

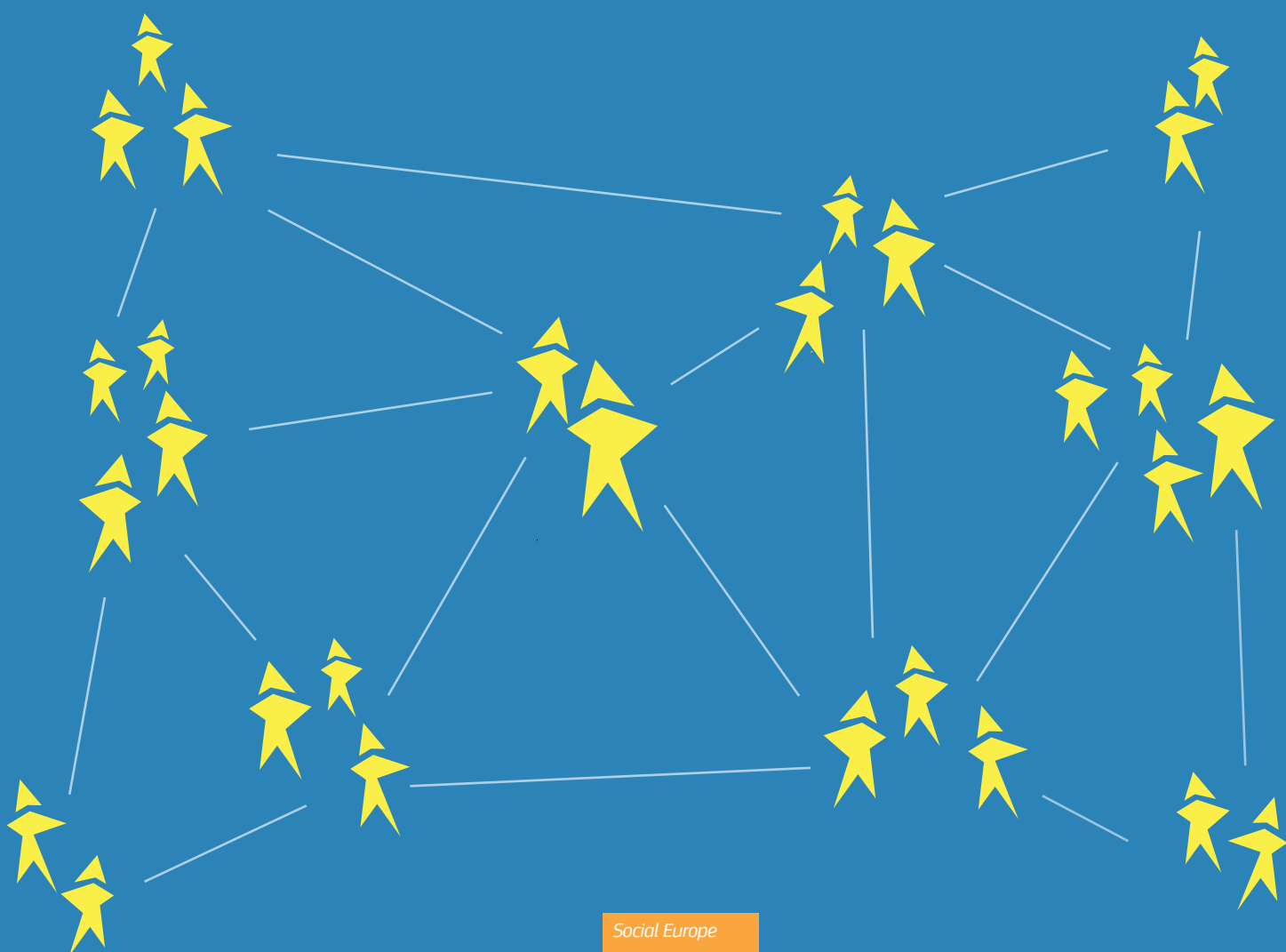


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities

Cyprus

Marios Kantaris



Social Europe

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
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European Social Policy Network (ESPN)

ESPN Thematic Report on Social protection for people with disabilities

Cyprus

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Marios Kantaris

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Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. people aged 18 or above). There are other important provisions available to them in other areas not covered in this report. 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”.

Cyprus ranks ninth to last among EU Member States with the highest rate of people with disabilities at risk of poverty and social exclusion, and spends much less than the EU average on their social protection. In 2018, Cyprus devoted 4.6% of its social protection expenditure on benefits to people with disabilities – the third lowest in the EU (7.6%). In 2020, 33% of the Cypriot population with disabilities aged 16 and over were at risk of poverty or social exclusion, compared with 18.7% of the total population. This poor performance in terms of benefits for people with disabilities, as well as the high percentage of people at increased risk of poverty, requires the attention and concern of policy-makers.

The main social safety net for people with disabilities in Cyprus is the *Ελάχιστο Εγγυημένο Εισόδημα* (GMI – guaranteed minimum income) statutory framework. Since its introduction in 2014, it has gradually replaced the previous system of public assistance by introducing more stringent means-testing mechanisms. People with disabilities become beneficiaries when they go through a disability assessment process and meet the explicit means-tested criteria. They are then entitled to a range of benefits, from reduced utility bills to homecare. There is growing concern and belief that this framework does not meet the needs of people with disabilities, and is not in line with current trends in social provision for people with disabilities. The disability assessment and reassessment procedure, which has been entrusted to the Department of Social Integration for People with Disabilities (DSIPD), is at the centre of the debate, as it appears to have been a major reason for the exclusion of people with disabilities from various allowances and benefits. These procedures should be revised to strengthen multidisciplinary approaches and introduce effective monitoring rather than reassessment.

There are two main types of disability-specific pensions for people of working age: the *Σύνταξη ανικανότητας* (invalidity pension), a contributory benefit for people who can no longer work, and the *Σύνταξη αναπηρίας* (disability pension), a non-contributory benefit that depends on the severity of the disability and applies to people who continue to work. The same provisions apply to the *Σύνταξη γήρατος* (old-age pension) and *Επίδομα ανεργίας* (unemployment benefit) as to the rest of the population. The DSIPD provides a range of benefits and allowances, as well as personal assistance and assistive technology.

There are no disability-specific old-age pension schemes in Cyprus. There are also no cash benefits to cover disability-related housing costs related to housing adaptations and the living environment.

The introduction of a new healthcare system in 2019, with universal coverage based on residency, is a positive development for access to healthcare for people with disabilities. Nevertheless, the exclusion of important long-term and rehabilitation services remains a problem that limits uptake by people with disabilities and forces them to cover the costs through direct out-of-pocket payments, which may worsen their financial situation.

No significant practice could be flagged as a good practice. However, the automatic conversion of disability and invalidity pensions into old-age pensions could be seen as a fair arrangement that facilitates social protection and speeds up procedures in a highly bureaucratic culture with long delays in processing and paying benefits.

1 Access to disability-specific income support

This section maps and assesses access to disability-specific cash benefits/pensions in Cyprus, whether contributory or non-contributory, in particular *Σύνταξη ανικανότητας* (invalidity pension) and *Σύνταξη αναπηρίας* (disability pension) administered at national level.

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

The invalidity pension granted by the Social Insurance Service (SIS) belongs to the category of “statutory benefits other than benefits for accidents at work” and is a benefit for people who do not work at all. The disability pension and the disability-related benefits are statutory benefits under the category of “benefits due to occupational damage” provided by the SIS, which become available following occupational accidents and diseases. Disability pensions and benefits (Section 1.1.2) are not contributory, and the amount and type of compensation depend on the severity or degree of disability, while invalidity pension (Section 1.1.1) is contribution-based. All benefits described in this section are cash benefits.

