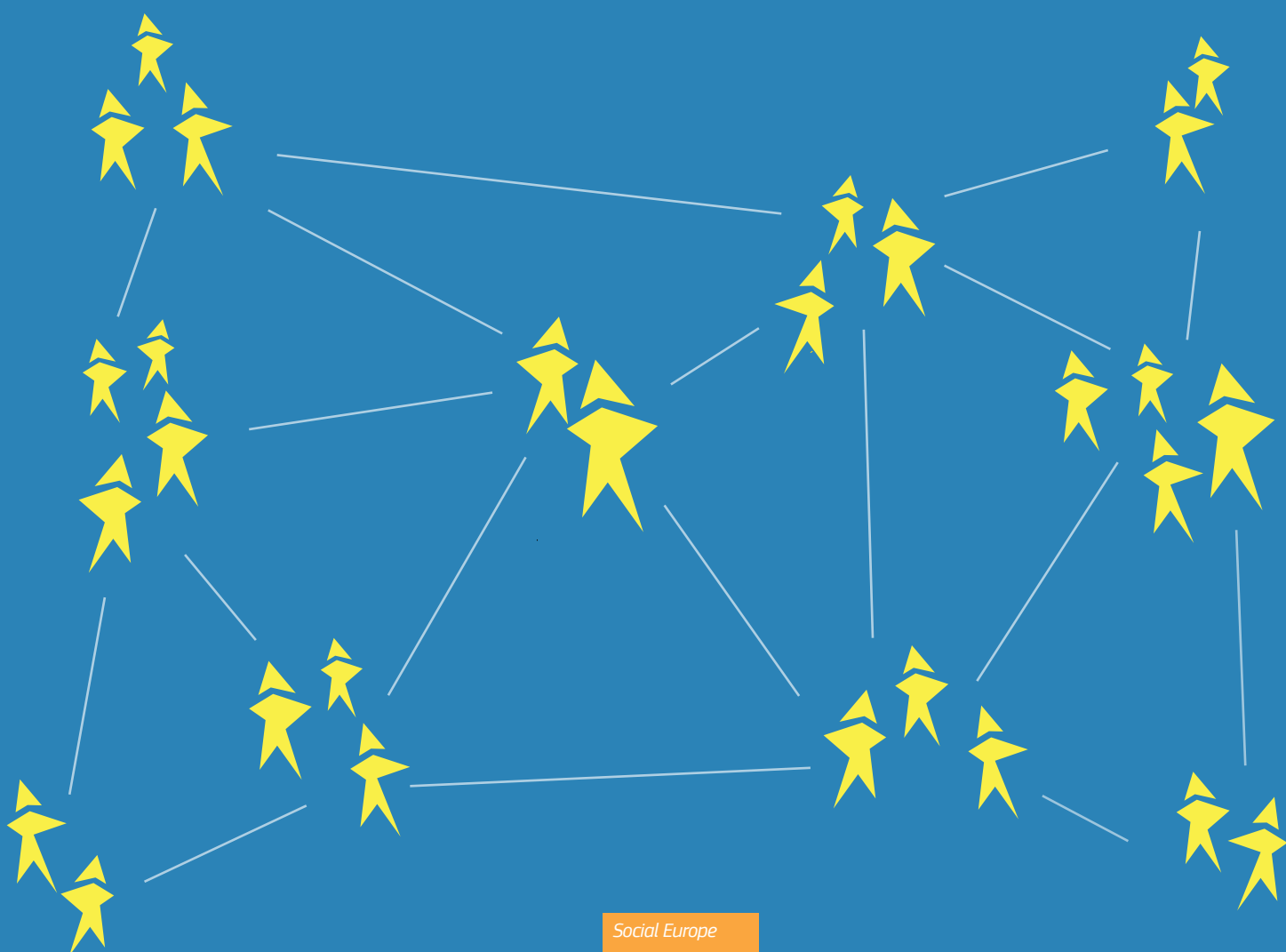


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities

Belgium

Anne Van Lancker and Viviane Sorée



Social Europe

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate D — Social Rights and Inclusion
Unit D.2 — Social Protection

Contact: Flaviana Teodosiu

E-mail: flaviana.teodosiu@ec.europa.eu

European Commission
B-1049 Brussels

European Social Policy Network (ESPN)

ESPN Thematic Report on Social protection for people with disabilities

Belgium

2022

*Anne Van Lancker & Viviane Sorée**

**With special thanks to Katrijn Ruts and Jos Wouters (vzw GRIP), Lore Van Welden (Onafhankelijk Leven) and Angelo Cléon (asbl Autonomia) for their useful contributions.*

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 the 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) and APPLICA, together with the European Social Observatory (OSE).

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

LEGAL NOTICE

The information and views set out in this document are those of the authors and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein. More information on the European Union is available on the Internet (<http://www.europa.eu>).

Manuscript completed in September 2022

The European Commission is not liable for any consequence stemming from the reuse of this publication.

Luxembourg: Publications Office of the European Union, 2022

© European Union, 2022



The reuse policy of European Commission documents is implemented by the Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (<https://creativecommons.org/licenses/by/4.0/>). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

For any use or reproduction of elements that are not owned by the European Union, permission may need to be sought directly from the respective rightholders.

QUOTING THIS REPORT

Van Lancker, Anne & Sorée Viviane (2022). *ESPN Thematic Report on Social protection for people with disabilities – Belgium*, European Social Policy Network (ESPN), Brussels: European Commission.

CONTENTS

SUMMARY.....	4
1 ACCESS TO DISABILITY-SPECIFIC INCOME SUPPORT	5
1.1 Disability-specific benefits/pensions available to working-age people	5
1.1.1 <i>Invaliditeitsuitkering / Indemnité d'invalidité</i> (Invalidity benefit).....	5
1.1.2 <i>Inkomensvervangende tegemoetkoming / Allocation de remplacement de revenus</i> (Income-replacement allowance)	7
1.1.3 <i>Integratietegemoetkoming / Allocation d'intégration</i> (Integration allowance)..	10
1.2 Disability-specific old-age pension schemes	12
1.2.1 <i>Zorgbudget voor ouderen met een zorgnood / Allocation d'aide aux personnes âgées</i> (Allowance for assistance to older people)	12
1.3 Income support aimed at covering disability-related healthcare and housing expenses	15
1.3.1 Healthcare.....	15
1.3.2 Housing.....	16
2 ACCESS TO SOME KEY GENERAL SOCIAL PROTECTION CASH BENEFITS.....	17
2.1 Old-age benefits.....	17
2.1.1 <i>Pension de retraite / Rustpensioen</i> (Retirement pension)	17
2.2 Unemployment benefits.....	18
2.2.1 <i>Werkloosheidsuitkering / Allocation de chômage</i> (Unemployment benefit)	18
2.3 Guaranteed minimum income schemes and other social assistance benefits.....	19
2.3.1 <i>Leefloon / Revenu d'intégration</i> (Guaranteed minimum income)	19
2.3.2 <i>Inkomensgarantie voor ouderen / Garantie de revenus pour les personnes âgées</i> (Income guarantee for older people)	19
3 PROVISION OF ASSISTIVE TECHNOLOGY AND PERSONAL ASSISTANCE.....	20
4 NATIONAL DEBATES, REFORMS AND RECOMMENDATIONS.....	22
4.1 National debates	22
4.2 Recent reforms and reforms currently in the pipeline	23
4.3 Good practice and recommendations on how to tackle gaps and obstacles.....	25
REFERENCES	27

Summary

This report analyses some important cash and in-kind social protection provisions available to adult people with disabilities (i.e. people aged 18 or above). In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD), “people with disabilities” should be understood as “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”.

The Belgian social security system is aimed at protecting against different social risks, largely without specific systems for people with disabilities, in contrast to social assistance. *General social protection benefits*, contributory and non-contributory, have no important specific eligibility rules or extra amounts for people with disabilities.

The *invalidity benefit* is a contributory form of disability-specific income support granted to people who have stopped working for health reasons, after a medical assessment. Benefits are set as a percentage of lost earnings and depend on the household situation. Partial cumulation with earnings is possible on resumption of work, but the system contains important disincentives.

The *income-replacement allowance* is a social assistance benefit for people with disabilities. The level of benefits depends on the household composition. Cumulation with income from work or other social benefits is possible, but the income share exceeding exempted amounts is deducted from the allowance. Although the system encourages participation in the labour market, the complex rules hinder it.

Integration allowances are social assistance benefits that partially compensate for extra costs due to disabilities. Their level depends on an assessment of loss of autonomy. Income of the partner is no longer taken into account, to avoid the so-called “price of love”. Integration allowances are granted largely independently of earnings from work (the so-called “price of labour”); cumulation with social benefits is restricted.

Allowances for assistance to older people with health problems and limited resources have become a competence of the regions. These non-contributory benefits are granted on the basis of medical assessments of loss of autonomy. Eligibility conditions and rules on cumulation with other benefits restrict access to the allowance.

People with disabilities benefit from a provision that limits their *healthcare* expenses to a certain maximum (which is lower than the maximum that applies to people without disabilities). Beneficiaries of the federal and regional allowances for people with disabilities, and those living on a low income, also enjoy increased reimbursement of healthcare costs. They have a right to a social third-payer system. At regional level, they can receive allowances that partially cover the costs of *assistive technology* related to mobility, communication, activities in daily life and *housing*, based on a reference list with maximum amounts of compensation. *Personal assistance budgets* (PABs) are available, after an assessment of need, although not always in line with UN CRPD definitions. Due to the complexity of the system and to insufficient budgets allocated, the waiting lists for the lower-priority categories are very long (sometimes over 20 years).

