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Luxembourg

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Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. 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"*.

In Luxembourg there is only one social benefit specific to people with disabilities, the *Revenu pour personnes gravement handicapées* – RPGH (allowance for people with severe disabilities). Most social benefits described in this report are not exclusive to people with disabilities. For instance, those benefits that are granted through the *Assurance dépendance* (dependency insurance – for long-term care) are also available to other dependent people, namely older people.

Working-age people with disabilities, whose reduction in working capacity is more than 30% and who are not able to work, are eligible for the RPGH. They may also be eligible for the RPGH if they are able to work, are recognised as "employees with disabilities", but cannot find a job for reasons beyond their control.

Since the amounts of the RPGH and the minimum income are the same, the findings regarding their adequacy are also the same. The Chamber of Employees has identified the various cases where the minimum income is not sufficient to escape the risk of poverty.

There are no disability-specific old-age pension schemes in Luxembourg.

Disability-related healthcare expenses, such as for doctor's visits, medication and hospital stays, are covered by the general health insurance scheme; and for some services cost-sharing exemptions apply for people with disabilities. For dental care and eye care, however, the levels of reimbursement are particularly low; and some services, including acupuncture, osteopathy, and psychotherapy, are not covered. There are agreements between the government and the social partners to tackle these gaps, but implementation has been slow.

Accommodation adaptations may be covered by the dependency insurance, insofar as they make it possible to maintain or increase the dependent person's autonomy.

Access, eligibility conditions and benefit levels regarding old-age pensions, unemployment benefits, the minimum income and other social assistance benefits are the same for people with disabilities as for those without.

Technical aids and personal assistance are covered by the dependency insurance. A special law introduced personal support for professional integration in 2019.

People who can no longer perform their previous job, as a result of an accident, prolonged illness or degeneration, are entitled to professional redeployment and may receive the status of professionally reclassified people.

Recommendations include a rise in the RPGH, legal certainty for patients in the event of a health insurance disaffiliation, and enforcement of the legal stipulations for employers to provide a quota of jobs dedicated to people with disabilities or to professionally reclassified people.

The issue of access to social protection for people with disabilities does not give rise to public debate.

A national action plan for implementing the UN CRPD for 2019-2024 envisages a reform of the 2003 law relating to people with disabilities.

1 Access to disability-specific income support

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

All benefits listed in this report are managed at national level. Due to the small size of the country, there is no regional level and there are no benefits managed at sub-national (local) level. For some benefits (mainly those in Section 2.3), however, there are local administrative bodies that co-operate with the national administration and take on certain functions.

See also the Annex, where two schemes are described that could not be presented in this section, because they are not exclusive to people with disabilities, but also apply to anyone who has had an accident at work, or who has reduced work capacity as a result of prolonged illness or degeneration, without necessarily having a disability.

1.1.1 *Revenu pour personnes gravement handicapées* – RPGH (Allowance for people with severe disabilities)¹

Working-age² people with disabilities who are not able to work may be eligible for the *Revenu pour personnes gravement handicapées* – RPGH (allowance for people with severe disabilities). Alternatively, they may be able to work and be recognised as “employees with disabilities” (*salariés handicapés*) in one of two situations, as follows.

- They may work in the regular labour market, where they are entitled to the same salary as workers without disabilities. Their employer may receive a salary subsidy from the state of 30-100% of the costs, depending on the loss of performance of the worker resulting from their reduced work capacity.
- They may be assigned a job in a professional inclusion workshop (*atelier d’inclusion professionnelle*), formerly known as a sheltered workshop (*anciennement atelier protégé*), where they receive at least the *salaire social minimum* – SSM (minimum wage), which is reimbursed to the workshop by the state.

If, for reasons beyond their control, they do not have access to salaried employment and have resources below the RPGH, they are also eligible for the RPGH.

a) Eligibility conditions

Disability-related qualifying criteria: The main condition for eligibility is a reduction in work capacity of at least 30% due to a physical, mental, sensory or psychic impairment and/or due to a psycho-social condition aggravating the impairment/disability (NB the impairment/disability must have been acquired before the age of 65). Either a person’s state of health means that any work is contra-indicated, or their work skills are so reduced that it is impossible to adapt a workstation to their needs – whether in the regular labour market or in a professional inclusion workshop.

A person who is able to work and is recognised as an employee with disabilities is also eligible if, for reasons beyond their control, they do not have access to salaried employment and their resources are below the RPGH. To be recognised as an employee with disabilities, someone must (besides having a reduction in work capacity of at least 30%) be recognised as suitable for salaried employment in the regular labour market or in a professional inclusion workshop. The reduction in work capacity may have occurred because of: a work accident at a company legally established on the Luxembourg territory; war events or measures taken by an occupying power; a

¹ See GDL (2003).

² Compulsory schooling extends until the age of 16. It is therefore from the age of 16 that young people can freely access employment. Young people can access employment from the age of 15 as part of an apprenticeship/vocational training and young students can work from the age of 15 during their school holidays.

physical, mental, sensory or psychic impairment; and/or a psycho-social condition aggravating the impairment. They need to be registered as a job-seeker with the employment offices of the public employment service (*Agence pour le développement de l'emploi* – Adem).

Age: Applicants must be at least 18, except for workers with disabilities, who must be at least 16 (in Luxembourg compulsory schooling lasts until 16).

Nationality and residency: People must be authorised to reside in the territory of the Grand Duchy, be domiciled there and actually reside there. This applies to:

- people who are nationals of Luxembourg, of another Member State of the European Union, or of a state that has acceded to the agreement on the European Economic Area;
- people who are recognised as being stateless (on the basis of Article 23 of the Convention Relating to the Status of Stateless Persons, made at New York on 28 September 1954);
- people who are recognised as being refugees (within the meaning of Article 23 of the Convention Relating to the Status of Refugees, made at Geneva on 28 July 1951; or
- people who do not meet any of these nationality conditions, but have legally resided in the Grand Duchy of Luxembourg for at least five years during the previous 20 years.

Waiting period: None (i.e. it is granted from the moment the disability is certified and recognised by the Adem).

Contributory history: None; it is a non-contributory scheme.

Level of financial resources: People not able to work, or recognised as an employee with disabilities, are eligible if their resources are lower than the RPGH.

Other: None.

Gaps and obstacles: People with disabilities whose reduction in working capacity is less than 30% have no access to the RPGH. They may rely on the guaranteed minimum income (GMI) (see Section 2.3.1).

b) Disability assessment framework

Although there are officially two different assessment procedures (to determine eligibility for the RPGH, and to determine recognition as an employee with disabilities), the practical proceedings are more or less similar.

The recognition process for becoming an employee with disabilities in Luxembourg involves an application to the Adem, following which a medical commission will take a decision. The application must be accompanied, inter alia, by documents providing information on the professional situation and the qualifications of the applicant, as well as documents providing information on the reduced work capacity and the general state of health of the applicant. Before submitting the application, potential applicants must attend an information workshop, which is the only place where they can obtain the form required for the application.

Type of assessment: For recognition as an employee with disabilities, the assessment should be a functional capacity assessment – according to the typology of assessments followed in the Academic Network of European Disability Experts 2018 report³. However, it is a purely medically based assessment⁴.

³ See ANED (2018).

⁴ *Ibidem*. See also Limbach-Reich (2018).

Responsible authority: It is carried out by a medical commission established with the Disability and Professional Redeployment Service (*Service handicap et reclassement professionnel – S-HRP*), which is the Adem unit responsible for the guidance, training, placement, re-education, professional integration and reintegration of people recognised as employees with disabilities or professionally redeployed people (see Annex).