1.1.1 *Σύνταξη ανικανότητας* (Invalidity pension)

a) Eligibility conditions

Disability-related qualifying criteria: Beneficiaries must be expected to be permanently incapable of work (i.e. they must be unable to earn, from work that they can reasonably be expected to perform¹, more than one third of the amount normally earned by a fully functional person in the same occupation or occupational group and with the same training in the same field or, in the case of people aged 60-63, more than half of the aforementioned amount).

Age: Insured employees² and self-employed people, as well as optionally insured people who are in the service of a Cypriot employer abroad and have not reached the age of 63. If an insured person receiving an invalidity pension has reached the age of 63, the invalidity pension is converted into an *Σύνταξη γήρατος* (old-age pension).

Nationality and/or residency: Eligibility is based on residency and includes legal residents with the right to employment³.

Waiting period: Working incapacity for at least 156 days⁴.

Contributory history: Beneficiaries must meet the following conditions: i) they must have at least three actual basic insurance units and have been insured for at least 156 weeks; ii) they must have weekly average insurable earnings (actual or equivalent/simulated⁵) equal to at least 25% of the weekly amount of basic insurable earnings during the relevant period; and iii) they must have actual or simulated insurance equal to at least 0.39 of the insurance units within the relevant contribution year, or actual or simulated insurance equal to at least 0.39 of the insurance units averaged over the previous two relevant contribution years.

¹ That is, work which the person is expected to do if “fully functional” (defined in existing regulations).

² Every employee in Cyprus is compulsorily insured in the social insurance scheme. Compulsorily insured people are classified into two categories: employees and self-employed people.

³ These conditions apply to EU and non-EU nationals as well as people with refugee status.

⁴ During the first 156 days the statutory sickness benefit is granted, which however excludes the first three days from the onset of sickness.

⁵ Earnings that are considered to be insurable earnings, but for which the insured has no obligation to pay a contribution.

Level of financial resources: Contribution-based benefit from the Social Insurance Fund.

Other: None.

Gaps and/or obstacles: People in prolonged unemployment may have a problem accessing this benefit given some of the conditions regarding contributory history described above.

b) Disability assessment framework⁶

Type of assessment: The assessment is based on a functional capacity assessment (test of ability to perform specific tasks or activities) according to the typology of assessment in the Academic Network of European Disability Experts (ANED) Disability Assessment Synthesis Report 2018, (Waddington *et al.*, 2018). The assessed disability is expressed as a percentage, using a scale such as the Barema method (Mavrou and Liasidou, 2019). Disability is measured as a percentage of invalidity for employment. In other words, the extent to which the applicant is considered unable to perform their work. The functional capacity assessment (assessment of ability to work) is expressed as a percentage (using a Barema-type scale). The results of the disability rating scale (the invalidity percentage) determine the purpose and amount of invalidity pension awarded to beneficiaries. The regulations on medical boards⁷ are part of the legislation in force, and define in detail the conditions that must be met for the selection of members and the terms of reference of these boards. The medical board examines each case referred to it, based on the medical certificates and the information provided by the director of the SIS of the Ministry of Labour, Welfare and Social insurance (MLWSI), giving the applicant the opportunity to be heard during a physical consultation (face-to-face interaction), and conducts any additional medical examination⁸ it deems necessary.

Responsible authorities: The SIS and MLWSI.

Method: The medical assessment is based on the relevant manual issued by the director of the SIS and on the two very detailed and analytical tables provided for in the legislation in force and issued by the SIS, which the appointed medical boards use as guides: i) the table of degrees of invalidity⁹; and ii) the list of permanent injuries¹⁰. These are very detailed tables in which the percentages of disability and loss of function per anatomical site are explicitly stated. For each claim assessed, the medical board prepares a report on its findings concerning the applicant's state of health and degree of physical or intellectual disability and gives an opinion on the applicant's ability to work or other related issues in connection with the receipt of invalidity pension and/or disability-related benefits through the SIS. From time to time, and depending on the judgment of the SIS, some reassessments of beneficiaries are made to confirm their status in terms of their work incapacity.

After checking the certificates and supporting documents submitted, and if all conditions are met, the SIS either forwards the application to a competent medical board (made up of independent medical doctors from the private sector) for examination or, if the disability is very serious, approves it on the basis of the opinion of the consulting occupational physician employed by the SIS. Depending on the

⁶ The Social Insurance Law of 2010 ([here \[in Greek\]](#)), defines disability as "loss of health, strength or capacity to enjoy life" and "invalidity" when an insured person is "unable to work" because of a specified disease or physical or mental disability that has begun or become substantially worse since becoming insured, is unable to do work for which more than one third, or for people aged 60-63 more than half, of the amount normally earned in the same region and occupation by physically and mentally healthy people with the same education or training. The assessment of disability is based on these overarching principles.

⁷ The regulations on medical and appellate boards and specialist doctors (in Greek)

⁸ Examinations by specialist doctors in accordance with the law and these regulations are performed by specialist doctors included on a special list, who must have completed 10 years of practice in their speciality.

⁹ [Table 6: Degrees of Disability \(in Greek\)](#)

¹⁰ [Table 7: List of Permanent Injuries \(in Greek\)](#)

opinion of the medical board or the occupational physician, the application is approved or rejected, and the applicant receives a letter to that effect. The estimated duration of the procedure is about three to six months from the date of submission of the application. The deadline for submitting applications for invalidity pension is three months from the day the invalidity pension is needed (i.e. the day the applicant became permanently incapable of working).

Supporting evidence: As many as 13 supporting documents in the form of certificates, and proofs of residence and economic situation. The most important are the invalidity pension application, birth certificate, medical certificates, marriage and dependants' certificates relevant to their socio-economic situation, and the certificate from the community registrar or parish priest. Finally, according to the 2017-18 ANED country report on disability assessment for Cyprus (Mavrou and Liasidou 2019), a self-assessment in the form of a written statement or a completed structured questionnaire is also provided by applicants, as well as supporting evidence from (non-medical) people who know the applicants and are familiar with their situation.

Assessor: The assessment is conducted by a medical board and an appellate medical board¹¹ appointed by the director of the SIS, or by the consultant occupational physician of the SIS. The members of the medical board are selected from a list of medical specialists drawn up by the MLWSI, approved by the Council of Ministers and valid for a period of three years.

Decision-maker: The competent medical board or, in cases of severe disability, the consultant occupational physician, both acting for the SIS.

Critical analysis: It is worth noting that all application forms on the SIS website¹² are only available in Greek, which makes access difficult for other European citizens and third-country nationals. Furthermore, the website does not have accessible and user-friendly features to facilitate access and interaction for people with disabilities (e.g. with visual disability). In addition, collecting the large number of applications and certificates required can be considered quite burdensome for the various separate government services and other agencies involved, as well as for people with disabilities themselves.

c) Benefit entitlements

Level of the benefit: This is a monthly cash benefit. For invalidity of 100%, the basic pension is 60% of the weekly value of someone's average annual insurance units, increasing to 80%, 90% or 100% if they have one, two or three dependent family members. If invalidity is less than 100%, the following criteria apply to the pension: i) if invalidity is 50-66⅓% at age 60-63, the pension is 60% of the pension someone would receive for 100% disability; (ii) if invalidity is 66⅔-75%, the pension is 75% of the pension they would receive for 100% invalidity; and iii) if invalidity is more than 75% but less than 100%, the pension is 85% of the pension they would receive for 100% disability. In December of each year, a 13th pension is paid, equal to one twelfth of the pension paid for the whole year. Pensions are adjusted each year based on the increase in the general salary/wage level and the inflation index. In cases where the invalidity pension is only partially paid, it becomes a full pension (100%) when converted into an old-age pension (i.e. after the beneficiary has turned 63). In cases where the beneficiary has supplementary social insurance¹³, a supplementary pension will be paid, corresponding to 1.5% of the weekly value of the total number of insurance

¹¹ Functions as an appellate body and its establishment and operation are also regulated in the relevant regulations under the legislation.