Given the high at-risk-of-poverty (AROP) rate for people with disabilities, the *national debate* is about the inadequacy of income replacement. Notwithstanding recent significant increases in social minima, only invalidity benefits for single people reach the AROP threshold. Moreover, the AROP rate does not take account of extra costs related to disabilities. The 2021-2024 federal action plan announced inquiries looking at ways to further relax means-testing and to modernise the assessment procedures.

Recommendations include: i) guarantee a decent income for people with disabilities (income-replacement allowances above AROP, and extra allowances that fully compensate for the extra costs of disabilities); ii) reduce non-take-up (simplify complex rules and eliminate restrictive eligibility criteria); iii) guarantee the right to personal assistance for every person with disabilities; iv) review assessment procedures; and v) ensure better co-operation between competent authorities.

1 Access to disability-specific income support¹

1.1 Disability-specific benefits/pensions available to working-age people

1.1.1 *Invaliditeitsuitkering / Indemnité d'invalidité* (Invalidity benefit)

a) Eligibility conditions

Disability-related qualifying criteria: A worker who, as a result of sickness or disability, cannot earn more than one third of the normal earnings of a worker in the same category and with the same training is considered as "incapacitated" for work. There are three conditions for being recognised as incapacitated for work: i) there is a total cessation of all work for health reasons; ii) the cessation must be the consequence of the onset or aggravation of injuries or functional disabilities; and iii) the claimant is recognised as being at least 66% incapacitated for work compared with their most recent professional occupation and with all previous professional occupations, or occupations they could undertake given their training.

Age: These contributory invalidity (insurance) benefits can be granted to people in employment (from age 15) up to the point when they claim their legal pension.

Nationality and residence: There are no *residence* or *nationality* requirements², but people must have paid sufficient contributions to the Belgian social system.

Waiting period: 12 months (i.e. after the period of primary work incapacity during the first year).

Contributory history: 180 working days or equivalent (e.g. holidays, compensation rest) within these 12 months for full-time workers and unemployed people; for part-time workers this is 800 hours in 12 months (eventually extended to 36 months). Social contributions covering the required period of work must have been paid. Self-employed people qualify if they have contributed during two quarters before becoming incapable of work.

Level of financial resources: No means-testing of the resources of workers, as invalidity benefits are part of the contributory social security system. The benefit can be granted from the moment that earnings capacity is reduced to 66%.

Other: None.

Gaps/Obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

b) Disability assessment framework

Type: Medical assessment.

Responsible authority: It is the responsibility of the medical officer of the health insurance fund to evaluate the incapacity of insured people.

Method: After the first year of incapacity for work (the start of the invalidity period), based on a medical certificate and eventually confirmed through an additional medical

¹ Both communities and regions, as well as the federal state, have some responsibilities in the social protection domain. The Flemish, French and German-speaking communities are responsible for "person-related matters", including some that affect healthcare and long-term care. The Flemish and German-speaking communities assume these responsibilities themselves, while the French-speaking community has devolved its competence to the Walloon region. In Brussels, matters are arranged by three community commissions - the French Community Commission (*Commission Communautaire française*), the Joint Community Commission (Commission Communautaire Commune) and the Flemish Community Commission (Vlaamse Gemeenschapscommissie).

² These conditions apply to EU and non-EU nationals as well as to people with refugee status.

examination, the insurer's medical officer may propose to the Medical Disability Board of the National Institute for Health and Disability Insurance (NIHDI) that the incapacity for work be extended or terminated; the Medical Disability Board may extend the incapacity on the proposal of the medical officer or terminate the incapacity.

Supporting evidence: Through a medical certificate from the attending physician to prove the date the incapacity for work started. The incapacity can eventually be confirmed through medical examination by the insurer's medical officer.

Assessor: The medical officer of the health insurance fund.

Decision-maker: Medical Disability Board of the NIHDI. A decision to recognise incapacity for work may be reviewed if the insured person no longer meets the conditions for recognising incapacity for work. There is no regular review or legal time limit set. However, a medical examination is possible during incapacity for work during the period of invalidity (first application for recognition or in the event of an application for extension of the invalidity). It is possible to lodge an appeal against a decision to terminate incapacity with the labour court of the place of residence within three months following notification of termination of incapacity.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: Invalidity benefits are calculated on the basis of the household situation of the person on invalidity, independent of the degree of disability. The allowance for employees on invalidity with dependants is 65% of the lost earnings (subject to a ceiling of between €136.22 and €149.92 depending on the year of invalidity³); if single without dependants (or considered as such) – 55%; if co-habiting without dependants – 40%. The payment is monthly.

The basis of calculation for employees is lost pay: the gross salary on the last day of the second calendar quarter preceding that of the invalidity, or the last gross salary. For unemployed people, lost pay is defined as the gross salary on the basis of which the unemployment benefit is calculated. There are minimum and maximum benefits that differ for single people, and people with or without dependants. Minimum benefits are much lower – and way below the at-risk-of-poverty (AROP) threshold (as defined at EU level⁴) – for irregular employees, who often include people with chronic health problems. Self-employed people receive a daily lump sum of €66.20 for people with dependants, €52.72 for single people and €45.20 for co-habitants (amounts on 1 January 2022).

Automatic adjustment of allowances by 2% occurs when the consumer price index varies by 2%. Rates of allowances follow the evolution of the general standard of living through the distribution of the "welfare envelope", based on an agreement between the social partners⁵.

Duration of the benefit: As long as someone is incapacitated for work, as recognised by the medical officer or the Medical Disability Board, they will continue to receive their benefits.

Interaction with other benefits: In principle, no cumulation with other social security benefits is possible, except for accidents at work or occupational disease benefits, up to a statutory maximum. However, employees on invalidity for at least one year on 31 December, and who are still on invalidity in May of the next year, can receive a yearly

³ [Maximumbedrag van uw uitkering tijdens de periode van invaliditeit - RIZIV \(fgov.be\)](#)

⁴ That is: 60 % of the national median equivalised disposable income (after social transfers).

⁵ The welfare envelope is a budget that is reserved by the government to adapt social benefits to follow welfare evolutions, with a focus (but not exclusively) on increases in social minima. The distribution of this envelope is decided every two years, based on an agreement between the social partners.

adjustment premium (between €404.27 and €810.48, according to whether they have dependants or not and the duration of the invalidity)⁶. For self-employed people this is a lump sum of €292.49 per year. People on invalidity benefit can apply for a lump-sum benefit (€24.96 per day – 1 January 2022) for *third-party assistance* (*allocation pour l'aide d'une tierce personne / tegemoetkoming voor hulp van derden*) in their daily life, provided they pass an assessment by a medical practitioner on criteria related to self-reliance (see integration benefit).

For employees with medically reduced work capacity of at least 50%, cumulation with earnings from work is possible when they resume their work. Professional activity during the period of disability may be authorised by the medical officer of the mutual insurance fund. The amount of the daily benefit thus allocated may not exceed the daily amount that would be allocated if there were no cumulation. If the work does not exceed 20% of the usual working time, there is no reduction of the benefit. If it does exceed 20% of the usual working time, the benefit is reduced according to the average number of hours of work performed per week beyond 20%. In the case of full-time work, beneficiaries keep 20% of their benefits.

Benefits are subject to taxation, with the exception of the allowance for the assistance of a third party.

Challenges: The system of partial work resumption, with a combination of income from work and invalidity benefits, still creates important disincentives to work (Van Mechelen *et al.*, 2019). In practice, doctors will seldom authorise more than 50% working time, because of a misinterpretation of the law that says that return to work with (partial) preservation of benefits can only be authorised for people who have a reduced work capacity of 50%. People with disabilities who work more than 50% of the normal working time are seen as capable of work by doctors, and would therefore no longer be entitled to invalidity benefits. The law, however, does not mention working time as a criterion. It is also problematic that the combination of part-time work and invalidity benefits is only possible under the condition that people had previously completely interrupted their professional activities. The system therefore does not work in a preventive way to keep people with chronic health problems in the labour market⁷. Evaluation studies show that the system has a positive effect on the financial incentive to take up work, but does not provide sufficient protection to the most vulnerable beneficiaries of invalidity benefits.

1.1.2 *Inkomensvervangende tegemoetkoming / Allocation de remplacement de revenus (Income-replacement allowance)*

a) Eligibility conditions

Disability-related qualifying criteria: Benefits are available for people whose earnings capacity is reduced by two thirds as a result of their disability. The level of the benefit depends on the degree of reduction of earning capacity. The medical assessment is done by a medical practitioner – see b) below – on the basis of the person's education, career, actual sources of income and the eventual reasons for stopping work. The evaluation also takes into consideration the impact of the disability on the person's opportunities in the labour market (assessment of earning capacity).

Age: These disability assistance benefits can be granted to people aged 18-64. However, someone receiving income-replacement allowance (and/or integration allowance, see below) before age 65 continues to receive these benefits beyond that age. Benefits can also be granted to people under 18 if they are married or have a child. Income-replacement allowances have only been granted to people aged 18 since

⁶ [Bedrag van uw inhaalpremie als werknemer in arbeidsongeschiktheid - RIZIV \(fgov.be\)](#)

⁷ [Welke knelpunten ervaren personen met een chronische ziekte in het systeem van gedeeltelijke werkherleving? | Vlaams Patiënten Platform](#)

1 January 2021, due a judgment of the Constitutional Court (July 2020) declaring the previous age requirement of 21 to be unconstitutional.