The medical commission is made up of five members, including three doctors with specialisations in the fields of rehabilitation and functional rehabilitation or psychiatry, a doctor representing the social security medical board (*contrôle médical de la sécurité sociale – CMSS*)⁵ and a doctor representing the minister of health. This composition is the first indication that the assessment is medically based. Other indications are given by the supporting documents that must accompany the application, which include a recent medical report and medical check-up; the operating rules and investigation procedure laid down in law; and the regulations for their execution⁶.

Method: The methods used by the commission include the examination of documents, an interview with the applicant, and listening to external experts or witness statements. The purpose of the medical commission's assessment is to determine the level of reduction in the applicant's work capacity, and their residual work capacity, taking into account their state of health. For this determination the medical commission refers to the work capacity of a person without disabilities of the same age. The duration of the disability plays a role in the decision of the medical commission only in the sense that the applicant's condition must have sufficiently stabilised from a medical point of view.

Supporting evidence: The applicant must present a recent medical report established by the attending doctor, and a recent and detailed medical report drawn up by the occupational physician at the Adem.

Assessor: The competent social security bodies, as well as the National Solidarity Fund (*Fonds National de Solidarité – FNS*), are required to provide the medical commission with any information they need to make a decision. Since the applicant must present a recent medical report and medical check-up, obviously doctors are involved in the process. The medical commission can involve experts.

Decision-maker: The final decision is made by the medical commission, which notifies the applicant, the FNS and the other services of the Adem/S-HRP.

The eligibility conditions regarding the applicant's age and nationality/residence situation are examined by the FNS, which is also in charge of paying the benefit.

Critical analysis: There is almost no evidence as to whether this assessment should be considered problematic, and if so, in what respect. The only comment we have found on this comes from the association Info-Handicap⁷, a national association of 56 organisations working with people with disabilities. This association emphasises that the criteria for this assessment are not public and therefore not transparent. This leaves the medical commission free to act. Of course, in the event of a negative decision by the medical commission, an appeal against it may be lodged⁸, but such a procedure is lengthy and difficult to carry out, especially when there is no transparency about the reasons for the decision.

⁵ This is an administration under the authority of the social security administration. See: https://guichet.public.lu/en/organismes/organismes_entreprises/cmss.html (accessed 11 January 2022).

⁶ See GDL (2004).

⁷ See <https://info-handicap.lu> (accessed 17 January 2022).

⁸ First before an enlarged special commission, then before the Social Security Arbitration Tribunal and ultimately before the High Council of Social Security. The last two are the jurisdictions of social security. See GDL (2003).

c) Benefit entitlements

Level of the benefit: The level of the benefit is independent of the severity, type and duration of the disability. For people who do not work at all, the benefit is equal to the GMI for an adult (see Section 2.3.1) and has amounted to €1,583.59 per month since 1 October 2021.

Duration of the benefit: It is subject to periodic revision, and a change in the applicant's eligibility conditions (e.g. work capacity or resources) may lead to a reduction in payment or even to a cancellation.

Interactions with other income or other income-related benefits: People with an income from work (or other income) below the RPGH level receive an amount calculated in the same way as the GMI is calculated (see Section 2.3.1), except that the income excluded from the calculation is set at 30% of the RPGH (as was the case with the former *Revenu minimum garanti* – RMG), instead of 25% of earned income (as is the case now with the *Revenu d'inclusion sociale* – Revis [social inclusion income]). The objective of this change for the Revis was to increase the incentive to work and to eliminate an inactivity trap⁹. Such considerations do not apply to RPGH beneficiaries, as they are by definition not able to work. For those able to do part-time work, such an inactivity trap may exist.

Challenges: With regard to the adequacy of the RPGH, the same arguments as those for the GMI can be put forward (see Section 2.3).

1.1.2 Pension d'invalidité (Invalidity pension)

A person insured by the National Pension Fund (*Caisse Nationale d'Assurance Pension* – CNAP)¹⁰ who has significantly reduced work capacity as a result of prolonged illness or degeneration, or a person for whom the professional redeployment procedure¹¹ was unsuccessful, is entitled to a *Pension d'invalidité* (invalidity pension)¹². The loss of their work capacity must be such that they are prevented from exercising the profession they last exercised or another occupation corresponding to their strengths and aptitudes.

Since this condition does not necessarily involve disability, the invalidity pension is not exclusive to people with disabilities, but can be claimed by people with other conditions¹³ (see also Annex).

a) Eligibility conditions

Disability-related qualifying criteria: To be eligible, an applicant must have been insured before the occurrence of the loss of work capacity, confirmed by a CMSS doctor. This is also the case for recognised employees with disabilities¹⁴ who work in a professional

⁹ See CHD (2017), remarks on Article 9 (3) in the commentary on articles on page 36.

¹⁰ The CNAP is the general pension scheme, covering 90% of the population exercising a professional activity in Luxembourg (IGSS, 2021a). In addition, there are special pension schemes, for example for civil servants and railway workers. This report only covers the general pension scheme.

¹¹ See Annex.

¹² The invalidity pension is regulated by Articles 186 to 189 of the Social Security Code (CSS); see IGSS (2021b).

¹³ According to the law (see GDL 2003), a **person with disabilities** is a person who has a reduction of their work capacity of at least 30%, occurring as a result of: an accident at work with a company legally established on Luxembourg territory; war events or measures taken by an occupying power; or a physical, mental, sensory or psychological impairment and/or psycho-social difficulties aggravating the impairment. On the other hand, an insured person is considered to be suffering from **invalidity** who, "as a result of prolonged illness, infirmity or wear and tear has experienced a loss of his ability to work such that he is prevented from exercising the profession he exercised lastly or another occupation corresponding to his strengths and abilities" (see IGSS 2021b). In addition, there are also those people whose redeployment procedure has not been successful. Finally, recognition as an employee with disabilities presupposes a stable situation over time, whereas the invalidity pension may also be granted for temporary invalidity, although not for less than one year. This leads to more people being entitled to an invalidity pension than those with disabilities.

¹⁴ See Section 1.1.1.

inclusion workshop. Although Article 187 of the CSS stipulates that the criteria for the medical assessment of the state of invalidity may be specified by Grand-Ducal regulation, no such specification has been found.

Age: The insured must be under 65.

Nationality and residency: None (i.e. there are no nationality or residency requirements for accessing this benefit¹⁵).

Waiting period: None (i.e. it is granted from the moment the invalidity is established).

Contributory history: An insurance period of at least 12 months during the three years preceding the insured event. If the invalidity is due to an accident or a recognised occupational disease (both must have occurred during the insurance period), no contributory history is required.

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

Other: The insured must follow the rehabilitation or retraining measures prescribed by the pension fund (at the suggestion of the CMSS) until the age of 50 or risk suspension of the pension.

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

b) Disability assessment framework

Type of assessment: The assessment is carried out by a doctor from the CMSS, making it a medical assessment.

Responsible authorities: The CMSS.

Method: A medical examination is carried out.

Supporting evidence: For their findings, the doctor is free to use any evidence.

Assessor: Not provided.

Decision maker: The examining doctor.

Critical analysis: The same remarks as in Section 1.1.1 also apply here.

c) Benefit entitlements

Level of the benefit: The rules for calculating the level of an invalidity pension are the same as for an old-age pension. The only difference lies in the minimum contributory history required.

To compensate for the premature interruption of the insurance career due to reduced work capacity, notional periods of contributions are added, taking into account the previous career and level of income¹⁶.

No invalidity pension may be less than the minimum pension (which was €1,985.56 per month on 1 January 2022) if the insured person has completed a qualifying period of 40 years (including compulsory insurance periods, continued insurance, optional insurance or retroactive purchase periods, and additional periods). If the insured person has not completed the 40-year qualifying period, but has at least 20 years of insurance, the minimum pension is reduced by 1/40th for each missing year.