¹² Although applications can also be made directly, for COVID-related reasons the common practice during the pandemic was to print and drop the application form in a box outside the relevant public service.

¹³ It includes the insurable earnings of each year in addition to the amount of the basic insurable earnings.

units of the insured person's supplementary insurance. In 2019 there were 4,492 recipients of invalidity pension, with the annual total expenditure reaching €37 million (approximately 2.6% of the total expenditure on pensions), while the highest¹⁴ monthly pension for someone with no dependants amounted to €2,144.93¹⁵.

Duration of the benefit: The invalidity pension begins when 156 days of incapacity for work have elapsed, and the insured person is considered permanently incapacitated for work; and it ends when they reach the age of 63, unless they recover before reaching that age or if an examination has shown that they are working, in which case the disability pension ends immediately.

Interactions with other income-related benefits: When an insured person drawing an invalidity pension reaches the age of 63, the invalidity pension is converted into an old-age pension corresponding to an invalidity pension of 100%. Recipients of an invalidity pension are entitled to free medical care in public hospitals and institutions as well as to any co-payments of the new National Health System. If the insured person is simultaneously entitled to an invalidity pension and another regular benefit based on their own insurance contribution to the Social Insurance Fund, they receive only the highest benefit. An insured widow who is entitled to both an invalidity pension and a widow's or missing person's pension is entitled to both the invalidity pension from her own insurance contributions and the widow's or missing person's pension from the spouse's insurance contributions. In the cases of incapacity to work due to a non-occupational accident, according to the MLWSI¹⁶ the required contribution conditions are less strict, but are not clearly defined in any of its guides and documents.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

1.1.2 Σύμβαση αναπηρίας (Disability pension)

a) Eligibility conditions

Disability-related qualifying criteria: Granted to employed and self-employed people whose degree of disability caused by an accident at work or occupational disease is 20% or more. Such disability is considered to be the result of a relative loss of ability to work, except in cases where the applicant would inevitably have such disability as a result of a congenital anomaly, or a bodily injury sustained or illness contracted before an accident at work.

Age: Paid to all insured beneficiaries regardless of age.

Nationality and/or residency: Eligibility is based on residency and includes legal residents with the right to employment¹⁷.

Waiting period: If the beneficiary receives a bodily injury benefit, payment of the disability pension begins when the previous benefit is discontinued. If no bodily injury benefit is paid, the disability pension starts on the fourth day after the occupational accident or the day on which the sick leave or occupational disease began.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: Not related to contributions from the Social Insurance Fund. The only provision is that the beneficiaries must be registered with the social insurance system.

¹⁴ The value for the lowest monthly pension was not available.

¹⁵ [SIS General Statistical Data \(in Greek\)](#)

¹⁶ [Government Gateway Portal \(Ariadne\): "Invalidity" Pension \(in Greek\)](#)

¹⁷ These conditions apply to EU and non-EU nationals as well as people with refugee status.

Other: The disability pension is paid even if the beneficiary is still working. This means that the beneficiary can continue to work and receive the disability pension at the same time.

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

b) Disability assessment framework

Type of assessment: Same as for invalidity pension (please see Section 1.1.1b). The rationale of the assessment here is the degree of the disability and not the invalidity, since in this case beneficiaries are able to work. The result of this assessment is also divided into two main categories: permanent and temporary disability. For beneficiaries with a permanent disability, no reassessment is made; whereas for a temporary disability, reassessment is at the discretion of the medical board and is usually carried out every two years.

Responsible authorities: The SIS.

Method: Same as for invalidity pension (please see Section 1.1.1b).

Supporting evidence: As many as 10 supporting documents. An application for disability pension¹⁸ must be submitted to the SIS. The application must be accompanied by: i) the birth certificate if the place of birth is abroad; ii) the medical report; iii) the marriage certificate (if applicable); iv) a certificate from the community registrar or the priest of the applicant's parish, stating that the applicant is living with their spouse and other dependants or, if not living with them, how much maintenance they provide to their dependants; v) the birth certificate for each unmarried dependent child if the place of birth is abroad; vi) a school attendance certificate for each unmarried dependent child of the applicant who is studying – aged 15-23 if a daughter, or aged 15-25 if a son; vii) a service certificate for each unmarried son under 25 serving in the national guard; viii) a medical certificate for each unmarried child over 15 who has a permanent disability and is maintained by the applicant; and ix) a certificate from the applicant's banking institution.

Assessor: A competent medical board of the SIS.

Decision-maker: The competent medical board acting on behalf of the SIS.

Critical analysis: There appears to be a long standing disagreement between the government and the Cyprus Confederation of Organisations of People with Disabilities (KYSOA)¹⁹ over the disability percentage in the legislation, as the latter has long held the view that the percentage criteria and thresholds for the various degrees of disabilities were not the most appropriate, in the sense that they excluded many disability-causing conditions and required quite a high percentage of disability. In 2021, a new table with revised disability percentages was introduced, which seems to have alleviated the ongoing concerns of this important social partner regarding disability in Cyprus.

Critical analysis: Gathering, completing, and submitting the application and all the numerous supporting documents and forms can be a difficult and stressful process, especially for people with disabilities. As a rule, these people do not receive any substantial support in submitting all relevant applications, except from their relatives and close friends.

c) Benefit entitlements

¹⁸ [Application form for disability benefits \(in Greek\)](#)

¹⁹ The official statutory social partner for all matters relating to people with disabilities consisting of 20 societies and federations associated with disability. (<http://www.kysoa.org.cy/kysoa/page.php?pageID=3&mpath=/1>)

Level of benefit: This is a monthly cash benefit. The disability pension consists of a basic pension and a supplementary pension. The weekly amount of the basic pension for 100% disability is equal to 60% of the weekly amount of the basic insurable earnings for a beneficiary with no dependants, 80% for a beneficiary with one dependant, 90% for a beneficiary with two dependants, and 100% for a beneficiary with three or more dependants. The weekly amount of the supplementary pension for 100% disability is equal to 60% of the weekly value of the annual average of the insured's supplementary insurance units during the period from the beginning of the second supplementary contribution year before the day of the accident or onset of the illness in question until the last week before it occurs.

If the beneficiary's disability is less than 100% and they are participating in vocational training on the instructions of the director of the SIS or are in hospital for treatment of the damage caused by the disability, the disability pension is calculated on the basis of 100% disability (basic and supplementary pension). The pensions are adjusted each year based on the increase in the general level of salaries/wages and the inflation index. A 13th pension is paid in December of each year, corresponding to one twelfth of the pension paid for the whole year.

In 2019 there were in total 859 recipients of disability pension, with the annual total expenditure reaching €4.5 million (approximately 0.3% of the total expenditure on pensions), while the highest²⁰ monthly disability pension for someone with one dependant amounted to €1,883.91²¹.

Duration of the benefit: The disability pension is paid for life unless the beneficiary recovers or is entitled to a higher old-age pension. The pension ceases at the end of the period²² on which it is based or on the death of the beneficiary, whichever is earlier.