Nationality and residence: The people who are eligible are those listed on the national register of natural persons, and those not listed but who are: of Belgian nationality; nationals of an EU Member State; nationals of Iceland, Liechtenstein, Norway, Switzerland, Morocco, Algeria or Tunisia and who fulfil the conditions of Regulation (EC) 883/2004; refugees or stateless people; and nationals of a state that has signed the European Interim Agreement. They have to reside in Belgium (i.e. be listed on the national register of natural persons) and stay effectively and permanently in Belgium, with certain exceptions allowing for a temporary stay abroad. Effective residence of 10 years is required, of which at least five years must be uninterrupted.

Waiting period: There is no waiting time. The benefit is granted from the moment the disability is certified.

Contribution history: Income-replacement allowances are non-contributory benefits, close to social assistance.

Level of financial resources: Means-testing is somewhat more relaxed than in the general system of guaranteed minimum income. For the income-replacement allowance, some resources are not considered, including: family benefits; benefits that fall under public or private assistance; maintenance payments between grandparents and descendants; allowances for people with disabilities, granted to the applicant's partner; and allowances and additional remuneration received by someone with disabilities undertaking training, rehabilitation or vocational retraining paid for by a public body.

Real estate only affects the entitlement to income-replacement allowance if the cadastral income is taken into account for the calculation of income tax for natural persons. If the property constitutes the dwelling of the claimant, the cadastral income is only taken into account for the part exceeding €4,904.70, increased by €409 for the spouse and for each dependent person.

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

b) Disability assessment framework

Type: The assessment is administrative (verification of admissibility, family situation, entitlement conditions) as well as medical.

Responsible authority: The assessment of disability is the responsibility of the Directorate-General "Handicap" (DGHAN), a branch of the Federal Public Service for Social Security. DGHAN is responsible for both the administrative and medical assessment.

Method: The assessment is done 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 of DGHAN.

Supporting evidence: The online application, information from the attending physician, interview and medical investigation.

Assessor: Medical practitioner of DGHAN.

Decision-maker: DGHAN.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: The new federal government decided to increase the amounts of the income-replacement allowance by 10.75% between 2021 and 2024, in four steps,

each of 2.6875%, starting on 1 January 2021. For the calculation of the benefits, the family situation of people with disabilities (living with a partner, a parent, children under 25) and household income (the household consists only of the person with disabilities and their partner) are taken into account. The allowance varies depending on the family composition, as follows. Category A: the person with disabilities does not fall into either of the other two categories below (€8,581.15 per year since 1 January 2022). Category B: the person with disabilities lives alone, or resides in an institution while maintaining the same address as their partner (€12,871.71). Category C: people living with a partner, or living with a dependent child under 25 (€17,395.33). An automatic readjustment by 2% of the allowance occurs when the consumer price index varies by 2%. There is also the legal mechanism for linking social benefits to the standard of living, through the welfare envelope which is based on an agreement between the social partners⁸.

The amount of the income-replacement allowance depends on the taxable income of the household (income from the person concerned and from their partner; income from employment; replacement income; and other income). The annual income of the partner is exempt up to an amount of €4,290.58. Income from the previous year or two years is taken into account. If the household income has varied by at least 20% during the two years preceding the application, only the income of the previous year is taken into account.

Duration of the benefit: Once the allowance is granted, entitlement continues for as long as it is not affected by a significant change in the situation of the person with disabilities. Disability allowance files are subject to an administrative review every five years.

Interaction with other benefits: For the income-replacement allowance, cumulation with earnings from work is possible. The income share exceeding the exempted amount is deducted from the allowance. 50% of income from labour up to €5,277.58 per year is exempted; and 25% up to €7,916.36. Cumulation is possible, in principle, with another social security benefit, for example with invalidity benefits. The amount of the latter is taken into account when calculating the maximum income amount which can be made available to the person with disabilities. If the income exceeds a maximum amount of €742.95 per year, the surplus is deducted from the allocation. Income-replacement allowances cannot be combined with the allowance for assistance to older people (see Section 1.2.2). The benefits are not subject to taxation.

Challenges: The system for exempting the earned income of the beneficiary and of their partner is rather complex and creates activity traps: the system ensures that participation in the labour market results in increased income, but it hinders promotion to a job with a higher wage or longer working hours. Because the family income is taken into account for the calculation of the income-replacement allowance, for the partner there is also an activity trap (Van Mechelen, 2019). Cumulation with other benefits is very restrictive and hinders the income security of people with disabilities.

⁸ The welfare envelope is a budget that is reserved by the government to adapt social benefits to follow welfare evolutions, with a focus (but not exclusively) on increases in social minima. The distribution of this envelope is decided every two years, based on an agreement between the social partners.

1.1.3 *Integratietegemoetkoming / Allocation d'intégration (Integration allowance)*

Integration allowances are non-contributory benefits, close to social assistance. A person who has lost all or part of their autonomy can apply for integration allowances under the same conditions as for income-replacement allowances (see Section 1.1.2.a). Integration income provides a (partial) compensation for extra costs due to disability.

a) Eligibility conditions

Disability-related qualifying criteria: The assessment is done by evaluating a person's ability to perform the activities that are necessary to live a normal life (self-reliance or autonomy assessment). For further details on the actual process of evaluating the ability to perform different activities, see b) below.

Age: See Section 1.1.2.a.

Nationality and residence: See Section 1.1.2.a.

Waiting period: See Section 1.1.2.a.

Contributory history: See Section 1.1.2.a.

Level of financial resources: See Section 1.1.2.a.

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

b) Disability assessment framework

Type: The assessment is administrative (admissibility, family situation, entitlement conditions) as well as medical.

Responsible authority: DGHAN is responsible for both the administrative and the medical investigation.

Method: The assessment is done 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, and physiotherapists) of DGHAN.

During the evaluation of the degree of autonomy, account is taken of the abilities:

- to move around, to feed oneself, to maintain personal hygiene and to perform household tasks; and
- to communicate, to have a social life and to be aware of dangers.

For each function, the doctor examines the degree of difficulties encountered by the person concerned. Four answers are possible:

- no difficulties, efforts or particular equipment – no points are attributed;
- minor difficulties, additional efforts or use of particular equipment – one point;
- significant difficulties, additional efforts or use of particular equipment – two points; and
- impossible to execute without the assistance of a third person, reception in an appropriate institution or a completely adapted environment – three points.

The consequences of the disability for a person's position in the labour market are not taken into account, meaning that for the assessment of the degree of autonomy and the decision on the actual amounts, the possible income loss through incapacity for work is not taken into account.

Supporting evidence: The online application, information from the attending physician, interview and medical investigation.

Assessor: The medical officer or a multi-disciplinary team of DGHAN (see above).

Decision-maker: On basis of these criteria a decision as to which category a person belongs is taken by DGHAN. At least seven points are necessary to qualify for an integration allowance. All decisions made regarding allowances for people with disabilities can be challenged before the labour courts.

Critical analysis: Not documented.

c) Benefit entitlements

Level of benefit: The monthly amount of the integration allowance varies according to the degree of loss of autonomy (see above). The federal government decided to increase the amounts of integration income by 10.75% over a period of four years, from 2021 to 2024, with an increase of 2.6875% each year, starting from 1 January 2021.

There are five categories (yearly maximum amounts – 1 January 2022):

- Cat. I (7-8 points): €1,349.69
- Cat. II (9-11 points): €4,464.24
- Cat. III (12-14 points): €7,099.78
- Cat. IV (15-16 points): €10,317.87
- Cat. V (17-18 points): €11,697,44

As for income-replacement allowances, there is an automatic readjustment of 2% of the allowance when the consumer price index varies by 2%. There is also a legal mechanism for linking social benefits to the standard of living, through the welfare envelope.

As of 1 January 2021, the amount of the integration allowance only depended on the taxable income of the person concerned: income from employment, replacement income and other income. Income from the previous year or two years are taken into account. If the household income has varied by at least 20% during the two years preceding the application, only the income of the previous year is taken into account. The income of the partner is no longer taken into account, to avoid the so-called “price of love”, whereby people with disabilities are financially discouraged from living with a partner who can take care of them⁹. Since January 2022, the integration income has been excluded from the calculation of the minimum income¹⁰.

Duration of benefit: Once the allowance is granted, entitlement continues for as long as it is not affected by significant changes in the situation of the person with disabilities, which have to be notified to the competent administration. Disability allowance files are subject to an administrative review every five years.

Interaction with other benefits: Cumulation rules with social protection benefits and income from work are more generous than for income-replacement allowances. The benefits are not subject to taxation. Due to the higher threshold for exempt income from work (up 170%, to a maximum of €63,000 per year, since October 2021), integration allowances are granted largely independently of the income from work of the beneficiary. The measure abolishes the so-called “price of labour”, where due to

⁹ [Inkomen van je partner heeft geen invloed meer op je integratietegemoetkoming \(IT\) - DG Personen met een handicap \(belgium.be\)](#)

¹⁰ [Koninklijk besluit tot wijziging van het koninklijk besluit van 11 juli 2002 houdende het algemeen reglement betreffende het recht op maatschappelijke integratie | POD Maatschappelijke Integratie \(mi-is.be\); Leefloon onafhankelijk van integratietegemoetkoming - Grip \(gripvzw.be\)](#)

the previously low threshold for income from work, taking up work was discouraged. For social benefits, the income exemption has been raised much less (by 13%, to a maximum of €3,780). The abolition of the “price of love” on 1 January 2021 resulted in the abolition of disincentives for partners of people with disabilities.