There are no different levels according to the severity or the type of the disability.

¹⁵ This applies to EU and non-EU nationals as well as to people with refugee status.

¹⁶ The complete calculation for an invalidity pension is laid down in a CNAP publication; see https://www.cnap.lu/fileadmin/file/cnap/publications/Publications_CNAP/Brochures/F_Brochure_Pension_Invalidite.pdf#pageMode=bookmarks (accessed 15 January 2022).

Duration of the benefit: The invalidity pension can be paid for a fixed period (temporary disability) or indefinitely (permanent disability), depending on the duration of the disability. At age 65, an invalidity pension will be automatically converted into an old-age pension.

Interactions with other income or other income-related benefits: The granting of the invalidity pension is subject to the insured person renouncing any self-employed activity subject to insurance, and any salaried activity, unless considered insignificant (i.e. it does not exceed one third of the SSM) in Luxembourg or abroad. The invalidity pension is not paid to the insured person as long as they are receiving sickness benefit. If a recipient of an invalidity pension simultaneously receives a pension resulting from an accident at work or an occupational disease, provisions on non-cumulation reduce the pension, if the sum of the two benefits exceeds a certain ceiling.

Challenges linked to the adequacy of the benefit: An invalidity pension will normally be lower than the respective old-age pension, because a worker's salary generally increases with age. Thus, a real salary used as the base for an old-age pension will be higher than a notional salary calculated for an invalidity pension. In addition, the notional income included in the calculation of the pension is only taken into account until the age of 55, whereas, for a normal pension, applicants may continue to earn contributory income until 65.

In some cases, especially when the insurance career is incomplete, or when there were periods of part-time work, the invalidity pension, which then is the minimum pension, may be lower than the minimum income. In these cases, the person is entitled to an additional payment (see Section 2.3.1). However, in some cases, the level of the income will not be adequate, as this minimum income may be lower than the at-risk-of-poverty threshold (*ibid.*).

1.2 Disability-specific old-age pension schemes

There are no disability-specific old-age pension schemes in Luxembourg.

The only difference is that people who have never (or almost never) worked, and have only received the RPGH (see Section 1.1.1) will not get a normal pension, since receipt of the RPGH does not create pension entitlement. They will continue to receive the RPGH beyond age 65 until the end of their lives.

For invalidity pension beneficiaries (see Section 1.1.2), at age 65 their pension will be automatically converted into an old-age pension.

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

1.3.1 Healthcare

1.3.1.1 Assurance Maladie-Maternité – AMM (Health-maternity insurance scheme)

There is no special scheme to cover disability-related healthcare expenses, such as for doctor's visits, medication and hospital stays. The general health insurance scheme covers these costs. The only difference is that for some services cost-sharing exemptions apply for people with disabilities¹⁷.

a) Brief description¹⁸

In Luxembourg, contribution to the principal public health insurance fund¹⁹, the National Health Fund (*Caisse Nationale de Santé – CNS*), is mandatory for all economically active people (employed, self-employed or recipients of replacement benefits)²⁰. The objective of the AMM is to “ensure fair access to quality healthcare for the entire population, regardless of social status or income, and to guarantee financial security in the event of illness. It aims to provide an optimal coverage rate of the population, as well as full coverage of healthcare within the limits of being ‘useful and necessary’”. The package of services covered is comprehensive²¹.

Generally, patients pay providers in advance and are later reimbursed by the CNS at different rates. To cover out-of-pocket payments²² for services not included in the benefits package, such as acupuncture or single rooms in hospitals, about two thirds of the population take out additional private insurance.

b) Main gaps/obstacles

Despite compulsory health insurance, some population groups remain without coverage and have very limited access to healthcare – namely, homeless people, residents whose welfare benefits are ending, and undocumented migrants. At least 771 people were reported to be without health insurance or to face financial difficulties obtaining it in 2020²³. Unfortunately, there are no data on whether or not there are people with disabilities among these groups.

For this reason 15 civil society organisations called for the introduction of universal health coverage²⁴, which has now been announced²⁵.

¹⁷ See the statutes of the CNS: <https://cns.public.lu/fr/legislations/textes-coordonnes/statuts-cns.html> (accessed 15 January 2022).

¹⁸ See IGSS (2021a) and OECD/EU (2021).

¹⁹ Besides the CNS, there are special health insurance schemes, for example for civil servants and railway workers. In addition, people working for European institutions or international organisations are covered by their employers' health insurance schemes. Since the vast majority of people are insured with the CNS, the other schemes have not been considered.

²⁰ Replacement benefits include: sickness, maternity, unemployment, and invalidity benefits; old-age and survivors' pensions; and the GMI.

²¹ See Articles 1-84 in book I of the CSS in IGSS (2021b).

²² Due to the very broad coverage of the AMM, out-of-pocket spending is low, at 9.6% compared with the EU average of 15.4%, according to OECD/EU (2021).

²³ See Médecins du Monde (2021).

²⁴ See <https://www.infogreen.lu/la-couverture-sanitaire-universelle-au-luxembourg-donner-acces-aux-soins.html#:~:text=L%27acc%C3%A8s%20aux%20soins%20est%20le%20droit%20humain%20le%20plus,enfants%20vivant%20sur%20son%20territoire> (accessed 15 January 2022).

²⁵ See Section 4.2 for details.

c) Main adequacy challenges

The levels of reimbursement are particularly low for dental care and eye care. Unions and patients' organisations have therefore asked for them to be increased, especially after the CNS registered a surplus in several fiscal years. An agreement existed in the Quadripartite Committee²⁶ to move in this direction; however, with the huge impact of COVID-19 on CNS funds, it is less certain whether such improvements will come about.

Similarly, several services, including acupuncture, osteopathy, and psychotherapy, are not covered by the AMM. The Quadripartite Committee agreed to enlarge coverage to these services, but implementation has been slow²⁷.

1.3.2 Housing

1.3.2.1 Assurance dépendance (Dependency insurance – for long-term care)

Dependency insurance²⁸ covers the extra costs due to dependency, whether because of old age or disability. Strictly speaking, therefore, this is not a disability-specific benefit; but since it is only granted to dependent people, it is not a general measure applicable to everybody, which is why it is included in this report.

a) Brief description

The organisation of dependency insurance has been entrusted to two bodies, namely the CNS and the Administration for Evaluation and Control of Dependency Insurance (*Administration d'évaluation et de contrôle de l'assurance dépendance* – AEC). This public service under the authority of the Ministry for Social Security determines the dependency level of applicants and establishes a care plan²⁹.

To be covered by dependency insurance, the need for assistance for the basic ADL must qualify as significant and regular, and require at least three and a half hours of assistance per week. In the event of significant and regular need recorded by the AEC, adaptations to housing and technical aids may be allocated regardless of the three-

²⁶ A Quadripartite Committee (*Comité Quadripartite*) meeting is held at least once a year (involving Ministries – Finances, Social Security and Healthcare – and representatives of employees, employers and healthcare-providers), in order to examine inter alia the financial situation of the AMM and the CNS. The committee, provided for in Article 80 of the social security code, brings together all the parties involved in the governance and operation of health and maternity insurance. It examines the evolution of revenue and expenditure in the field of health and proposes measures to be taken on the legal, regulatory, conventional or statutory level in terms of health insurance, as well as any other measures intended to improve the efficiency of the system, taking into account the needs of the population, the development of medical techniques and the resources available to the country. See:

<https://mss.gouvernement.lu/fr/support/recherche.gouvernement%2Bfr%2Bactualites%2Bagenda%2B2021%2B10-octobre%2B25-quadripartite-assurance-maladie-maternite.html>.