Interactions with other income or other income-related benefits: If the degree of disability is less than 100%, both the basic and supplementary disability pensions are calculated according to the respective degree of disability. If the beneficiary's disability is expected to be permanent and below 100%, but they are unable to work due to their disability, the basic and supplementary disability pensions may be calculated according to the degree of disability corresponding to the rate at which the disability pension would be calculated if this is favourable to the beneficiary.

If the degree of disability is set at less than 20%, a disability pension is granted in the form of a one-off allowance called disability benefit.

Recipients of a disability pension with 100% disability who require permanent care are entitled to an additional special regular care allowance determined by the competent medical board in accordance with social security legislation.

Recipients of a disability pension are entitled to free medical care in public hospitals and institutions²³.

If a person is entitled to two or more benefits for the same period, only the higher one is generally paid. However, this does not apply to disability pensions paid for accidents at work or occupational diseases prior to 6 October 1980 (but without any increase for dependants). If a person is entitled to two or more disability pensions for different occupational accidents at the same time, these pensions are paid at the same time, provided that the total amount does not exceed the amount of the pension for a degree of disability of 100%.

²⁰ The value for the lowest monthly pension was not available.

²¹ [SIS General Statistical Data \(in Greek\)](#)

²² The benefit can be discontinued, especially if, after reassessment, the disability level is low (below 20%).

²³ This is a provision of the Social Insurance Law of 2010, which was enacted before the introduction of the new national health system in 2019. The new health system is a universal coverage system, and from 2019 onwards all beneficiaries have access to contracted hospitals and medical facilities in both the public and private sectors.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

1.1.3 Κοινωνικές Παροχές – Τμήμα Κοινωνικής Ενσωμάτωσης Ατόμων με Αναπηρίες (Social benefits – Department of Social Integration for People with Disabilities)

The Department of Social Integration for People with Disabilities (DSIPD) provides a number of different non-contributory benefits and allowances (12 in total)²⁴ related to social protection in cash and/or in kind. The four most important of these are: i) the *Επίδομα Βαριάς Κινητικής Αναπηρίας* (severe motor disability allowance); ii) the *Σχέδιο Παροχής Επιδόματος Φροντίδας σε Άτομα με Παραπληγία ή Τετραπληγία* (paraplegic and quadriplegic care allowance); iii) the *Χορηγία Τυφλών* (special allowance for blind people); and iv) the *Επίδομα Διακίνησης* (mobility allowance).

1.1.3.1 Επίδομα Βαριάς Κινητικής Αναπηρίας (Severe motor disability allowance)

a) Eligibility conditions

Disability-related qualifying criteria: Beneficiaries are Cypriot and European citizens who need continuous and permanent use of a wheelchair for their movement.

Age: 12-65.

Nationality and/or residency: Cypriot, European citizens and people with refugee or subsidiary protection status. Residency in Cyprus of at least one year.

Waiting period: None. It is granted from the moment the disability is certified and an application is made.

Contributory history: Non-contributory benefit based solely on disability status under the DSIPD's disability assessment procedure.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

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

b) Disability assessment framework

Type of assessment: Disability assessment procedure of the DSIPD, which includes medically based, functional capacity criteria as well as care and support needs assessment criteria.

Responsible authorities: The DSIPD of the MLWSI.

Method: Submission of an application at one of the three disability assessment centres²⁵ of the DSIPD. There are approximately 80 independently contracted disability assessors from a range of disability- and rehabilitation-related professions. In addition, social workers of the DSIPD are also involved in a supporting or facilitating role.

Supporting evidence: Certificates from medical and rehabilitation professionals and proof of residency and status documents.

Assessor: A competent medical board appointed by the DSIPD.

Decision-maker: The competent medical board appointed by the DSIPD.

²⁴ http://www.mlsi.gov.cy/mlsi/dsid/dsid.nsf/index_en/index_en?OpenDocument

²⁵ These centres are the mainstay of the infrastructure for implementing the new disability assessment system, which was introduced in 2013. The first disability assessment centre, in Nicosia, became operational in 2013 and has infrastructure and equipment for disability assessment and functionality testing.

Critical analysis: Not documented.

c) Benefit entitlements

Level of benefit: Amounts to approximately €355 per month.

Duration of the benefit: Ongoing. Provided eligibility criteria are met and an application is submitted to the DSIPD.

Interactions with other income or other income-related benefits: It is not related to income, other income-related benefits or the financial or family situation of the beneficiary.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

1.1.3.2 Σχέδιο Παροχής Επιδόματος Φροντίδας σε Άτομα με Παραπληγία ή Τετραπληγία (Paraplegic and quadriplegic care allowance)

a) Eligibility conditions

Disability-related qualifying criteria: People who are unable or almost unable to move due to a congenital disease or injury to all four extremities.

Age: No age requirement.

Nationality and/or residency: Cypriot, European citizens and people with refugee or subsidiary protection status. Residency in Cyprus of at least one year.

Waiting period: None. It is granted from the moment the disability is certified and an application is made.

Contributory history: Non-contributory benefit based solely on disability status under the DSIPD disability assessment procedure.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

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

b) Disability assessment framework

Type of assessment: Disability assessment procedure of the DSIPD, which includes medically based, functional capacity criteria as well as care and support needs assessment criteria.

Responsible authorities: The DSIPD of the MLWSI.

Method: Submission of an application at one of the three disability assessment centres of the DSIPD. There are approximately 80 independently contracted disability assessors from a range of disability- and rehabilitation-related professions. In addition, social workers of the DSIPD are also involved in a supporting or facilitating role.

Supporting evidence: Certificates from medical and rehabilitation professionals and proofs of residency and status.

Assessor: A competent medical board appointed by the DSIPD.

Decision maker: The competent medical Board appointed by the DSIPD.

Critical analysis: Not documented.

c) Benefit entitlements

Level of benefit: The benefit is graded according to care needs and the type and extent of disability, ranging from €400 to €1,100 per month.

Duration of the benefit: Continuous, provided the eligibility requirements are met.

Interactions with other income or other income-related benefits: It is not related to income, other income-related benefits or the financial or family situation of the beneficiary.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

1.1.3.3 Χορηγία Τυφλών (Special allowance for blind people)

a) Eligibility conditions

Disability-related qualifying criteria: Visual acuity must not exceed 6/60²⁶ in the best eye even with corrective lenses. People who attended the School for the Blind until 1990, regardless of the degree of visual acuity.

Age: No age requirement.

Nationality and/or residency: Cypriot, European citizens and people with refugee or subsidiary protection status. Residency in Cyprus of at least one year.

Waiting period: None. It is granted from the moment the disability is certified and an application is made.

Contributory history: Non-contributory benefit based solely on disability status under the DSIPD disability assessment procedure.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

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

b) Disability assessment framework

Type of assessment: Disability assessment procedure of the DSIPD, which includes medically based, functional capacity criteria as well as care and support needs assessment criteria.

Responsible authorities: The DSIPD of the MLWSI.

Method: Submission of an application at one of the three disability assessment centres of the DSIPD. There are approximately 80 independently contracted disability assessors from a range of disability- and rehabilitation-related professions. In addition, social workers of the DSIPD are also involved in a supporting or facilitating role.

Supporting evidence: Certificates from medical and rehabilitation professionals and proofs of residency and status.

Assessor: A competent medical board appointed by the DSIPD.

Decision maker: The competent medical board appointed by the DSIPD.

Critical analysis: Not documented.

c) Benefit entitlements

Level of benefit: Approximately €332 per month.

Duration of the benefit: Continuous, provided the eligibility requirements are met.

Interactions with other income or other income-related benefits: It is not related to income, other income-related benefits or the financial or family situation of the beneficiary.