Challenges: Research points to the importance of non-take-up of integration allowances, due to the complex and stigmatising eligibility and conditionality rules, which are often difficult to understand. Errors during the medical control and the focus on autonomy criteria exclude people with chronic diseases or mental problems. Sufficient support in the application process, pro-active and outreach work should help to overcome non-take-up (Hermans, 2019). The large difference in income exemption between income from work and income from benefits leads to a significant loss in income from integration allowances for people with disabilities who lose their job or fall on social protection benefits for different reasons.

1.2 Disability-specific old-age pension schemes

1.2.1 *Zorgbudget voor ouderen met een zorgnood / Allocation d'aide aux personnes âgées (Allowance for assistance to older people)*

Until the end of 2016, the allowance for assistance to older people was a federal competence, under the authority of DGHAN. Since 1 January 2021, all aspects of the allowance have fallen under the competence of the regions, except for the medical assessment of disability carried out by DGHAN for cases in Flanders and in the Brussels capital region; medical assessments in Wallonia are done by the health insurance funds. In the section below, the situation for Flanders is described.

a) Eligibility conditions

Disability-related qualifying criteria: They are similar to the ones described regarding the integration allowance (Section 1.1.3). The assessment is done by evaluating the person’s ability to perform the activities that are necessary to live a life on an equal basis with others (self-reliance assessment). For further details on the actual process of evaluating the person’s abilities to perform different activities, see b) below.

Age: Allowance for people over 65, who have limited resources and health problems.

Nationality and residence: No nationality requirements. Residents in Flanders or the Brussels capital region are eligible. Residents in the Brussels capital region, who can apply for a comparable allowance from the Brussels capital region, do not qualify for the Flemish allowance. Since 2022 a period of residence has been required: 10 years, of which five years continuous.

Waiting period: None. It is granted from the moment the disability is certified.

Contributory history: The allowance is a non-contributory benefit, close to social assistance. However, beneficiaries must be affiliated to a health insurance fund and pay a care contribution (€54, or €27 for people on a low income) to the Flemish social protection system. Affiliation is mandatory for people residing in Flanders; for residents in Brussels it is optional. From 2023 on, an extra eligibility condition will be added for non-EU migrants to qualify for the allowance as well as for the reduced contribution: they will have to be in possession of a citizens’ certificate – a proof of successful completion of integration courses – delivered in the year before application for the allowance.

Level of financial resources: All income from work, pensions and income-replacement benefits, as well as all savings and all property, of both the claimant and their partner, are considered when calculating the level of the allowance, except for an exempt amount, which differs for single people and co-habitants.

Other: None.

Gaps/obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

b) Disability assessment framework

Type: The assessment is administrative (admissibility, family situation, entitlement conditions) as well as medical.

Responsible authority: The care funds of the health insurance funds are responsible for the administrative assessment of the application. DGHAN is responsible for the medical investigation.

Method: Applications can be made to the care funds of the health insurance funds, at the public centres for social welfare (PSCWs) or the municipalities, or through an online tool (ETHAB). For people residing in Brussels, the application must be done through IRISCARE¹¹ or the Brussels PCSW. The application is 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 of DGHAN (see Section 1.1.3); or for people residing in Brussels since 1 January 2022, by the Centre for Evaluation of Autonomy and Disability (CEAH – *Centre d'évaluation de l'autonomie et du handicap / Centrum voor de evaluatie van de autonomie en de handicap*).

During the evaluation of the degree of autonomy, account is taken of the abilities:

- to move around, to feed oneself, to maintain personal hygiene and to perform household tasks; and
- to communicate, to have a social life and to be aware of dangers.

For each function, the doctor examines the degree of difficulties encountered by the person concerned. Four answers are possible:

- no difficulties, specific efforts or particular equipment – no points are attributed;
- minor difficulties, additional efforts or use of particular equipment – one point;
- significant difficulties, additional efforts or use of particular equipment – two points; or
- impossible without the assistance of a third person, reception in an appropriate institution or a completely adapted environment – three points.

The consequences of the disability for a person's position in the labour market are not taken into account for the assessment of the degree of autonomy.

Supporting evidence: The online application, information from the attending physician, interview and medical investigation.

Assessor: The medical officer of DGHAN for people residing in Flanders, and the CEAH for people residing in Brussels (since 1 January 2022).

Decision-maker: On the basis of these criteria a decision as to which category a person belongs is taken by the care funds of the health insurance funds for people residing in Flanders and by the CEAH for people residing in Brussels (since 1 January 2022). At least seven points are necessary to qualify for an allowance for assistance to older people. All decisions made regarding allowances for people with disabilities can be challenged before the labour courts.

Critical analysis: Not documented.

¹¹ IRISCARE is the bi-community public service responsible in the Brussels capital region for the policies of social protection transferred to the regions since 2017.

c) Benefit entitlements

Level of the benefit: The monthly amount of the allowance for assistance to older people varies according to the degree of loss of autonomy (see above).

There are five categories (yearly maximum amounts – 1 January 2022):

- Cat. I (7-8 points) – €1,105.53
- Cat. II (9-11 points) – €4,220.08
- Cat. III (12-14 points) – €5,130.91
- Cat. IV (15-16 points) – €6,041.51
- Cat. V (17-18 points) – €7,421.14

An automatic readjustment of 2% of the allowance occurs when the consumer price index varies by 2%.

The amount of the allowance for assistance to older people depends on the taxable income of the household (income from the person concerned and from their partner: income from employment, replacement income and capital income).

Part of the income of the household is exempt: €15,015.91 per year for single people, and €18,763.65 for people with dependants. Exempt income is indexed.

Duration of the benefit: As long as the situation of the person requires it.

Interaction with other benefits: The allowance for assistance to older people can be combined with other benefits that fall under the Flemish social protection system. A special care budget, called *allowance for assistance to heavily dependent* people, can be granted to people with disabilities who have a serious long-term diminished autonomy and who score high on the BelRAI index¹², the Katz-scale¹³ or the medical-social scale¹⁴ used for the assessment for income-replacement and integration income or the allowance for assistance to older people. This special care budget is a lump-sum allowance of €130 per month. The allowance for assistance to older people cannot be combined with income-replacing allowances or integration allowances at federal level. People with mental or physical disabilities also receive a *care budget for people with disabilities*, a lump-sum benefit (€300 per year) that is designed to help them to fund care and support. The allowance is granted automatically and needs no justification.

Challenges: Several civil organisations on 24 January 2022 started an annulment procedure at the Constitutional Court against the decree on Flemish social protection, which also covers the allowance for assistance to older people. Based on the opinions of the Council of State, the Social and Economic Council of Flanders (*Sociaal-Economische Raad van Vlaanderen*) and the advisory Committee for Well-being, Health and the Family (*Commissie voor Welzijn, Volksgezondheid en Gezin*), the application before the Constitutional Court states that the residence requirements of 10 years (of which five uninterrupted), as well as the integration requirement, constitute an unjustified discrimination against newcomers, and an infringement against the equality principle and the standstill principle of Article 23 of the Constitution on social rights, and of several European and international conventions.

The new BelRAI model of assessment of disabilities is an instrument that is designed to assess the needs and functioning of people with complex health needs, and is therefore well suited for the general planning of care. When it is used to determine the amount of the care budget of €130, it leads to a reduction of around 30% in the number beneficiaries who no longer qualify for the benefit. Experts of the advisory agency for

¹² [BelRAI & interRAI beoordelingsinstrumenten \(belrai-kennisportaal.be\)](https://belrai-kennisportaal.be)

¹³ [Evaluatieschaal \(Katz\) - RIZIV \(fgov.be\)](https://fgov.be)

¹⁴ [Bijkomende-Kinderbijslag-aanvragen-de-medisch-sociale-schaal.pdf \(gezinenhandicap.be\)](https://gezinenhandicap.be)

welfare (*Steunpunt Welzijn*) are of the opinion that the BelRAI instrument is a good assessment instrument for planning and quality assessment, but that the assessment instrument of the Flemish Agency for People with Disabilities (VAPH – *Vlaams Agentschap voor Personen met een Handicap*) is better suited for assessing the need for financial support, because the assessment of the degree of autonomy is much more refined and the focus is more on the degree of personal support needed (Vanlinthout, 2021).

The situation for people with disabilities who are residents of the Brussels capital region is overly complex, due to the fact that competences are scattered between different community committees of the Brussels capital region and the Flemish community. Service-providers and social organisations point to the fact that this leads to a high level of non-take-up of allowances (Noel, 2019).