²⁷ See for instance:

https://mss.gouvernement.lu/fr/support/recherche.gouvernement%2Bfr%2Bactualites%2Btoutes_actualites%2Bcommuniqués%2B2018%2B11-novembre%2B07-comite-quadripartite.html and

https://mss.gouvernement.lu/fr/actualites.gouvernement%2Bfr%2Bactualites%2Btoutes_actualites%2Bcommuniqués%2B2021%2B10-octobre%2B27-comite-tripartite.html (accessed 15 January 2022).

²⁸ Dependency insurance is regulated in book V of the social security code, Articles 347 to 395bis; see IGSS (2021b).

²⁹ During the assessment/reassessment, the AEC identifies the applicant's needs for assistance and care, as well as the capacities and availability of their individual carer. It then sets out in a support summary (*synthèse de prise en charge*), the aid and care that the applicant needs. Based on the fixed durations and frequencies of the basic activities of daily living – ADL (*actes essentiels de la vie* – AEV) (see European Commission & Economic Policy Committee, 2018) in the aid and care reference system, the eligible applicant is assigned one of the 15 levels of weekly aid and care needs provided for in Article 350 (paragraph 3, sub-paragraph 1) of the CSS (see IGSS, 2021a). For a complete overview of dependency insurance in Luxembourg, consult IGSS (2021a).

and-a-half-hour threshold if it is considered that the state of dependency will probably exceed six months or is irreversible³⁰.

In the event of homecare, adaptations to the accommodation may be covered by the dependency insurance, insofar as they make it possible to maintain or increase the dependent person's autonomy.

Adaptations will be covered if they allow the person to maintain or increase their independence in the areas of personal hygiene, meal preparation and mobility inside and outside the home. Accommodation adaptations are covered on the advice of the AEC. Additional costs generated by a move to accommodation adapted to the state of dependency of the beneficiary are also covered.

The AEC draws up detailed specifications of the adaptations to be undertaken. The applicant then requests detailed quotes, and all necessary permits. The AEC determines the amount covered for the chosen solution. The amount covered cannot exceed €28,000 per dependent person. Acceptance of the work is done in the presence of the AEC, the beneficiary and contractor. The AEC ensures the adaptations carried out are in line with the specifications, and verifies the quality of the equipment provided and the related services. The amount covered is paid directly by the CNS to the contractor or service-provider³¹.

b) Main gaps/obstacles

Some users³² complain that requests for reimbursement of costs by the dependency insurance are associated with "long and bureaucratically complex procedures". Several quotes must be submitted, which means that the procedure can take weeks or even months, whereas the person concerned is usually in urgent need of help. Some also feel that more freedom of choice should be given to the applicant. The process is such that some eligible people have not asked for help, and have paid for everything themselves. Other users complain that the AEC has not accepted all their wishes. Others also report that the non-profit organisation, ADAPTH³³, has been of great help to them. This organisation is partly financed through an agreement signed with the Ministry for Family, Integration and the Greater Region (*Ministère de la Famille, de l'Intégration et à la Grande Région* – MFAMIGR).

c) Main adequacy challenges

Info-Handicap argues, that, in relation to the severity of the disability, the maximum amount that may be granted (€28,000 per dependent person) will not always be sufficient to cover all the costs of an adaptation.

³⁰ Article 349 of the CSS; see IGSS (2021b).

³¹ See GDL (2006 and 2017b).

³² See for example https://drive.google.com/file/d/1RNvTd_ri91YQ92XsVxGZuHwQWZx07HL3/view (accessed 17 January 2022).

³³ ADAPTH is a "design for all" consulting office and the national competence centre for building accessibility; see <https://www.adapth.lu/j4/> (accessed 17 January 2022). See also MFAMIGR (2021).

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

There is a general pension scheme (*régime général d'assurance-pension*) covering 90% of the population exercising a professional activity in Luxembourg (IGSS, 2021a). It is managed by the CNAP. Besides this, there are special pension schemes, for example for civil servants and railway workers. This report focuses on the general pension scheme.

2.1.1 Régime général d'assurance-pension (General pension scheme)

a) Eligibility conditions

For a pension at the legal retirement age (65), the contributory periods³⁴ must total a minimum of 10 years. A person is entitled to an early old-age pension at 60 if they can prove 480 months of contributory and additional non-contributory periods, of which at least 120 months must be contributory. Moreover, early retirement at 57 is possible if the person has reached a total of 480 months of contributory periods.

Eligibility conditions are the same for people with disabilities as for those without. People with disabilities who received the RPGH from an early age, who have never (or almost never) worked and thus have no contributory history in the pension scheme, are not entitled to a pension. They will continue to receive the RPGH beyond age 65 until the end of their lives (see Section 1.2).

b) Additional amount/compensation included and adequacy issues

The pension amounts for people with disabilities are the same as those for people without, and no additional compensation exists. However, the introduction by the 2012 pension reform³⁵ of a voluntary pension contribution of around €120 per month³⁶ increases the chance for vulnerable target groups to get a minimum pension or early pension.

The pension system guarantees a minimum pension of nearly 90% of the SSM for a person with a full 40-year career. On 1 January 2022, this minimum pension amounted to €1,985.56 per month. The pension cannot exceed five-sixths of the SSM multiplied by five. The maximum pension is €9,192.39 per month in 2022.

Luxembourg pensioners are in a very favourable situation given the high replacement rate and the low AROP³⁷ rate. In 2020, the AROP rate for the population aged 65 or over was 7.3%, which was much lower than the EU average of 17.3%³⁸. Nonetheless, between 2011 and 2020, this rate increased by 2.6 percentage points in Luxembourg.

The net theoretical replacement rate for 2019 was 99.5% for an average-earner retiring after 40 years of contributions at the age of 65³⁹.

³⁴ Contributory periods may include compulsory insurance, continuous insurance, optional insurance and retroactive purchase periods.

³⁵ See GDL (2012).

³⁶ See GDL (2012), Art. I^{er}, N° 23°. Before the pension reform this was approximately €300 per month.

³⁷ AROP = at-risk-of-poverty rate. A household is at risk of poverty (or income poor) if its equivalised disposable income is below 60% of the national equivalised disposable household median income.

³⁸ Eurostat database [ilc_li02], extracted on 18 January 2022.

³⁹ See EC/SPC (2021).

c) Gaps/obstacles

There is a gender gap in pensions: The difference between the average pension for women and men was 37.7%⁴⁰ in 2020, having fallen by about 9.6 percentage points since 2010. There is no evidence as to whether this gender gap is more significant among people with disabilities.

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

2.2 Unemployment benefits

2.2.1 *Indemnité de chômage complet* (Full unemployment benefit)

a) Eligibility conditions⁴¹

Age is a criterion, as the scheme is only available for applicants aged 16-64.

Access to the scheme is subject to having worked for at least 26 weeks within the previous 12 months, and for at least 16 hours per week⁴². As a result, those who are economically inactive (for example because of disability) have no access to the scheme and have to resort to the RPGH (see Section 1.1.1) or the Revis (see Section 2.3.1).

For trainees, apprentices, pupils and students who leave the education system and are unemployed, special conditions, waiting periods and benefit levels apply and vary according to the age of the applicant. In most cases, if they are eligible at all (depending on their type of education and age), they have to wait at least six months before they are entitled to receive unemployment benefit⁴³.

There are no other waiting periods.

No contributory history is required, as the Luxembourg scheme is a non-contributory one. However, in some cases membership of Luxembourg social security organisations (a sickness fund and a pension fund) for a minimum period may be required. For example, self-employed people have to prove a minimum of two years of affiliation.