²⁶ Visual acuity of 6/60 means that a person can only see at 6 metres, whereas normal visual acuity is usually at 60 metres.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

1.1.3.4 Επίδομα Διακίνησης (Mobility allowance)

a) Eligibility conditions

Disability-related qualifying criteria: People with paraplegia, deformity, or weakness in the lower extremities (assessed at more than 39%) who work²⁷ or study. People with a visual disability (visual acuity less than or equal to 6/36) who are also working or studying. People with quadriplegia and blind people with visual acuity less than or equal to 6/60. Also people under regular dialysis and people with thalassemia.

Age: No age requirement.

Nationality and/or residency: Cypriot, European citizens and people with refugee or subsidiary protection status. Residency in Cyprus of at least one year.

Waiting period: None. It is granted from the moment the disability is certified and an application is made.

Contributory history: Non-contributory benefit based solely on disability status under the DSIPD disability assessment procedure.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

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

b) Disability assessment framework

Type of assessment: Disability assessment procedure of the DSIPD, which includes medically based, functional capacity criteria as well as care and support needs assessment criteria.

Responsible authorities: The DSIPD of the MLWSI.

Method: Submission of an application at one of the three disability assessment centres of the DSIPD. There are approximately 80 independently contracted disability assessors from a range of disability- and rehabilitation-related professions. In addition, social workers of the DSIPD are involved in a supporting or facilitating role.

Supporting evidence: Certificates from medical and rehabilitation professionals and proofs of residency and status.

Assessor: A competent medical board appointed by the DSIPD.

Decision maker: The competent medical board appointed by the DSIPD.

Critical analysis: Not documented.

c) Benefit entitlements

Level of benefit: Monthly benefits. People with paraplegia, deformity, or weakness of the lower extremities of more than 39%, €75. People with a visual disability, €150. People with quadriplegia, €150. Blind people, €75. People under regular dialysis and people with thalassemia receive €75 if they reside in municipalities, and €150 if they reside in rural areas.

Duration of the benefit: Continuous, provided the eligibility requirements are met.

²⁷ No distinction is made according to the type of employment (i.e. self-employed, part-time, etc.). Unemployed people are excluded.

Interactions with other income or other income-related benefits: It is not related to income, other income-related benefits or the financial or family situation of the beneficiary.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

1.2 Disability-specific old-age pension schemes

There is no pension scheme in Cyprus that specifically targets older people with disabilities. The current framework provides that disability and invalidity pensions are converted to an old-age pension at the age of 63.

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

1.3.1 Healthcare

Prior to 1 June 2019 all people with disabilities receiving invalidity and disability pensions were entitled to free medical care in all public (government) hospitals and medical institutions. Uninsured people with disabilities used to be a cause for concern, as there was no legal provision to support access to healthcare in a similar way to disability and invalidity pension recipients. However, with the introduction of the new NHS²⁸ with universal coverage on 1 June 2019, this gap seems to have been eliminated or at least reduced, as all residents²⁹, regardless of their income and contributions, now have access to healthcare from providers contracted with the new NHS, accounting for almost 100% of primary care and about 80% of hospital and in-patient care.

The new NHS exempts a number of specific categories of people with disabilities from co-payments³⁰. These categories include people with disabilities acquired during war, their dependants, and people with mental disabilities under the provisions of the Law on People with Mental Disabilities Act 1989.

1.3.2 Housing

For people with disabilities, there are currently no cash benefits to cover disability-related housing costs or to adapt housing and the living environment. In terms of adaptations to provide a supportive living environment that improves the quality of life of people with disabilities, the government seems to focus only on people with severe disabilities who are recipients of the *Ελάχιστο Εγγυημένο Εισόδημα* (GMI – guaranteed minimum income), through the cash benefit for long-term care, which covers the needs for independent living and staying with family. Nevertheless, it should be mentioned that there are special provisions and increased coverage for people with disabilities under the recent national programmes for the installation of photovoltaic systems in housing units and for the energy upgrade of houses (see Section 4.2).

²⁸ The new NHS is an important social protection safety net, extending medical coverage to vulnerable groups such as the unemployed, low-income households and economic migrants. It is expected to improve affordability and economic protection for beneficiaries, increase the availability of services and improve freedom of choice for beneficiaries. For more information about the NHS, please see:

<https://eurohealthobservatory.who.int/countries/cyprus/>.

²⁹ Including EU and non-EU nationals as well as people with refugee status.

³⁰ Co-payments are made by the beneficiaries directly to providers for several prespecified services such as pharmaceuticals and visits to specialist doctors. See the full list of co-payments at:

https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=el_GR&lookuphost=/el-gr/&lookuppage=hiofinancing (in Greek).

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

2.1.1 *Σύνταξη γήρατος* (Old-age pension)

a) Eligibility conditions

All people insured with the Social Insurance Fund are entitled to an old-age pension, regardless of the type of insurance (i.e. employees, self-employed people and voluntarily insured people). As already mentioned, people who received a disability or invalidity pension have their pensions converted to an old-age one with full compensation (corresponding to 100% disability/invalidity) upon reaching the age of 63³¹, regardless of the degree of their disability (see Section 1.1). Old-age pension beneficiaries must have reached the age 65 (63 for recipients of invalidity and disability pensions) and must have completed actual basic insurance of at least 10 insurance units; and 520 weeks must have elapsed from the week in which their insurance commenced. Conversely, there is no waiting period for people with disabilities, provided they have previously received a disability or invalidity pension (people with disabilities who were not eligible for disability or invalidity pensions are excluded).

b) Additional amount/compensation included and adequacy issues

No additional amounts or compensation are included in this benefit to cover the increased needs of people with disabilities.

c) Gaps/obstacles

A point of concern, which is likely to lead to a significant gap, is again the issue of uninsured people with disabilities and those with limited insurance contributions, who receive only a low old-age pension either because of many years of unemployment or because of a relatively early onset of disability.

2.1.2 *Κοινωνική σύνταξη* (Social pension)

a) Eligibility conditions

The *Κοινωνική σύνταξη* (social pension) is granted to all residents (regardless of disability) of the Republic of Cyprus who have reached the age of 65 and are not entitled to any other pension or similar payment from any source. The social pension is paid from the Consolidated Fund of the Republic of Cyprus. It is a non-contributory cash benefit³² based solely on residence³³. Eligibility derives from legal residence in Cyprus, countries of the EU and the EEA or Switzerland for a total period of at least 20 or 35 years from the date on which the applicant reached the ages of 40 and 18 respectively.

b) Additional amount/compensation included and adequacy issues

It can be considered as a compensatory measure for people who are not insured and do not receive any form of pension, including people with disabilities. No additional amounts or compensation are included in this benefit to meet the increased needs of people with disabilities. There is no evidence on the adequacy of the social pension, but it is likely to be inadequate given the increased needs of people with disabilities and the unfavourable statistics from Eurostat, which place Cyprus at the bottom of the

³¹ The normal retirement age in Cyprus in accordance with the Social Insurance Law is 65.

³² The monthly amount of the social pension is equal to 81% of the full basic old-age pension paid by the Social Insurance Fund. If a person is entitled to a pension or similar payment from any source whose monthly amount is less than the monthly amount of the social pension, the monthly amount of the social pension is equal to the difference between the two pensions.

³³ Including people with refugee status.

rankings for benefits for people with disabilities, and at the top for poverty risk for people with disabilities (Eurostat, 2022a).

c) Gaps/obstacles

This measure addresses mainly uninsured older people within the general population, but comes with a relatively high eligibility requirement with respect to the number of consecutive years of residency in Cyprus – see part (a) above. It can be viewed as a fair social provision for uninsured people, irrespective of disability, but the relatively high requirement of residency limits its social impact.