1.3 Income support aimed at covering disability-related healthcare and housing expenses

1.3.1 Healthcare

1.3.1.1 *Maximum factuur / Maximum à facturer (Maximum bill)*

- a) *Brief description*: The maximum bill is a system that limits the expenses of households for healthcare to a certain threshold, which differs according to the income of the household (between €250 and €2,027.16 per year in 2022). For people with disabilities, there are two different maximum bills that can apply.
- Maximum bill for people with chronic diseases: for people who have been recognised as having a chronic disease, the maximum bill is reduced by €112.62 per year for people with a recognised status, or for people whose personal co-payments exceeded €487.08 in the previous year.
 - Social maximum bill: a reduced maximum bill of €506.79 per year (1 January 2022) is granted automatically to those who receive federal benefits for people with disabilities, or allowances for assistance to older people (see Sections 1.1.2, 1.1.3 and 1.2.1), and can be applied for through the healthcare funds by people who are recognised as having disabilities and who have a low income (a yearly maximum gross household income in 2022 of €22,315.89, plus €4,131.28 per person). People (with or without disabilities) who have a very low income (in 2022 a maximum of €11,120), the maximum bill is €250; many of the potential beneficiaries are people with disabilities.
- b) *Main gaps/obstacles*: The recent reform of the maximum bill – reducing the maximum expenses to €250 per year – is only applicable to households living on a very low income (a maximum of €11,120 in 2022). People with disabilities in a household that has an income above this threshold fall back on the higher (social) maximum bills.
- c) *Main adequacy challenges*: See b. The maximum bill does not cover all healthcare expenses, for example prostheses, bandages, medical devices or medical expenses covered by measures under the competences of the federated entities (Baeten, 2021)

1.3.1.2 *Verhoogde tegemoetkoming / Intervention majorée (Increased reimbursement)*

- a) *Brief description*: Those who receive federal benefits for people with disabilities, or allowances for assistance to older people (see Sections 1.1.2, 1.1.3 and 1.2.1) automatically qualify for the system of increased reimbursement of healthcare costs and pay lower prices for doctors' visits, medication and hospital care. Those who are recognised as people with disabilities and who have a low income (i.e. a yearly maximum gross household income in 2022 of €22,315.89, plus €4,131.28 per person) may apply for increased reimbursement to their healthcare fund. Beneficiaries of

increased reimbursement also enjoy additional social benefits such as access to the social tariff for energy and the third-payer system (not restricted to people with disabilities) (see Section 1.3.1.3).

- b) *Main gaps/obstacles:* For beneficiaries of the income-replacement and integration income allowances, access to the increased reimbursement system is automatically granted on the basis of their benefit status. Households on a low income, but above social assistance levels, have to apply and pass an income test. This is also the case for many beneficiaries of invalidity benefits. This leads to significant levels of non-take-up. A field experiment involving 55,000 low-income households, in co-operation with healthcare funds, used new data flows to pro-actively identify possible beneficiaries. The outreach activities of the healthcare funds led to a two- to three-fold increase in take-up (Van Gestel, 2022). Further research is being done in the TAKE project¹⁵ to determine the size of non-take-up of benefits in Belgium, identify the determinants and propose a redesign of policies to maximise take-up. Results are expected in June 2022.
- c) *Main adequacy challenges:* Even with increased reimbursement, the patient's share of medical costs can still be quite high. One of the (pending) proposals to improve access to healthcare and reduce inequalities is therefore to abolish or significantly reduce the co-payments for households on a low income¹⁶.

1.3.1.3 Sociale derdebetalersregeling / Système de tiers payant social (Social third-payer system)

- a) *Brief description:* People with disabilities who enjoy the increased reimbursement of healthcare costs have a right to the social third-payer system, which requires only payment of personal co-payments for hospital care, for medication at the pharmacist, and also for medical care on the occasion of doctors' visits¹⁷. The healthcare fund directly reimburses the healthcare provider and the pharmacist. For these people and also for people who are recognised as having a chronic disease, doctors may decide to apply the third-payer system to doctors' visits. Since 1 January 2022, the prohibition on applying the third-payer system to doctors' consultations has been lifted; from now on, doctors may decide to extend the system to cover the costs of consultations for all patients, with or without disabilities.
- b) *Main gaps/obstacles:* Extension of the third-payer system is broadly considered as one of the most efficient means to improve access to healthcare and reduce inequalities¹⁸. However, the fact that the third-payer system in some cases is optional may create a two-tier situation, where some people can enjoy not having to advance the costs of doctors, whereas others still pay the whole amount, due to the fact that their doctor chooses to not apply the system. This is not the case for people living on a low income, since for them third-payer arrangements are obligatory, linked to increased reimbursement of healthcare costs.
- c) *Main adequacy challenges:* No specific challenges identified.

1.3.2 Housing

1.3.2.1 Hulpmiddelen voor thuissituatie / Aide individuelle à l'intégration (Tools for home situation / Individual support for integration)

- a) *Brief description:* The allowances to support people with disabilities in housing differ between the different regions and communities. The German community has no specific

¹⁵ [TAKE | Reducing Poverty Through Improving Take Up Of Social Policies \(wordpress.com\)](https://www.wordpress.com)

¹⁶ Baeten, 2021.

¹⁷ [Derde betalingsregeling voor huisartsen - RIZIV \(fgov.be\)](https://www.riziv.be)

¹⁸ Baeten, 2021.

allowances in support of private housing. The VAPH grants allowances to help people with disabilities deal with the extra difficulties related to their disability and live independently¹⁹. The allowance can cover costs related to mobility, communication, activities in daily life and housing. To be eligible, people with disabilities have to be residents of Flanders or of the Brussels capital region, be recognised as a person with disabilities by the VAPH, and be younger than 65 at the time of first application. Regarding housing, the allowance covers costs incurred for adaptations in the house (use of bathroom, toilet, living room, sleeping room and kitchen), transmitters and receivers, tools and adaptations to improve access to and mobility inside and around the house. The application can be made online or at VAPH offices. Together with a multidisciplinary team (see Section 1.1.3), the person with a disability evaluates their needs and provides a report with an application for tools on the basis of a reference list. The VAPH decides which tools and amounts funding will be granted. There is a maximum amount called the reference amount for every tool.

The Walloon Agency for the Quality of Life (AViQ – *Agence pour une Vie de Qualité*) has a similar budget for allowances to facilitate the integration of people with disabilities in daily life, including extra housing costs (*prise en charge des frais liés à l'aide individuelle à l'intégration*). Eligibility requirements include recognition of disability by the AViQ and residence in Wallonia. There are no age limits, but for people with disabilities who are over 65, only the disabilities recognised when under 65 are taken into account. Assessment of needs is done with the help of multidisciplinary teams (see Section 1.1.3) of the AViQ. The costs that are additional to what people without disabilities would require are taken into account. Tools and maximum allowances are included in the annex of the Walloon Law on Social Action and Health²⁰.

PHARE (*Personne Handicapée, Autonomie Recherchée*), the agency for people with disabilities in the Brussels capital region, has a similar budget for allowances for assisting the integration for French-speaking residents²¹.

- b) *Main gaps/obstacles*: The application procedure, the assessment of needs and the allowances that are granted are considered to be bureaucratic (many forms and invoices requested), restrictive (not all necessary adaptations are refunded) and inadequate (costs incurred are always much higher than the allowances).
- c) *Main adequacy challenges*: The costs of structural adjustments to housing are significantly higher than the funding that is granted. Vzw GRIP, an NGO advocating for the rights of people with disabilities, demands full reimbursement of costs incurred, in line with the investment in collective residential housing, to avoid people with disabilities having to choose residential care, where most of the public funding in the budget of the Flemish region is spent²².

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

2.1.1 Pension de retraite / Rustpensioen (Retirement pension)

a) Eligibility conditions

Eligibility conditions for contributory retirement pensions regarding age and career are the same for people with and without disabilities. However, for early retirement (age 63 with 42 career years, 62 with 43 career years, 61 with 43 career years, 60 with 44

¹⁹ [Tegemoetkomingen | VAPH](#)

²⁰ [Règlementation Aide matérielle \(aviq.be\)](#)

²¹ [Aides individuelles à l'intégration - Service PHARE \(irisnet.be\)](#)

²² [Microsoft Word - Def Standpuntnota GRIP Inclusief Woonbeleid \(digisecure.be\)](#)

career years), inactivity due to disability (minimum 65% work incapacity), sickness and invalidity periods are counted as equivalent years.

b) Additional amount/compensation included and adequacy issues

Retirement pensions for people with disabilities are calculated in the same way as the pensions for people without disabilities. However, inactivity for reasons of disability, sickness or invalidity is calculated on the basis of a fictitious wage, which equals the wage of the year prior to the inactivity. These equalised periods on the basis of fictitious wages are important for people with disabilities, because they make it slightly easier to meet the eligibility conditions for (early) retirement.

c) Gaps/obstacles

The career years required to access early retirement are almost impossible to attain for people with disabilities. Given their very low employment rate (40% for people with disabilities aged 15-64, compared with 65% for the total population in 2020²³), people with disabilities even face difficulties qualifying for the guaranteed minimum retirement pension (see Section 2.3.2), because that requires proof of two thirds of a full career (30 years). They often end up with a social assistance benefit, the income guarantee for older people. The National High Council for People with Disabilities demands that access to early retirement should be made easier for people with disabilities, including through a more generous calculation of career years²⁴. The amounts of pension benefits exempted for the calculation of the integration allowance are very low, which can result in the loss of the integration income that is designed to compensate for extra costs of disabilities for people with disabilities who are retired.

2.2 Unemployment benefits

2.2.1 *Werkloosheidsuitkering / Allocation de chômage (Unemployment benefit)*

a) Eligibility conditions

No difference in eligibility criteria on access, waiting time or reference period of contributory unemployment benefits for people with and without disabilities.

b) Additional amount/compensation included and adequacy issues

No additional amounts. However, periods of sickness or invalidity are counted as equivalent days²⁵. This is important for the calculation of the (decrease of the) second period, which is prolonged by two months per year worked (or equivalent periods). The normal second unemployment period is a maximum of 36 months, except for people with a permanent labour incapacity of at least 33%²⁶.

c) Gaps/obstacles

The amounts of unemployment benefits exempted for the calculation of the integration allowance are very low, which can result in the loss of the integration income that is designed to compensate for extra costs of disabilities when people with disabilities become unemployed.