Eligibility conditions are the same for people with disabilities as for those without.

A recognised employee with disabilities (see Section 1.1.1) may also apply for the RPGH, instead of relying on the unemployment benefit. There is no duration limit for the RPGH, whereas the duration of unemployment benefits in general⁴⁴ is equal to the period of work (calculated in full months) performed in the 12 months preceding the registration, up to a maximum of 12 months.

⁴⁰ Eurostat database [ilc_pnp13], extracted on 18 January 2022.

⁴¹ Further details for Section 2.2.1 can be found at <https://adem.public.lu/fr/demandeurs-demploi/demander-indemnite-chomage.html>, or at <https://www.csl.lu/fr/vos-droits/securete-sociale/chomage> (both accessed on 18 January 2022). The prescriptions are contained in the labour code (*Code du travail*), GDL (2021b).

⁴² It should also be noted that an unemployed person is only eligible for unemployment benefit if their loss of employment was for reasons beyond their control.

⁴³ Further details can be found in Article L. 522-1 of the labour code, GDL (2021b).

⁴⁴ In some specific cases, prolongations may be possible.

b) Additional amount/compensation included and adequacy issues

Generally, the benefit level does not depend on whether the applicant has a disability.

The benefit paid is 80% of the previous wage (85% for people with dependent children). The benefit is limited to 250% of the SSM⁴⁵ during the first six months of unemployment; for the following six months it is limited to 200%; and after one year to 150% (for people over 50, benefiting from a prolonged duration of payment).

As recognised employees with disabilities are often only paid the SSM, their benefit is much lower than the median or mean benefit. A benefit of 80% (or even 85%) of the SSM is not sufficient to lift people out of poverty, since it is below the poverty threshold (set at 60% of the national equivalised disposable household median income). It can therefore be argued that this benefit is not adequate.

c) Gaps/obstacles

The fact that economically inactive people are not eligible for the scheme, but have to apply for the RPGH or the Revis instead, is not generally considered a gap. Only a small group of lobbyists⁴⁶ wants to address this and other similar situations by introducing an unconditional basic income.

Some obstacles may be linked to the strict regulations that must be followed. These include not abandoning or reducing one's professional activity voluntarily, not being dismissed for serious misconduct, and following the procedures for apprentices⁴⁷. In some cases, it may be difficult for people with disabilities to follow all these directives and avoid being excluded from the benefit, especially if they are not socially stable, have mental disabilities and/or have no support from parents or organisations for people with disabilities.

2.3 Guaranteed minimum income schemes and other social assistance benefits

In Luxembourg, there is a GMI scheme called the **Revis**, and another social assistance benefit is the **high-cost-of-living allowance**. These are non-contributory schemes. See Sections 2.3.1 and 2.3.2 for more details.

2.3.1 Revenu d'inclusion sociale – Revis (Social inclusion income)

The minimum income scheme in Luxembourg is defined by the law of 28 July 2018 introducing the Revis, which came into force on 1 January 2019⁴⁸.

People with disabilities may apply for the Revis under one or more of the following circumstances.

- They are recognised employees with disabilities and have a job in the regular labour market. However, their income from work is lower than the Revis amount according to their household composition, and they are therefore entitled to a supplement. The means test for calculating the Revis supplement takes into account 75% of the income from work when defining the total household income⁴⁹.
- They are recognised employees with disabilities and do not have a job in the regular labour market, but work in a professional inclusion workshop where they receive at

⁴⁵ The SSM is currently €2,256.95 (since 1 October 2021). See: <https://igss.gouvernement.lu/fr/publications/parametres-sociaux/20210/202110/202110.html>, downloaded on 18 January 2022.

⁴⁶ See <https://grondakommes.lu/index.php/en>, downloaded on 18 January 2022.

⁴⁷ <https://adem.public.lu/fr/orientation-professionnelle/apprentissage/apprentissage-initial.html>, downloaded on 18 January 2022.

⁴⁸ See GDL (2018a).

⁴⁹ This "immunisation" provision should provide an incentive to work and thus avoid an inactivity trap.

least the SSM, or they do not have any job and are entitled to the RPGH. In any of these cases, if they are not living alone, their income is lower than the Revis amount according to their household composition, and they are therefore entitled to a Revis supplement.

- They are entitled to the RPGH and, since they are not living alone, their income is lower than the Revis amount according to their household composition, and they are therefore entitled to a Revis supplement.
- They live on a pension and their income is lower than the Revis amount according to their household composition, and they are therefore entitled to a Revis supplement.

If a person with disabilities is in a position to choose between the RPGH and the Revis, the following differences have to be taken into account:

- for the Revis, 25% of work income is excluded from consideration; but for the RPGH, it is 30% of the RPGH; and
- the Revis is a household benefit; whereas the RPGH is an individual benefit, paid regardless of the household situation.

A general recommendation on whether to take up the Revis or the RPGH is therefore not possible. An individual decision must be made, according to the different personal situations.

Policy decisions concerning the minimum income scheme in Luxembourg are made at the national level. The FNS finances the minimum income scheme and falls under the responsibility of the MFAMIGR. The Revis is calculated at household level.

An application for the Revis can only be made with the FNS. The benefits and allowances are finally granted, delivered, regularly controlled and, where appropriate, recovered by the FNS.

a) Eligibility conditions

Eligibility conditions are the same for people with disabilities as for those without (with one exception regarding the minimum age; see below).

Revis applicants must have a right of residence, appear on the main national register of natural people, and "actually reside in the place where their usual residence is established" (GDL, 2018a).

They must have resources, either individually or jointly with the people with whom they form a domestic community, of an amount lower than the limits set for the Revis.

They must be ready to exhaust all possibilities not yet used through Luxembourg or foreign legislation⁵⁰ in order to improve their situation.

The minimum age to be eligible for the Revis is 25. Exceptions are made for people raising a child, for pregnant women in the last eight weeks before the expected due date, or for adult people with work incapacity or taking care of a dependent person or a person with disabilities.

All Revis applicants must be and remain registered as a job-seeker with the Adem and be actively looking for work. However, since the benefit is an income provision for **all** insufficient income situations, there are many exemptions from the job-seeking condition. Reasons for exemptions include health status or the capacity to take up work.

⁵⁰ Meaning the legislation of state other than Luxembourg.

b) Additional amount/compensation included and adequacy issues

The Revis is in many cases not sufficient to escape the risk of poverty⁵¹. It is also lower than the officially calculated reference budget⁵². Since there is no additional amount granted to people with disabilities, it can be concluded that the Revis is not adequate for them – in particular, to meet the extra costs related to disability. People with disabilities receive the same amount despite having greater expenses, resulting in having less to live on. They may even be excluded from the benefit because their resources are too high, whereas proper accounting for extra costs might make them eligible.

On the other hand, if a person with disabilities who receives the RPGH is part of a household likely to request the Revis, the amount corresponding to the RPGH is not taken into account in determining the income of that household and deciding on its eligibility.

c) Gaps/obstacles

There is no evidence on specific gaps or obstacles for access to the Revis by people with disabilities.

A certain gap in accessing the Revis stems from the legal stipulation that the Revis is not an individual right but applies to everyone in a common household. Thus, people with disabilities who live in shared accommodation, possibly together with other people with disabilities, may only become beneficiaries along with the other household members if the total household income (the sum of the incomes of all household members) is below the Revis threshold relative to the composition of the household. Only under certain, very strict, circumstances may the FNS accept that a group of people living together in shared accommodation should not be considered as one common household, thereby allowing individual members of that group to apply for the Revis. This is not a specific gap for people with disabilities, but it is possible that people with disabilities live in shared accommodation more frequently than people without. There are, however, no data on this.