2.2 Unemployment benefits

2.2.1 Επίδομα ανεργίας (Unemployment benefit)

a) Eligibility conditions

There are no additional or special provisions relevant to eligibility that specifically address people with disabilities.

b) Additional amount/compensation included and adequacy issues

No additional amount or compensation is provided for people with disabilities, and there is no evidence to assess the adequacy of this benefit in the context of people with disabilities.

c) Gaps/obstacles

Of concern is the need for applicants to be physically present in order to register, first at regional labour offices and second at district offices of social security services; and then every six weeks to renew their registration. This can be a problem for people with disabilities, especially those living in mountainous and remote areas. According to Mavrou *et al.* (2021), the unemployment rates of people with disabilities remain high and even appear to be increasing, and there is no strong evidence of the success and sustainability of employment based on existing incentive schemes. This refers more to the private sector, where employers refuse or do not favour the employment of people with disabilities. It was recommended that an employment quota system similar to that of the public sector be introduced to create comparable incentives in the private sector as well.

2.3 Guaranteed minimum income schemes and other social assistance benefits (GMIs)

2.3.1 Ελάχιστο Εγγυημένο Εισόδημα (Guaranteed minimum income)

a) Eligibility conditions

People with disabilities of all ages are eligible, provided they meet the means-tested criteria, and they undergo the disability assessment procedure. In this case the disability assessment is delegated by the welfare benefits administration service of the MLWSI to the DSIPD. The assessment is medically based and carried out by independent contracted doctors of the private sector. This assessment takes a functional and needs-based approach, with the participation of rehabilitation professionals (e.g. physiotherapists), only when the application concerns the care provision benefit provided within the GMI framework or when the applicant requests it.

Invalidity and disability pensions as well as *Επίδομα ανεργίας* (unemployment benefit) are counted as income and deducted from the initial monthly amount of €480 due to the beneficiary, whereas all benefits from the DSIPD – and all other benefits, allowances and grants granted to people with disabilities due to their disability – are excluded and not deducted from the initial amount.

Applicants must have resided legally and continuously in Cyprus for the five years immediately preceding the date of application. Refugees may apply regardless of their age and length of stay, provided that no other member of their family has already applied for and/or is already receiving the benefit.

It is a non-contributory benefit paid by the welfare benefits administration service of the MLWSI. The main feature related to eligibility that appears to favour people with disabilities is their inclusion on the list of potential beneficiaries if they meet the means-tested criteria.

b) Additional amount/compensation included and adequacy issues

People with disabilities who are GMI recipients are also entitled to an additional monthly cash disability benefit of €226³⁴. Finally, the GMI Act delegates to the director of the welfare benefits and assistance service the power³⁵ to decide whether the five-year residency requirement can be waived for certain applicants with disabilities. In addition, the GMI Act provides financial support for care needs (home and/or residential care) – a provision that can also be considered a benefit for people with disabilities. Finally, under the GMI, beneficiaries are entitled to reduced charges for the use of essential services such as water and electricity supply, sanitation (sewerage and waste collection), telephone connections and subscriptions, and public transport.

c) Gaps/obstacles

The GMI was introduced in 2014 and gradually replaced the previous system of public assistance by introducing stricter means-testing mechanisms. Since then, various organisations of people with disabilities have consistently called for all people who have one or more disabilities and who have the required evidence, to be exempted from these provisions and receive the GMI, without further conditions, arguing that a certified disability is more than sufficient for this form of public assistance. For instance, the clause requiring each GMI recipient to have a maximum of €5,000 in their bank account was seen as totally inappropriate for people with disabilities, as it was argued that these funds, if used for treatments, would only last for a few months³⁶. There also seem to be many complaints from organisations about the correctness and adequacy of the disability assessment process for receiving the GMI. They urged the MLWSI to have such assessments and reassessments or opinions made by multidisciplinary expert committees of experts, which should be formed according to the needs and specifics of each case. The April 2021 report of the Commissioner for the Administration and Protection of Human Rights on disability and the rights of people with disabilities confirms the concerns of these organisations of people with disabilities. It notes that many people with disabilities are denied access to the GMI and disability-related services, and denounces the inadequacies and weaknesses of the disability assessment framework currently in place (Commissioner for the Administration and Protection of Human Rights, 2021).

3 Provision of assistive technology and personal assistance

The main source through which people with disabilities in Cyprus can be assisted to purchase or borrow equipment, devices and aids related to assistive technology are the plans provided by the DSIPD after submitting the required application and going through the prescribed assessment process. Currently, the DSIPD offers five such plans/schemes: i) the financial assistance plan for people with disabilities for the provision of assistive

³⁴ For beneficiaries under the age of 28 who are single, this benefit may also be provided in kind, in the form of long-term care and residential services.

³⁵ It is assigned by law to the respective director, who has discretion over when to exercise it. It is very likely to be used in extreme, difficult and urgent situations that threaten an adequate/basic standard of living and where there is a very high risk of poverty and material deprivation.

³⁶ [Problems with the GMI \(in Greek\)](#)

technology equipment, instruments and other aids; ii) the loan of assistive technology equipment scheme; iii) the provision of financial assistance scheme for the purchase of a wheelchair; iv) the loan of wheelchairs for people with motor disabilities scheme; and v) the allowance for people with disabilities for the provision of a car. Apart from the above plans, there are no other co-ordinated programmes or schemes. This obviously creates problems of accessibility and availability for people with disabilities. A long standing demand by the various disability-related organisations is for further substantial support in this domain.

With regards to personal assistance, people with disabilities are entitled to a homecare cash benefit within the GMI framework, which is frequently used to cover part of the employment costs for an in-house informal carer. In addition, and within the new NHS package of services, people with disabilities are entitled to homecare – which excludes, however, personal care and hygiene. The number of homecare visits covered is also not adequate to respond to the needs of people with disabilities.

3.1 Financial assistance plan for people with disabilities

The financial assistance plan for people with disabilities for the provision of technical devices, instruments and other assistance is designed to make life easier while promoting the independence and full participation of people with disabilities in social and economic life, by providing financial assistance for the provision of appropriate technical means, instruments, and other aids. The beneficiaries are Cypriot citizens with severe mobility, sensory or other disabilities, as well as European citizens and third-country nationals with refugee or supplementary protection status, who have been continuously residing in the areas controlled by the Republic of Cyprus for at least 12 consecutive months, have severe mobility, sensory or other disabilities, and meet all the required provisions of the plan. Financial assistance is provided for up to 80% of the final value of the requested technical device/instrument applied for, up to a maximum amount to be determined from time to time on the recommendation of the committee that assesses applications. In exceptional cases for people with disabilities who have very low incomes, assistance may be 100% of the value of the item requested. This plan does not cover the provision of prosthetics or orthotics and other items provided by other plans. Furthermore, the provision of prosthetics and orthotics is not specifically provided for in the new NHS service package. The need for these devices is met directly by the Ministry of Health, where people with disabilities apply for funding or supply and are generally accepted.

In assessing applications, priority is given according to the severity of the disability and the level of service/task required both for the specific purpose (exercise, employment, health, living) and more generally to facilitate independent living. Applications will be considered by a special committee chaired by the DSIPD director or their nominee, which may include representatives from other government departments and services as necessary. During the examination of applications, applicants may be required to be present at a disability assessment centre.

3.2 Loan of assistive technology equipment scheme

The loan of assistive technology equipment scheme falls under the general scheme for the management of technical aids by the DSIPD and provides an affordable alternative for people with disabilities on low incomes, but subject to availability³⁷ from the relevant DSIPD stock. The application process for this scheme is the same as for the financial assistance plan described earlier.