²³ [3 december, Internationale Dag van Personen met een handicap | Statbel \(fgov.be\)](#)

²⁴ [Advies 2018/24 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)

²⁵ Equivalent adays are days that count in the same way as actual worked days.

²⁶ [T67 | Documentatie | RVA](#)

2.3 Guaranteed minimum income schemes and other social assistance benefits

2.3.1 *Leefloon / Revenu d'intégration* (Guaranteed minimum income)

a) Eligibility conditions

Conditions are the same as for people without disabilities. However, people applying for non-contributory minimum income need to have exhausted all other benefits available to them, including the income-replacement allowance and invalidity benefits.

b) Additional amount/compensation included and adequacy issues

The normal amount of minimum income is the same for people with disabilities. However, extra social assistance can be granted to cover special expenses. Many of those apply to people with disabilities. For medical costs, the increased reimbursement is available for people on a low income, including people who are beneficiaries of the income-replacement allowance, the integration allowance and the allowance for assistance to older people, and for people who are permanently incapacitated for work (at least 65%). This also applies to access to the social tariff for electricity and gas.

c) Gaps/obstacles

Until recently, the amounts of minimum income excluded from the calculation of the integration allowance have been very low, which resulted in the loss of the integration income that is designed to compensate for extra costs of disabilities when people with disabilities become unemployed. Since January 2022, minimum income has been entirely excluded from the calculation of the integration income.

2.3.2 *Inkomensgarantie voor ouderen / Garantie de revenus pour les personnes âgées* (Income guarantee for older people)²⁷

a) Eligibility conditions

The income guarantee for older people is a means-tested social assistance benefit for older people (65+) with insufficient resources. Eligibility conditions are the same for people with and without disabilities. However, for the means test, the PAB, the income-replacement allowance and the integration allowance are not taken into account.

b) Additional amount/compensation included and adequacy issues

No additional amounts for people with disabilities.

c) Gaps/obstacles

People with disabilities often receive the income guarantee for older people, due to the fact that they do not have enough career years to receive retirement pensions. The income guarantee for older people is, however, still below the AROP threshold, even after the planned increases of social minima under the new federal government. The amounts of benefits excluded from the calculation of the integration allowance are very low, which results in loss of income that is designed to compensate for extra costs of disabilities when people with disabilities retire.

²⁷ [La garantie de revenus aux personnes âgées \(GRAPA\) | Service fédéral des Pensions \(fgov.be\)](#); [De Inkomensgarantie voor ouderen \(IGO\) | Federale Pensioendienst \(fgov.be\)](#)

3 Provision of assistive technology and personal assistance

Assistive technologies are within the scope of regional competences. For devices (including assistive technologies), people with disabilities in Flanders (as well as Dutch-speaking residents in the Brussels capital region) can apply for the care provisions and finances of the VAPH. These are restricted to those aged under 65. People with disabilities in the Walloon region (as well as French-speaking residents in the Brussels capital region), can receive the care provision and financial support of the AviQ²⁸.

The aid can consist of technological instruments and adjustments in the house. For example: a telecom emergency system, the installation of a stairway elevator, or a wheelchair.

The following paragraphs describe the situation in Flanders, because it is the only area for which detailed concrete information is available and where an assessment has been made by NGOs. Each tool or necessary adaptation of the environment should be included in a reference list. There is a maximum amount that can be paid by the VAPH, the so-called reference amount. For tools and adaptations that are more expensive than the basic costs (the normal expenses people without disabilities would have to pay), the total cost is reduced by the basic cost to determine the financial intervention by the VAPH. For certain common tools, there is a simplified application procedure. For tools and adaptations that are not on the reference list, people with disabilities who have very exceptional care needs can request financial intervention from a special assistance committee, which can exceptionally grant additional allowances²⁹.

Vzw GRIP notes that the costs for assistive technology very often exceed the reimbursements by the VAPH, that the reference list is too limited, and the procedures are needlessly complicated.

PABs were introduced in Flanders in December 2000. Based on Article 19 of the CRPD³⁰, which defines the right to independent living, the PAB in Flanders was a pioneer in Belgium and in the EU at that time. Since 2016, the system has been revised to become part of the person-following budget (PVB –*persoonsvolgend budget*). These are personal budgets granted to people with disabilities to allow them to buy services and assistance for daily life. 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.

Assessment of needs can be done by using an online tool, with the help of the health insurance funds and the services of the VAPH. A multidisciplinary team evaluates the needs assessment, proposes a budget category and evaluates the urgency of the request. The guidance committee of the VAPH decides on the application, the budget category and the priority to be given to the applications. This lengthy process (up to 18 months) and the budgetary restrictions create waiting lists (around 17,000 adults in the first half of 2021). In specific very urgent situations, a simplified procedure ensures a faster track. In the first half of 2021, in total 25,781 adults with disabilities were granted a PVB³¹. By 2022, all people with disabilities falling in the highest priority category should receive such a budget.

PVB funding can be used to pay for services and assistance provided by care professionals, accredited care organisations, volunteers and individual personal assistants; only 7 to 8%

²⁸ VAPH: aid tools: [Refertelijst | VAPH AViQ - handicap | Vos besoins | Etre autonome | Les aides matérielles](#)

²⁹ See also Section 1.3.2 for more details on housing support.

³⁰ The right to living independently and being included in the community is set out in Article 19 of the UN CRPD) and further defined in the General Comment No 5: "Independent living/living independently means that individuals with disabilities are provided with all necessary means to enable them to exercise choice and control over their lives and make all decisions concerning their lives..."

³¹ [Het VAPH blikt terug op de eerste helft van 2021](#)

of the budget of the VAPH is spent on personal assistance according to the definition of comment No 5 of the CRPD³².

In 2019, the person-following financing system had an interim evaluation regarding the achievement of its four objectives: i) a care guarantee for the people with disabilities who are in most need; ii) well informed users; iii) tailor-made care and support; and iv) the contribution of the system to inclusion and socialisation of care³³. Notwithstanding the progress in terms of information to users, quality of care and support, the evaluation found that there were still many people with disabilities on the waiting list for PVB. Guaranteeing a PVB for all people with disabilities would require doubling the available budget, which would require an extra €1.6 billion.

In March 2020, a new system with 24 budget categories was introduced. For the majority of people who were allocated according to the old budget categories (with 12 levels) before March 2020, the conversion led to a lower personal budget than was promised. Independent Living (*Onafhankelijk Leven vzw*), an NGO that defends the right of people with disabilities to live autonomously, and which has special expertise in care budgets, has called on people who face reductions in their personal budgets to appeal to the labour courts³⁴. Vzw GRIP, a human rights NGO for the rights of people with disabilities, has requested the annulment of the new system by the Council of State because of significant reductions in the protection level of people with disabilities, due to the rescaling³⁵.

Vzw GRIP has analysed the reasons for the limited use of the PAB as: the system is not sufficiently well known; the use of the budget is complicated and there is no support; the waiting lists are long; budgets are not adequate to cover support needs; and the increasing costs of personal assistants due to seniority or increased costs of living are not covered, in contrast with services and assistance bought in institutional settings. At this moment, the waiting time for people in priority category one is more than a year; for priority category two, more than four years; and for priority three, 20 years. The long waiting lists and inadequate budgets push people with disabilities toward a life in residential care institutions.

The VAPH participates in the UNIC project ("towards user-centred funding models for long-term care") – an EaSI project (the EU programme for Employment and Social Innovation) (October 2020-September 2023), co-ordinated by the European Association of Service providers for Persons with Disabilities – that aims to develop innovative tools to support the use of personal budgets.

People with disabilities in Wallonia, and French-speaking people with disabilities in the Brussels capital region, can apply for financial compensation for several services that support them in their "activities of daily living" and "instrumental activities of daily living" on an ambulatory basis in their own environment. These PABs vary between €1,000 and €35,000 per year and are granted within the margins of a special budget. The services are delivered by recognised organisations and agencies, and only exceptionally by volunteers who act as personal assistants³⁶. In 2020, a total of 396 people with disabilities received a PAB for a total budget of around €2 million³⁷. In 2020, the Brussels capital region started

³² [202112142233865_211215-def-manifest-persoonlijke-assistentie-2021.doc \(live.com\)](#). The General Comment 5 defines personal assistance as "person-directed/ 'user'-led human support available to a person with disability" and "a tool for independent living".

³³ [Evaluatie PVF - Tussentijdse evaluatie - juni 2019 | VAPH](#)

³⁴ [Nieuwe budgetbepaling nefast voor veel budgethouders - Blog - Onafhankelijk Leven vzw - Neem de regie in handen](#)

³⁵ [Stap mee met GRIP naar de Raad van State voor de rechten van personen met een handicap - DeWereldMorgen.beDeWereldMorgen.be](#)

³⁶ https://www.aviq.be/handicap/pdf/integration/etre_autonome/bap/bap-arrete-14-02-2009-ACCOK.pdf

³⁷ [AViQ - handicap | Vos besoins | Etre autonome | BAP - Budget d'Assistance Personnelle](#)

a pilot project using PABs with the help of AccessAndGo³⁸ and Mouvement Vie Autonome³⁹, which have called for a more dynamic approach to PABs in Brussels and Wallonia. They have called for an increase in budgets allocated to PABs that are adapted to the person's needs, equal access to person-centred PABs, a larger and more diversified choice of assistants and recognition of autonomous supporting centres. Data on budgets and the number of users have not yet been made public; but in 2020, 22 people received a PAB for a total sum of €300,000⁴⁰. An evaluation by the NGOs involved has found that the allocated budget is too small, leading to long waiting lists (60 people in 2020). They also reveal problems in finding assistants and difficulties regarding their labour statute and working hours. They call for a communication campaign to promote the system.