Some obstacles may result from the strict regulations that must be followed as a Revis beneficiary. In some cases, it may be difficult for people, especially when they face social integration barriers, have intellectual disabilities and/or are furthest from the labour market, to follow these rules and avoid being excluded from the benefit.

No data are available on the rate of take-up or non-take-up by people with disabilities, or on the reasons for this. Generally speaking, the non-take-up rate is very high in Luxembourg⁵³.

2.3.2 Allocation de vie chère – AVC (High-cost-of-living allowance)

The *Allocation de vie chère* – AVC (high-cost-of-living allowance) was created in 2009 to replace the former heating allowance and to transform it into an allowance related to the generally high costs of living for low-income households⁵⁴. As it is granted for entire

⁵¹ See CSL (2017 and 2021).

⁵² Calculated by the National Statistical Office (*Institut national de la statistique et des études économiques du Grand-Duché de Luxembourg* – STATEC); see STATEC (2016 and 2020). A reference budget is a quantified set of baskets of goods and services that represent a certain standard of living in a given society (Bradshaw, 1993). The goal is to estimate the amount necessary for a person or a household to live decently and to participate adequately in social life; see STATEC (2016).

⁵³ The only two studies on this were published in 2010 (using data from 2005 and 2007) by the socio-economic research institute CEPS/INSTEAD (*Centre d'Études de Populations, de Pauvreté et de Politiques Socio-économiques*/International Network for Studies in Technology, Environment, Alternatives, Development; nowadays trading under LISER – Luxembourg Institute of Socio-Economic Research, 2010) and Amétépé (2010). They found that the non-take-up rate in Luxembourg was as high as 54.3% or 65.1% respectively.

⁵⁴ See GDL (2009), for more details see Urbé (2020a).

households, only people with disabilities living alone can have a personal right to this allowance. Otherwise, the household in which the person with disabilities lives is the beneficiary.

a) Eligibility conditions

These are related to residence and revenue (from 1 January 2022 this allowance is limited to people with an annual household income below €27,106.05 for a single person, with an additional €13,553.03 for the second person in the household and €8,131.82 for each additional person⁵⁵). **However, these conditions are not different for people with disabilities.**

b) Additional amount/compensation included and adequacy issues

From 1 January 2022 the AVC is set at an annual amount of €1,652 for a single person, increased by €413 for every additional person (adult or child) in the household, with an upper limit corresponding to five people (i.e. €3,304 per year)⁵⁶. **These amounts are the same for people with or without disabilities.** As the AVC is an addition to other benefits (such as the GMI), its adequacy cannot be assessed in isolation. However, as it does not include an additional amount with respect to disability, the benefit cannot be qualified as adequate to meet the extra costs related to disability.

c) Gaps/obstacles

There is no evidence on specific gaps or obstacles in access for people with disabilities.

3 Provision of assistive technology and personal assistance

Technical aids are made available by the dependency insurance (see Section 1.3.2.1). This insurance also covers the cost of personal assistance. These two are described in Section 3.1. In 2019, a law introduced the possibility of personal support for professional integration, as described in Section 3.2.

3.1 Assurance dépendance (Dependency insurance – for long-term care)

In order to be covered by dependency insurance⁵⁷, the need for assistance and care for the basic ADL must qualify as significant and regular, and represent at least three and a half hours per week. In the event of significant and regular need, however, adaptations to housing and technical aids may be allocated regardless of the three-and-a-half-hour threshold.

Technical aids

Technical aids can be provided to enable the person to maintain or increase their independence in the areas of personal hygiene, nutrition and meal preparation, mobility inside and outside the home, dressing, household support activities and verbal or written communication. Support from technical aids can also meet needs in terms of safety, prevention and pain relief. The provision of technical aids and the adaptation of housing may also be approved to facilitate the task of the people who provide aid and care.

The technical aids covered by dependency insurance are listed according to a Grand-Ducal regulation⁵⁸, and classified into classes, sub-classes and divisions in accordance with the International Standard ISO 9999.

⁵⁵ See <https://igss.gouvernement.lu/fr/publications/parametres-sociaux/2022.html> (accessed 4 January 2022).

⁵⁶ See GDL (2021b).

⁵⁷ See Section 1.3.2.1.

⁵⁸ See GDL (2017b).

Technical aids are made available to dependent people covered by dependency insurance through rental agreements. If renting is not possible or indicated, the dependency insurance grants a financial subsidy to the dependent person to enable them to acquire the technical aids that meet their specific needs. The provision or acquisition is made following a decision by the AEC that determines the type of technical aid as well as the related training. This training, intended for the beneficiary and their carer, can be covered for a maximum period of two hours per year. The costs resulting from the acquisition of technical aids are covered by dependency insurance up to a maximum of €28,000 per technical aid. In the event of acquisition, the financial subsidy payable by dependency insurance is paid by the CNS to the supplier determined by the AEC. The beneficiary becomes the owner of the technical aid. In the event of rental, technical aids are rented from an organisation approved by the state, namely the Accessory Resources Service (*Service des moyens accessoires* – SMA)⁵⁹. Any repairs or the justified replacement of technical aids are also the responsibility of the dependency insurance if the equipment is rented.

Gaps and obstacles: The remarks made in Section 1.3.2.1 on gaps and obstacles in respect of home adaptations also apply to technical aids.

In 2015 the largest trade union challenged the monopolistic position of the SMA, and especially its weak commitment towards users. For instance, a dependent person whose electric wheelchair breaks down on Friday evening must wait, while remaining immobile for the whole weekend, until Monday morning before they can contact the service for the repair of their wheelchair. At a minimum, the SMA should establish a permanent breakdown service accessible to beneficiaries of long-term care insurance, which can therefore be reached 24 hours a day, seven days a week⁶⁰.

Personal assistance

The costs of personal assistance from a third party to carry out the basic ADL are compensated for by the dependency insurance.

During the assessment/reassessment, the AEC identifies: the applicant's needs for assistance for the basic ADL⁶¹ (as laid down in Article 350 of the CSS); activities intended to support independence; and the capacities and availability of their individual carer, if applicable. It then determines, in a support summary, the aid and care that the applicant needs. The eligible applicant is assigned one of 15 levels of weekly aid and care needs, based on fixed durations and the frequencies for the essential ADL established by the aid and care reference system⁶².

The beneficiary can engage this approved personal assistance from one of the help and care networks (*réseaux d'aide et de soins*) authorised by the supervisory ministry, or they can opt for the benefits in kind to be replaced by cash benefits. They are then free to pay these sums to one or more informal carers (often family members) to provide them with the assistance required. The informal carer must be evaluated and recognised as capable of the role by the AEC⁶³.

Gaps and obstacles: Personal assistance is only provided when the need for assistance and care for the basic ADL represents at least three and a half hours per week. The exception to the threshold only applies to housing adaptations and technical aids.

⁵⁹ See <https://www.sma.lu/> (accessed 31 January 2022).

⁶⁰ See <http://www.ogbl.lu/blog/prise-de-position-de-logbl-reforme-de-lassurance-dependance/> (accessed 31 January 2022).

⁶¹ See EC/EPC (2021), page 137.

⁶² See IGSS (2021a).

⁶³ For more details, see IGSS (2021a).

People are also excluded from receiving personal assistance if they do not need any help with ADL, but only need help in the household (cleaning, cooking, ironing, doing laundry or shopping, etc.).