³⁷ During the surges of the COVID-19 pandemic the returns of such devices and aids were discontinued due to hygiene reasons and this may have had an impact on their availability to other applicants.

3.3 Financial assistance scheme for the purchase of a wheelchair

The financial assistance scheme for the purchase of a wheelchair is open to Cypriot and European citizens with mobility disabilities³⁸ who have been permanent residents of the areas controlled by the Republic of Cyprus for at least 12 consecutive months, as well as people with recognised refugee status or supplementary protection. Financial assistance is provided for seven basic types of wheelchairs³⁹, depending on the needs of the applicant, following an assessment by a physiotherapist. University students and employed beneficiaries may also apply for a second wheelchair. Financial assistance may also be provided for electric wheelchairs for people with symptoms of quadriplegia. The application procedure for this scheme is the same as for the previous schemes.

3.4 Allowance for people with disabilities for the provision of a car

As regards the allowance for people with disabilities for the provision of a car, eligibility is linked to residence and status and requires applicants to be aged 18-69 and to hold a driving licence. Disabilities related to this benefit are amputation or severe weakness of the upper and/or lower extremities due to a cause that results in the person with a disability having a permanent degree of disability greater than 39% or reduced visual acuity in both eyes not exceeding 6/60 in the best eye, regardless of the use of corrective lenses.

4 National debates, reforms and recommendations

4.1 National debates

In Cyprus, issues affecting people with disabilities are from time to time the subject of debates in the news media. They are often related to their quality of life, their social inclusion and integration, and the extent and responsiveness of the services and support they receive from the state. However, this group does not have a strong enough influence in decision-making centres and in the government in general.

Cyprus ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2011, reinforcing the already existing legal framework established by the People with Disabilities Law of 2000⁴⁰. Following the introduction of this legislation, the Pancyprrian Council for People with Disabilities was established, which was appointed by the government in 2013 as the competent national body for matters relating to people with disabilities and, more importantly, as the co-ordinating body for the monitoring of this convention. In Cyprus, the three bodies operating under this convention are the Pancyprrian Council for People with Disabilities (co-ordinating body)⁴¹, the DSIPD (contact point) and the Commissioner for the Administration and Protection of Human Rights (independent mechanism).

Cyprus' poor performance in terms of benefits for people with disabilities, as well as the high percentage of these people at increased risk of poverty, as indicated by Eurostat, preoccupied the Cypriot media in 2021. In 2018, Cyprus devoted 4.6% of its social protection expenditure to benefits for people with disabilities – the third lowest in the EU (7.6%) (Eurostat, 2022b). Moreover, in 2020, 33%⁴² of the Cypriot population with

³⁸ For the purposes of this scheme, a person with a motor disability is defined as a person with a long-term physical disability whom effective participation in society may be prevented upon interaction with various physical barriers.

³⁹ http://www.mlsi.gov.cy/mlsi/dsid/dsid.nsf/dsipd16_gr/dsipd16_gr?OpenDocument (in Greek)

⁴⁰ [The People with Disabilities Law 2000 \(in Greek\)](#)

⁴¹ Plays a key role in monitoring the implementation of the UN CRPD and is a liaison and official body for contacts and consultations on disability issues.

⁴² EU population estimate 28.4%.

disabilities aged 16 or above were at risk of poverty or social exclusion, compared with 18.7% of the general population. This places Cyprus in the bottom 10 EU countries with the highest rates of people with disabilities at risk of poverty and social exclusion. Moreover, two important messages emerge from these data: first, women with disabilities are more at risk of poverty and social exclusion (34%) than men (32.6%). Second, middle-aged people (aged 35-44) are more at risk of poverty and social exclusion in Cyprus (42.1%)⁴³. These findings must be of concern to policy-makers, as they affect a working-age and socially active population with increased needs (Eurostat, 2022c).

Since the introduction of the GMI framework in 2014, there has been significant and ongoing disagreement between organisations of people with disabilities and the state about the correctness and appropriateness of the DSIPD disability assessment process. This disagreement unfortunately led to the closure of the disability assessment centres for three months shortly after the introduction of the new assessment process.

Over time, organised groups have taken the position that a distinction must be made between disability assessment, determination and eligibility, with the concept of disability assessment encompassing the assessment of the form and degree of a person's disability, rather than whether they have a disability in relation to benefits or services, or whether they are eligible for those benefits. This disagreement also extends to the reassessment process used by the state, which appears to exclude people with disabilities from various benefits and allowances because their level of disability has changed following a reassessment.

A growing number of political and social partners increasingly believe that the GMI framework falls far short of meeting the needs of people with disabilities, and advocate for the creation of a new one, more responsive and comprehensive, exclusively for people with disabilities – one which meets their modern socio-economic needs and provides them with the necessary social support either in financial form, in kind or in the form of services. Specific areas of urgent need, which are at the heart of the social debate in Cyprus, relate to ensuring the right to independent living for all people with disabilities and their access to employment and adequate healthcare.

Despite all the debates, disagreements and proposals on the shortcomings of the GMI, this is still the main social protection framework for people with disabilities currently in force in Cyprus. As mentioned above, voices of change are calling for a new framework that would exempt people with disabilities from burdensome criteria related to income, degree of disability (e.g. severe disability and moderate intellectual disability) and the need for reassessment⁴⁴ of disability status. There is a perception in disability circles⁴⁵ that their approach through the GMI is not in line with current trends for social provision for people with disabilities for their participation in society, and a feeling that they are treated by the state more like a problem and as people who only need help for treatments, rather than as people who need support to integrate and be included in modern societies.

In her report of April 2021, the Commissioner for the Administration and Protection of Human Rights (2021b), highlights the fact that people with disabilities are often denied access to GMI and disability cash benefits because their disability is classified as moderate or mild, rather than severe or total, as required by the relevant legislation. This excludes them from receiving financial support despite their disability or the costs associated with their disability (e.g. reduced income due to difficult or limited access to the labour market, costs of employing a carer, and costs of care or rehabilitation services not covered by the NHS or public health sector). To this end, the Commissioner for the Administration and

⁴³ 16-24 years (29.9%); 25-34 years (37.4%); 35-44 years (42.1%); 45-54 years (35.1%); 55-64 years (35.9%); 65+ years (29.7%).

⁴⁴ It concerns people with permanent disabilities (e.g. limb amputation and blindness) who have been asked for reassessment to continue receiving benefits.

⁴⁵ From direct contact with KYSOA and in the daily press.

Protection of Human Rights suggested that the DSIPD should make it clear that the assessment process is not limited to the medical model but follows a human rights-based approach as required by the UN CRPD.

4.2 Recent reforms and reforms currently in the pipeline

Since 2014 – the year in which the public assistance scheme, based on implicitly defined⁴⁶ criteria, was replaced and the GMI framework and the new disability assessment process by the DSIPD were introduced – no other major reforms have followed. Recently (January 2022), the House of Representatives amended the existing GMI legislation to stop disability reassessment for people with permanent disabilities, thus putting an end to apparently unnecessary and unjustified procedures that affected a significant number of people with disabilities. The new legislation provides, inter alia, that in the case of a person with a disability who was certified at the first assessment as having a permanent disability without the possibility of rehabilitation or improvement, no new assessment is required unless they apply for additional benefits or services due to a deterioration in their condition or the occurrence of an additional disability that was not certified. In the case of someone with a congenital disability whose disability is certified by a specialised medical centre or a specialist as permanent or irreversible without the possibility of rehabilitation, their assessment and certification should be made only after submission of medical certificates. The physical presence of applicants before the assessment committee is only required for documented and exceptional reasons for which the person with disabilities concerned must be informed in advance.