4 National debates, reforms and recommendations

4.1 National debates

For a few years, a discussion on the *adequacy of income-replacement benefits*, such as the invalidity benefits and the income-replacement allowance for people with disabilities, has become prominent. The reason is obvious: the AROP rate for people with disabilities is 25%, almost double the percentage in the overall population (SILC 2020)⁴¹.

In 2019, at the request of the *policy group "poverty reduction and people with disabilities"*, the Federal Public Service for Social Security and the Federal Public Service for Social Integration joined forces to produce a book entitled "Poverty and Disability", in collaboration with several academic researchers and experts from responsible institutions. The book analysed different aspects of the social situation of people with disabilities and formulated recommendations.

The system of income-replacement allowances saw a strong increase in beneficiaries (5.5% yearly) between 2007 and 2011. Again since 2018 the figures show an important increase (3.3%), this time due to the fact that the income of partners is excluded from the calculation of income-replacement allowances. Also, better information to potential beneficiaries has led to a reduction in non-take-up of the benefits⁴². The adequacy of the income-replacing allowance is therefore of key importance for a growing number of people with disabilities (up 40% between 1994 and 2020, to a total of 206,259 in 2020). But notwithstanding indexing and adaptations through the welfare envelope, these allowances remain way below the AROP threshold. The median household income of beneficiaries of income-replacement benefits is around 50% of the global median income in the population (Van Mechelen, 2019).

Data show that minimum income-replacement benefits have increased through indexing and adjustments through the welfare envelope, especially since 2000, after a period where benefits were eroding. But they are still below the AROP level, which means that they do not play their role of adequate income replacement. It is also striking that the difference between minimum and maximum benefits is narrowing. Notwithstanding the debate in society and the demands of civil society organisations for more individualised benefit systems, benefits are still strongly related to household composition (Marchal, 2019).

Calculations by the Federal Public Service for Social Security show that in 2021 only the income of people with disabilities living on minimum invalidity benefits for single people⁴³

³⁸ [Budget d'Assistance Personnelle \(BAP\) - Bruxelles | Access & Go \(accessandgo.be\)](#)

³⁹ [BAP \(eva-bap.be\)](#); [Bienvenue ! \(vieautonome.be\)](#).

⁴⁰ [Le BAP: le mémorandum #MakeBapHappen \(autonomia.org\)](#)

⁴¹ [3 december, Internationale Dag van Personen met een handicap | Statbel \(fgov.be\)](#)

⁴² [De evolutie van de inkomensvervangende tegemoetkoming | Federale Overheidsdienst - Sociale Zekerheid \(belgium.be\)](#)

⁴³ Calculations include the net disposable income of households plus child allowances including extra social assistance for low-income people, after taxes.

reached the AROP level (106%). For households with two children, it was 83%. Single people living on income-replacement allowances in 2021 reached 79%; households with two children reached 71%. Compared with AROP thresholds, there was a very slight improvement over time: in 2010, the rate was 74% for single people and 69% for couples with two children.

The Belgian Minimum Income Network has calculated the evolution of minimum income benefits for people with disabilities, based on the decision of the government to increase benefits by 10.75% over the period 2021 to 2024, on top of the adjustments through the welfare envelope and the application of the automatic indexation of benefits (hypothesising three index adaptations between 2021 and 2024 or +/-1.63% increase per year). This simulation leads to the following amounts for the *income-replacement allowance*⁴⁴.

- Amount in 2021: €934.32, which represented 73.68% of the AROP threshold.
- Amount in 2024: €1,008.73. Including indexation required by law: €1,058.81, which would represent 78.43% of the AROP threshold.

Although the adequacy of the income-replacement allowance improves, the level of the benefit is still well below the AROP threshold.

Moreover, the AROP threshold for people with disabilities does not reflect an adequacy level, due to the fact that people with disabilities face important costs related to disability. The integration allowance and the allowance for assistance to older people have increased by much less than other benefits, so that the allowances – designed to compensate for extra costs – do not cover the growing costs of the care sector, which have increased by more than the average cost of living (Marchal, 2019). Experts therefore suggest using specific standards of living or budget standards to measure the additional income needed to cover specific costs related to disabilities (Hermans, 2019).

4.2 Recent reforms and reforms currently in the pipeline

In 2017, the allowance to assist older people was transferred to the competence of the regions. The design of the three regional systems remained broadly similar, but the regionalisation of the allowances has complicated considerably the situation for people with disabilities living in the Brussels capital region, who have to choose whether to follow the Flemish or the Walloon system. For the assessment of the degree of autonomy and the recognition of disability, for a long time the federal DGHAN remained the competent authority.

Since March 2021, the Belgian constitution has recognised 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*, in a package that increases all social minima in the period between 2021 and 2024, on top of the automatic indexation and the application of the legal increases through the welfare envelope. This results in a significant improvement of allowances for people with disabilities in comparison with the AROP threshold. However, in 2024, only the income guarantee for older people for single people will approach the AROP threshold (Van Lancker, 2021).

The *integration allowance*, designed to cover (part of) the extra costs related to disabilities, has been made significantly easier to access, because since 1 January 2021, the income of the partner is no longer taken into account in means-testing (the “price of love”); and, since 1 October 2021, the integration allowance has been granted to people with disabilities with an annual income from work up to €63,000 (the “price of labour”). The National High-level Council for People with Disabilities (NHRPH – *Nationale Hoge Raad voor Personen met een Handicap*) regrets that the measure merely applies to people with disabilities who

⁴⁴ Calculations subject to revision due to new forecasts of inflation expected in the coming period.

work, and much less for those who are on benefits, for whom the exempted income level is increased by only 13%⁴⁵. However, since January 2022, cumulation with integration income no longer results in a reduction of the minimum income⁴⁶ (see Section 2.3.1.).

In 2021 and 2022, reforms have been approved to facilitate *access to healthcare*, through the reduction of the maximum envelope of personal contributions to healthcare costs and by abolishing the prohibition to apply the third-payer system to the costs of consultations with doctors.

In the federal action plan for people with disabilities⁴⁷, elaborated in co-operation with the NHRPH and the Inter-federal Agency for Equal Opportunities and against discrimination (UNIA), the responsible minister plans new measures:

- excluding the allowances under regional competence from the calculation of the guaranteed income for older people;
- splitting the integration allowance into a lump-sum and a variable part, and automatic identification of beneficiaries of the income-replacement and integration allowances using the Belgian microsimulation model BELMOD⁴⁸; and
- examining the possibility of allowing co-housing for beneficiaries of income-replacement allowances, integration allowances and guaranteed income for older people without detriment to the level of their benefits.

The plan also envisages the modernisation of the assessment and recognition procedures of disabilities, by shortening the length of time for procedures, reducing the number of disputes, equal treatment of applications, and improved co-operation between DGHAN and municipalities. The NHRPH has produced an opinion on the development of criteria and indicators to improve the quality of work of DGHAN, particularly with regards to the treatment of files by the administration and medical assessments by doctors⁴⁹.

An interim report on progress on the action plan will be brought to the Council of Ministers by the end of 2022, including the opinion of the NHRPH⁵⁰ and UNIA, and it will be discussed in Parliament. Final reporting is planned for the end of the legislature, at the beginning of 2024.

Recently, DGHAN started a project called "Intake remake", aimed at developing more user-friendly digital application forms for different benefits, such as the integration allowance or the income-replacement allowance. To submit an application, potential beneficiaries already have to fill in a digital form. However, both people with disabilities and civil servants have experienced problems with it. The form is not always filled in completely and consistently by potential beneficiaries for various reasons (length, type of questions). Medical centres work with their own additional forms, because the quality of the answers with the current forms is not sufficient, which creates an extra administrative burden for people with disabilities. Some questions lead to stigmatisation and a feeling of loss of autonomy. The current form pays too little attention to psychiatric problems. To redesign the form, DGHAN is using the "service design methodology", in which the focus lies on the needs of people with disabilities and professionals. To that end, different stakeholders are involved, including people with disabilities. In a first phase, behavioural research is conducted in which the biggest challenges that people with disabilities and social workers experience when submitting an application will be questioned. In a second phase, based on the insights obtained in the first phase, solutions will be designed in co-operation with internal and external colleagues, experts by experience and academics. In a third phase,

⁴⁵ [Advies 2021/35 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)

⁴⁶ [Nieuwe verhoging bij laagste uitkeringen en minimumpensioen op 1 januari | Karine Lalieux \(belgium.be\)](#)

⁴⁷ Federaal actieplan handicap 2021-2024, FOD Sociale Zekerheid, [Federaal actieplan Handicap \(2021 -2024\) | Federale Overheidsdienst - Sociale Zekerheid \(belgium.be\)](#).

⁴⁸ [Advies 2019/13 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)

⁴⁹ [Advies 2019/09 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)

⁵⁰ [Advies 2021/25 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)

these solutions will be translated into new forms that will then be tested with various people from the target group. Based on the feedback received from these tests, adjustments will be made to make a final tested form.