People with total blindness, severe reduction in hearing, severe communication problems, spina bifida, aphasia and who have had a laryngectomy, qualify for flat-rate benefits in accordance with Articles 3-6 of the Grand-Ducal regulation⁶⁴. These people benefit from a derogation from the minimum weekly support of three and a half hours, and are entitled to a flat-rate cash benefit corresponding to 361 minutes of assistance and care per week⁶⁵. They are free to use this amount as needed, including paying one of the help and care networks or a third person to provide them with personal assistance. If other needs are more important, it is possible that the lump sum allocated is not sufficient to pay for personal assistance in addition.

A comparative analysis⁶⁶ of the position of informal carers in the different long-term care systems in Europe has found that the conditions and circumstances for informal carers regulated by the Luxembourg dependency insurance are so high, complicated and inflexible that they limit people's self-determination. Info-Handicap endorsed this criticism⁶⁷.

3.2 Assistance à l'inclusion dans l'emploi (Assistance with inclusion in employment)

By law⁶⁸, a new chapter has been added to the labour code⁶⁹, consisting of six articles regulating the activity of *Assistance à l'inclusion dans l'emploi* (assistance with inclusion in employment), designed to facilitate the integration, and above all the continued employment, of employees with disabilities.

On the one hand, it is concerned with promoting the professional inclusion of recognised employees with disabilities in the regular labour market. It is also aimed at helping them keep their jobs, in particular through training members of their professional entourage in the specificities of their disability or their reduced work capacity. On the other hand, this assistance is designed to give employers the possibility of using an authorised external expert to support the process of professional integration of one or more employees with disabilities.

The main conditions for obtaining ministerial approval to practice as an assistant are:

- adequate professional qualifications;
- continuous training;
- understanding of, and the ability to express oneself in, at least one of the three usual languages of Luxembourg; and
- being of good repute.

The employer and the employee with disabilities request assistance jointly. It is granted for a maximum period of two years by the Adem, and a maximum of 300 hours. The first task of the assistant is to elaborate an individualised inclusion project to be submitted to

⁶⁴ See GDL (2006 and 2017b).

⁶⁵ This is slightly higher than the time envisaged for level 1. The evaluation of needs done by the AEC establishes a support summary detailing the aids and care needed by the applicant. This will correspond to one of the 15 levels of care, implying different time allocations for the provision of care, varying from 210 to 350 minutes per week for level 1 to more than 2,171 minutes per week at level 15, with an increase of 140 minutes per week for each successive level, see IGSS (2021a).

⁶⁶ In https://www.aloss.lu/fileadmin/file/aloss/Documents/BLQS/BLQS_25.pdf#pageMode=bookmarks, pages 145-172 (accessed 17 January 2022).

⁶⁷ See https://drive.google.com/file/d/1RNvTd_rI91YQ92XsVxGZuHwQWZx07HL3/view and <https://drive.google.com/file/d/1RJHRISiYr5uVmZdFXzVdCE3Fw52QOtIM/view> (accessed 17 January 2022).

⁶⁸ See GDL (2019).

⁶⁹ Chapter III, book V, title V.

the Adem, to the employee with disabilities and to their employer. Furthermore, the tasks include:

- assessing the work situation and describing the problems and specific needs of the employee with disabilities at their workplace;
- identifying the needs of the employer and company personnel, particularly with regards to preparation, information and awareness-raising relating to the type of disability or the state of health and, where applicable, special needs of the recognised employee with disabilities with a view to sustainable inclusion;
- preparing quarterly declarations and annual reports detailing the evolution of the situation of the recognised employee with disabilities and the actions carried out; and
- writing a final report containing the conclusions of the assistant as well as the actions recommended after the end of the assistance.

The Employment Fund (*Fonds pour l'emploi*) bears the costs of the assistance⁷⁰.

Gaps and obstacles: The law only took effect in February 2020. By July 2021 there were only 15 people on the list of authorised assistants (latest figures available)⁷¹. Furthermore, a member of an association working with people with disabilities was told by the Adem at the end of December 2021 that no request from an employer and a recognised employee with disabilities had been received thus far. It is therefore too early to reach any conclusions on gaps or obstacles.

4 National debates, reforms and recommendations

4.1 National debates

There is currently no real national debate on the issue of access to social protection for people with disabilities. In recent years, the focus of organisations for people with disabilities has been on barrier-free access (to public buildings, but also to all places open to the public, public roads and collective residential buildings), which led to the passing of a related law in parliament in early 2022⁷². Info-Handicap's latest campaigns focus on the themes "accessible tourism and culture" and "the affective and sexual life of people with disabilities"⁷³.

Regarding a general benefit, rather than a disability-specific one: recently, a proposal to increase the AVC (see Section 2.3.2) has been prompted by the recent general increase in prices, and especially regarding housing and mobility⁷⁴.

⁷⁰ See more information on <https://adem.public.lu/fr/demandeurs-demploi/handicap/assistant-inclusion.html>, downloaded on 17 January 2022.

⁷¹ See <https://adem.public.lu/content/dam/adem/fr/demandeurs-demploi/aides-financieres-mesures/mesures-emploi/Tableau-assistants-site-MIFA-FR.pdf>, downloaded on 17 January 2022.

⁷² See GDL (2022).

⁷³ See https://drive.google.com/file/d/1eII9g_YI4bi6Ug44W0pKpWNVcRWAMcs3/view, downloaded on 17 January 2022.

⁷⁴ There was even on 9 February 2022 a news hour (*heure d'actualité*) in Parliament on this subject: <https://chd.lu/wps/portal/public/Accueil/TravailALaChambre/Recherche/RoleDesAffaires?action=doMotionDetails&id=3746>, downloaded on 15 February 2022.

4.2 Recent reforms and reforms currently in the pipeline

Recent reforms

Major reforms implemented or launched since 1 January 2017 that have an impact on the access of people with disabilities to social protection include:

- the 2017 reform of the dependency insurance scheme, through one law⁷⁵ and seven Grand-Ducal regulations (see comments below);
- the 2018 law introducing the Revis⁷⁶, which is covered in Section 2.3.1;
- the 2019 law introducing assistance with inclusion in employment⁷⁷, which is covered in Section 3.2; and
- the 2020 regulation of the Government in Council regarding the increase in the AVC⁷⁸, covered in Section 2.3.2.

The 2017 reform of long-term care took effect on 1 January 2018. It consisted of better customisation of the different services, general improvements in quality and clearer criteria with appropriate controls. In addition, procedures were simplified. This law also provided for better monitoring in order to anticipate future changes. A high-level monitoring group was set up, with the involvement of employees and beneficiary representatives (meaning greater involvement of all stakeholders).

With this reform, greater flexibility was introduced in relation to essential ADL, through the introduction of flat-rate billing as well as changes in the organisation and time allocated to homecare activities (guarding, night guarding, training and activities of assistance for household maintenance) and activities to support independence.

In terms of access for people with disabilities to social protection, some changes regarding shopping excursions and specialised support services were initially contested, but this was settled following an amicable correction⁷⁹. There is no evidence yet as to whether or not the reform has improved people's access to social protection.

Reforms currently in the pipeline

On 27 October 2021 the ministers for social security and health announced the future introduction of universal health coverage in Luxembourg⁸⁰. Similarly, some services not yet covered are expected to be included in the CNS; and the levels of reimbursement for dental care and eye care are expected to be increased. However, implementation has been slow⁸¹.

The government programme⁸² for 2018-2023 envisages a reform of the 2003 law relating to people with disabilities⁸³. Moreover, the government adopted in 2019 a national action plan for implementing the Convention on the Rights of Persons with Disabilities, for 2019-

⁷⁵ See GDL (2017a).

⁷⁶ See GDL (2018a).

⁷⁷ See GDL (2019).

⁷⁸ See GDL (2021b).