The introduction of the new NHS in 2019, with universal coverage based on residency, with the inclusion of a wide range of services, can also be seen as a positive development for access to healthcare for people with disabilities (see Section 1.3.1). However, the exclusion of important long-term and rehabilitation services remains a problem that limits the uptake by people with disabilities and forces them to cover the costs through direct out-of-pocket payments, which can worsen their financial situation. It is also worth mentioning the statement of the Minister of Labour, Welfare and Social Security that the full implementation of the new NHS on 1 June 2020 (inclusion of in-patient care) will be the trigger for the resumption of a new cycle of public consultation on the issue of benefits for people with disabilities and on the creation of a new legislative framework that adequately addresses their specific and increased needs⁴⁷, including healthcare. In the minister's view, more emphasis should be placed on the provision of services and other forms of government support to people with disabilities, rather than on benefits that fall mainly within the GMI framework, which since its implementation has been considered insufficient by social partners dealing with the issues of people with disabilities. However, it seems that no tangible steps have been taken in this direction so far.

In 2018, the government launched the First National Strategy for Disability 2018-2028⁴⁸ along with the Second National Disability Action Plan 2018-2020 with the slogan "People with disabilities are equal members of society" and the vision of fulfilling the rights of people with disabilities as equal members of society and improving their quality of life through reforms and additional measures under the UN CRPD. The national strategy recognises that there is much room for improvement in services for people with disabilities in Cyprus. It takes into account both the wishes and demands of people with disabilities, their families and the organisations representing them, as expressed in the ongoing consultations and the recommendations of the UN Commission on the Rights of Persons with Disabilities, and sets out the policy framework and objectives for further improving the current situation. The leading role in the implementation of this strategy is played by

⁴⁶ Unlike GMI; before its introduction, there were no explicit eligibility criteria mainly based on income. Moreover, eligibility for the then public assistance depended to a large extent on the discretion of the director of social welfare services.

⁴⁷ [Changes for people with disabilities after the implementation of the NHS \(in Greek\)](#)

⁴⁸ [First National Strategy for Disability 2018-2028 \(in Greek\)](#)

the various ministries and public services, which, within their competences and through synergistic efforts, should implement or strengthen the policies, measures and programmes serving people with disabilities in the areas of social protection, education, employment, accessibility, health, rehabilitation, and social inclusion. The department responsible for monitoring progress on implementing this strategy is the DSIPD. The strategic objectives that have been set relate to all areas of the lives of people with disabilities. The objectives relevant to the subject of this thematic report concern: i) the scientific, multidisciplinary, individualised and comprehensive assessment of disability through the assessment of individual needs and abilities using scientific and modern tools and assessment methods and informing citizens about the situation of their needs and abilities; ii) access to the physical and structured environment, transport and information through the provision of adequate facilities and aids and the adaptation of the environment, means of transport and means of communication and information; iii) access to health services and physical rehabilitation services; iv) an adequate standard of living, with social benefits or services that ensure the social protection of the individual; and v) the facilitation and support of independent living and community integration through social benefits or services or through the operation of adapted structures. Also, the provision of specialised support services of all necessary specialities to enable individuals to live in the community with dignity, security and the greatest possible autonomy. As far as the second national action plan is concerned, several of the planned measures have been regularly implemented (however, many of them are recurrent measures, such as the provision of social benefits by the DSIPD and invalidity and disability pensions by the SIS), while for the first national strategy there seems to be no tangible and specific indication of the progress on its implementation. It could be said that the data-monitoring framework in place, which is essential to evaluate and monitor the process, is too limited and very likely to hinder its implementation. Since 2017, the government's focus has been on deinstitutionalisation, with the gradual closure of institutional care structures and the creation of independent living units within the community for people with disabilities. In the same year, the plan for the inclusion of people with severe disabilities in assisted living programmes was launched, co-financed by the European Social Fund. The aim of this project is to enable people with severe disabilities who need special services to live in the community by creating assisted living units⁴⁹. The project is managed by the DSIPD of the MLWSI.

Finally, it should be noted that under a housing plan of the Ministry of the Interior, which is designed to provide incentives for young couples and families to build or renovate a house in mountainous or remote areas, a maximum amount of €55,000 is envisaged. If the applicants are people with disabilities, an additional amount of €10,000 is provided for necessary structural adaptations (Koutsampelas and Kantaris, 2021).

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

No significant practice was identified that could be considered or singled out as good practice for the purposes of this report. However, it could be said that the automatic conversion of disability and invalidity pensions into old-age/retirement pensions could be considered a good arrangement that should be helpful for the social protection of people with disabilities over the age of 65.

Given the rising unemployment rates among people with disabilities compared with the rest of the population, and the inadequacies and deficiencies of the social protection system as perceived by disability organisations – most notably expressed in the GMI system – the

⁴⁹ These are family-like, relatively small apartments of up to eight residents, depending on their specific needs and preferences, which meet the criteria and conditions of current legislation on housing for older people and people with disabilities or other relevant legislation. The assisted living services offered may consist of special/intensive care services, nursing, medical care, rehabilitation, communication, sports, entertainment, companionship, socialisation, participation and integration, depending on the needs of the tenants.

importance of adequate benefits as a form of social protection could not be more clearly emphasised. Over time, there have been long delays in the payment of cash benefits by the state, which significantly affects the quality of life of all recipients and beneficiaries, including people with disabilities. It is a frequent topic of discussion in the media. It is also found in numerous reports by the Commissioner for the Administration and Protection of Human Rights, ANED, KYSOA and others. Efforts have been made for several years to expand e-government by computerising all processes related to citizens' access to government services so that they can be delivered in a simple, friendly and integrated way via the internet. Government agencies, and in particular the Deputy Ministry of Research, Innovation and Digital Policy, which has undertaken this work, should ensure that **all government websites should have the necessary technical or other features and online assistance to facilitate access and interaction by people with disabilities.** It is noteworthy that the DSIPD website does not have the necessary technical features and characteristics to enhance accessibility and interaction of people with disabilities, who are considered the most frequent visitors to and users of this website. This is something that could be done immediately and at relatively low cost.

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. The response of organisations of people with disabilities and other disability-related groups to the first strategic action plan (Pancyprian Alliance for Disability, 2018) highlights the problems created by non-compliance⁵⁰ with the UN CRPD. According to this alliance, the abolition of public assistance in 2014 also resulted in the discontinuation of the then public programmes for housing and accommodation for people with disabilities. Since then, their efforts to secure new legislation/regulations to ensure access to regular public assistance and housing programmes for people with disabilities have not been successful. The continued inaction of the **Pancyprian Council for People with Disabilities** is not easily justified, and **its reactivation would certainly contribute to the social protection of people with disabilities.**

Finally, it is evident and ubiquitous that there are ongoing and pressing issues relating to the **deficiencies in disability assessments** and reassessments where they continue to apply and which, on the face of it, exclude a significant number of people with disabilities from the various allowances, aids and benefits provided mainly through the GMI. It appears that these procedures need to be revised to strengthen the multidisciplinary approach with a more active and meaningful involvement of social workers, working within a reformed monitoring system. This process could replace the current and often pointless practice of reassessing potentially permanent or irreversible disability, in order to improve the effectiveness of needs assessment for people with disabilities and to ensure an adequate standard of living and quality of life that facilitates participation in, and the enhancement of, Cypriot society.

⁵⁰ Cyprus's national legislation is not consistent with a human rights-based approach to disability, as it should have been following the adoption and ratification of the UN CRPD and the International Covenant on Civil and Political Rights by the Cypriot government.

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