4.3 Good practice and recommendations on how to tackle gaps and obstacles

Good practice

The gradual shift to a more personalised system of financing extra expenses related to disabilities – part of the PAB system, where 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 provided. However, there are still many restrictions and obstacles connected to the way the system is implemented, especially in terms of its effectiveness in promoting independent living in the way that is meant by the UN Convention on the Rights of Persons with Disabilities (CRPD) (see Section 3).

Since March 2021, the Belgian constitution has recognised the right of people with disabilities to full inclusion in society, including through 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. It will also encourage legislators to act in support of social inclusion in housing, labour, income support and allowances, etc.⁵¹ Ratification signifies that society and the Belgian authorities have a responsibility to realise the human rights of people with disabilities and to promote their inclusion, in contrast with the medical approach towards disabilities that is still too often dominant.

Recommendations

These recommendations are based on recommendations formulated by the NHRPH, several NGOs that advocate for the rights of people with disabilities, and academic experts.

Guarantee decent income for people with disabilities

Many advisory bodies, researchers and NGOs for people with disabilities strongly insist that income-replacement benefits (invalidity benefit and income-replacement allowance) should enable people to live in dignity, by at least lifting their income above the AROP threshold (NHRPH, vzw GRIP, Hermans 2019). On top of this, allowances that compensate for the extra costs of disabilities should be at a level sufficient to cover fully all extra expenses related to disability.

In more detail, the following measures should be considered⁵².

- Abolish the “price of disability”, by fully compensating for the extra costs related to disability and by decoupling the integration allowance from the reception of income from replacement benefits and income from labour.
- Next, take steps to abolish the “price of love”, by ensuring that not just integration allowances, but also income-replacement allowances and allowances for assistance to older people, are maintained in cases of co-habitation with a partner who works, and by granting the full amount of income replacement for people with disabilities who live with a partner without income from labour.
- Further measures to ensure the abolition of the “price of labour”, by ensuring that not just the integration allowance, but also income-replacement allowances, are partially maintained as complementary income in cases of part-time work.

⁵¹ [15/03/2021 - Personen met een handicap treden toe tot de Belgische grondwet - Belgian Disability Forum \(belgium.be\)](#)

⁵² [Standpuntnota Menswaardig inkomen - Grip \(gripvzw.be\)](#)

A fundamental review of co-habitation should be carried out in the context of income-replacing benefits, since individualisation of benefits would provide a strong buffer against poverty (Hermans, 2019).

Reduce non-take-up

Because both the income-replacement allowance and the integration allowance have a high degree of non-take-up, in addition to awareness-raising and support in the application process, the complex regulation and eligibility criteria should be simplified. Automatic granting of income support should be maximised (NHRPH).

Guarantee the right to personal assistance for every person with disabilities

Organisations that defend the rights of people with disabilities strongly insist on the need to guarantee the right to personal assistance for every person with disabilities, to improve people's autonomy and their chances of independent living in society. To achieve this, they urge the governments to provide sufficient qualitative personal assistance, by: i) increasing the budgets; ii) eliminating long waiting lists, improve access to the system; iii) eliminating obstacles in the procedures and administrative rules; iv) supporting budget-holders through training and coaching; and v) improving information and communication about personal assistance (vzw GRIP, Onafhankelijk Leven, Autonomia, AccessAndGo, Mouvement Vie Autonome)⁵³.

Revision of assessment procedures

Procedures to assess disabilities and the eligibility criteria for the integration allowance should be revised, notably the assessment of the degree of autonomy, which is judged to be stigmatising (because of its focus on what people with disabilities are not capable of doing, and the sometimes endless repetition of questionnaires to be filled in) and give important discretionary powers to social assistants and medical doctors (NHCPH, Hermans 2019).

More support is needed to help people with disabilities make their applications. DGHAN should provide personalised information and assistance in respect of applications for support.

Ensure co-ordination and co-operation between competent authorities

More co-ordination and co-operation is needed between the different competent authorities in a complex country such as Belgium, where competences for social protection for people with disabilities are scattered between the federal and the regional level, and between different administrations. Data-collection mechanisms should be strengthened, 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. A comprehensive masterplan that encompasses all areas of policies for people with disabilities, elaborated in co-operation with civil society organisations representing people with disabilities, with a clear timeline for implementation, and an inter-ministerial conference, should contribute to the aim of realising the inclusion of people with disabilities in society.

⁵³ [2021121422453544_211215-def-manifest-persoonlijke-assistentie-2021.pdf \(digisecure.be\)](https://digisecure.be/2021121422453544_211215-def-manifest-persoonlijke-assistentie-2021.pdf)

References

- Baeten, R. (2021), Wegwerken van de ongelijkheden in de financiële toegang tot gezondheidszorg. Analyse van een bevraging van experts en belanghebbenden, OSE, September 2021, [2021 Baeten APA-stakeholder-quest Report NL.pdf \(ose.be\)](#)
- ENIL (2020), Independent Living Survey Summary report, Brussels, December 2020.
- FOD Sociale Zekerheid (2021a), De doelmatigheid van de sociale minima, Cijfers in de kijker, n°8 02 2021. [De doelmatigheid van de sociale minima | Federale Overheidsdienst - Sociale Zekerheid \(belgium.be\)](#)
- FOD Sociale Zekerheid (2021b), De evolutie van de inkomensvervangende tegemoetkoming, Cijfers in de kijker, 15 maart 2021. [De evolutie van de inkomensvervangende tegemoetkoming | Federale Overheidsdienst - Sociale Zekerheid \(belgium.be\)](#)
- FOD Sociale Zekerheid (2021c), *Federaal Actieplan Handicap*, 2021-2024. [Federaal actieplan Handicap \(2021 -2024\) | Federale Overheidsdienst - Sociale Zekerheid \(belgium.be\)](#)
- GRIP vzw (2021), Manifest persoonlijke assistentie, Recht op persoonlijke assistentie voor iedere persoon met een handicap, Brussel, 15 december 2021. [Zo sluiten we onze campagne 20 jaar Persoonlijke Assistentie af - Grip \(gripvzw.be\)](#)
- GRIP vzw (2018), Een beleid voor het recht op een menswaardig inkomen, Standpunt nota, december 2018. [Standpuntnota Menswaardig inkomen - Grip \(gripvzw.be\)](#)
- Hermans, K., Dubois, J.M. and Vanroose, A. (red.) (2019), Armoede en Handicap in België, FOD Sociale Zekerheid en POD Maatschappelijke Integratie, 2019. [boek-armoede-en-handicap-in-belgie-2019-nl.pdf \(unia.be\)](#)
- Hermans, K., Handicap, Armoede en sociale uitsluiting, in Armoede en handicap, 2019, pp.87-106.
- Marchal, S. and Cantillon, B., Analyse van de generositeit van de inkomensvervangingen voor personen met een handicap, in Armoede en Handicap, 2019, pp.175-196.
- Nationale Hoge Raad voor Personen met een Handicap (2021a), Prijs van de arbeid, advies 2021/35. [Advies 2021/35 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)
- Nationale Hoge Raad voor Personen met een Handicap (2021b), Federaal Handicapplan, Advies 2021/25. [Advies 2021/25 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)
- Nationale Hoge Raad voor Personen met een Handicap (2019a), Automatische toekenning tegemoetkomingen, Advies 2019/13. [Advies 2019/13 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)
- Nationale Hoge Raad voor Personen met een Handicap (2019b), Kwaliteit werk DG HAN, Advies 2021/09. [Advies 2019/09 - Nationale Hoge Raad Personen met een Handicap \(belgium.be\)](#)
- [Noël, L., Non-take-up door personen met een handicap die in bestaansonzekerheid of in armoede level in het Brussels gewest, in Armoede en Handicap, 2019, p.195.](#)
- Van Gestel, R., Goedemé, T., Janssens, J., Lefevère, E and Lemkens, R. (2022), Improving Take-Up by Reaching Out to Potential Beneficiaries. Insights from a Large-Scale Field Experiment in Belgium, *Jnl. Soc.Pol* (2022) 1-21, Cambridge University Press. <https://doi.org/10.1017/S004727942100088X>.
- Van Lancker, A., New Belgian government adopts multi-annual plan to lift social minima towards the income poverty threshold ESPN Flash Report 2021/11.

Vanlinthout, A., De Clercq, A., Zorgzwaartebepaling bij personen met een handicap en de BelRAI/interRAI-schalen: een verkennende studie, Steunpunt Welzijn, Volksgezondheid en Gezin, report 58, October 2021.

Van Mechelen, N. and Buysse, L., Reïntegratie van langdurig arbeidsongeschikten op de arbeidsmarkt: stand van zaken en knelpunten, in Hermans *et al.*, pp. 109-140.

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct Information Centres. You can find the address of the centre nearest you at: <http://europa.eu/contact>

On the phone or by e-mail

Europe Direct is a service that answers your questions about the European Union. You can contact this service

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by electronic mail via: <http://europa.eu/contact>

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: <http://europa.eu>

EU Publications

You can download or order free and priced EU publications from EU Bookshop at: <http://bookshop.europa.eu>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see <http://europa.eu/contact>)

EU law and related documents

For access to legal information from the EU, including all EU law since 1951 in all the official language versions, go to EUR-Lex at: <http://eur-lex.europa.eu>

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en/data>) provides access to datasets from the EU. Data can be downloaded and reused for free, both for commercial and non-commercial purposes.