⁷⁹ See GDL (2018b).

⁸⁰ See

https://mss.gouvernement.lu/fr/actualites.gouvernement%2Bfr%2Bactualites%2Btoutes_actualites%2Bcommuniqnes%2B2021%2B10-octobre%2B27-cuss.html (accessed 15 January 2022).

⁸¹ See Section 1.3.1.1.

⁸² See GL (2018), Article 2.

⁸³ See GDL (2003).

2024⁸⁴. This plan includes 29 priorities, 55 objectives and 97 concrete measures⁸⁵. Under the chapter on labour and employment, it also envisages (in objective D) the reform of the 2003 law and proposes a simplification of procedures, a change in the name of the RPGH, a revision of the rules for reclaiming funds paid by the FNS from heirs, and the collection of data on compliance with employment quotas relating to the hiring of employees with disabilities. According to the 2021 activity report of the MFAMIGR⁸⁶, in total five measures were started in 2021 (mostly being completed only in 2022), none of them regarding objective D, which is the only one of interest within the framework of this report. A mid-term evaluation is expected to be carried out during 2022 and the final evaluation will take place in 2025.

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

As there is practically no housing adapted to the needs of people with disabilities, accommodation adaptations are often necessary (see Section 1.3.2). A new law published at the beginning of 2022 may change this situation in the future, because it requires barrier-free access to collective residential buildings as well as to their common parts. It also introduces a quota of 10% of accommodation which will have to meet additional accessibility requirements to be provided in each newly built residence⁸⁷. This law is identified by Info-Handicap as a good practice, since it will gradually increase housing adapted to the needs of people with disabilities. Since the law is very recent, it is still to be seen if it will improve the situation.

Another good practice, signalled by some people who adapted their accommodation (see Section 1.3.2), is the existence of the association ADAPTH and furthermore its financing by the MFAMIGR.

Own recommendations are as follows.

As already stated by the Chamber of Employees (*Chambre des Salariés Luxembourg – CSL*)⁸⁸ and by the author in other reports⁸⁹, the amounts of the Revis, and here also of the RPGH, are not high enough to prevent all beneficiaries from being at risk of poverty, and should therefore be revised upwards.

In a number of situations⁹⁰, a control doctor of the CMSS decides on the degree of disability, whether an occupational disease is present, and on the remaining work capacity, etc. This control doctor is not bound by instructions, since doctors are generally not subject to any instructions in the exercise of their profession, which is a credo of liberal medicine⁹¹. There are situations where the control doctor's decision leads to the patient automatically being disaffiliated from health insurance⁹². This disaffiliation takes effect immediately. Appeals can of course be lodged⁹³ against a negative decision, but the patient remains uninsured

⁸⁴ See <https://mfamigr.gouvernement.lu/fr/publications/plan-strategie/handicap.html> (accessed on 15 February 2022). For the UN CRPD, see <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html> (accessed 15 February 2022).

⁸⁵ The plan was presented at a press conference on 15 January 2020: https://gouvernement.lu/fr/actualites/toutes_actualites/gouv_mfamigr%2Bfr%2Bactualites%2B2020%2Bjanvier%2B15-janvier%2Bpresentation-plan-handicap.html (accessed 15 February 2022).

⁸⁶ See MFAMIGR (2022).

⁸⁷ See GDL (2022).

⁸⁸ See CSL (2017 and 2021).

⁸⁹ See e.g. Urbé (2020b).

⁹⁰ See for instance Section 1.1.1, 1.1.2 and Annex.

⁹¹ Doctors must observe the ethical rules of their profession, under the control of the Medical Board (*Collège médical*): <http://www.collegemedical.lu/> (accessed 14 February 2022).

⁹² See for instance Majerus (2022).

⁹³ First before the Council of Administration of the CNS, then before the Social Security Arbitration Tribunal and ultimately before the High Council of Social Security when the value of the dispute exceeds €1,250. The last

until his appeal is successful. One recommendation could therefore be that the disaffiliation either does not take effect immediately, or only takes effect after a deadline. Alternatively, the lodging of an appeal should trigger a suspension of disaffiliation. This would offer patients more legal certainty.

As this report states in several sections, there is a clear lack of data and/or specific breakdowns of data in relation to people with disabilities in Luxembourg. In line with Article 31 (statistics and data collection) of the UN Convention on the Rights of Persons with Disabilities, public authorities should therefore strengthen data-collection mechanisms, ensuring that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected⁹⁴.

Last but not least, the author recommends that the authorities actually implement the legal requirements on all employers to provide a certain number of jobs dedicated to people with disabilities or reclassified people (see Annex). This would offer greater possibilities for people with disabilities to find a job in the regular labour market.

two are the jurisdictions of social security. See <https://cns.public.lu/en/assure/reclamation/recours.html> (accessed 14 February 2022). See IGSS (2021b).

⁹⁴ The government itself has recognised this lack of data and the importance of addressing it, since its national action plan for 2019-2024 envisages the collection of data on compliance with employment quotas relating to the hiring of employees with disabilities (see Section 4.2).

References

- Amétépé, Fofo (2010), L'efficacité du revenu minimum au Luxembourg: l'analyse du non recours, in Degrave, F. *et al.* (eds, 2010): Transformations et innovations économiques et sociales en Europe: quelles sorties de crise? Regards interdisciplinaires. Louvain.
- ANED – Academic Network of European Disability Experts (2018), Disability Assessment in European States, Synthesis Report by Lisa Waddington with contributions from Mark Priestley and Roy Sainsbury, Brussels: European Commission.
- Bradshaw, Jonathan (1993, ed.), Budget Standards for the United Kingdom, Aldershot.
- CEPS/INSTEAD (2010), Eligibility and take up of social assistance for immigrants and nationals: the case of Luxembourg?, Working Paper No 2010-05, Differdange.
- CHD – Chambre des Députés (2017), Projet de loi relative au Revenu d'inclusion sociale et portant modification ..., Document parlementaire No 7113, Luxembourg.
- CSL – Chambre des Salariés Luxembourg (2017), Avis (complémentaire) II/58/2017 relatif au projet de loi No 7113 relative au Revenu d'inclusion sociale et portant modification ..., Luxembourg.
- CSL – Chambre des Salariés Luxembourg (2021), Panorama social 2021, Dialogue No 1, Luxembourg.
- EC/EPC – European Commission (DG ECFIN) and Economic Policy Committee (2021), The 2021 Ageing Report: Economic and budgetary projections for the EU Member States (2019-2070), European Economy Institutional Paper, No 148, Luxembourg.
- EC/SPC – European Commission (DG EMPL) and Social Protection Committee (2021), The 2021 Pension Adequacy Report, current and future income adequacy in old age in the EU, Volume I, Luxembourg.
- European Commission & Economic Policy Committee (2018), The 2018 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2016-2070). European Economy Institutional Paper, No 079.
- GDL – Grand-Duché de Luxembourg (2003), Loi du 12 septembre 2003 relative aux personnes handicapées (intitulé abrégé), Journal officiel du Grand-Duché de Luxembourg, Mémorial A, No 144 du 29 septembre 2003, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2004), Règlement grand-ducal du 7 octobre 2004 portant exécution de la loi du 12 septembre 2003 relative aux personnes handicapées, Journal officiel du Grand-Duché de Luxembourg, Mémorial A, No 167 du 13 octobre 2004, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2006), Règlement grand-ducal du 22 décembre 2006 déterminant: 1. les modalités et les limites de la prise en charge des aides techniques par l'assurance dépendance; 2. les modalités et les limites de la prise en charge des adaptations du logement par l'assurance dépendance; 3. les produits nécessaires aux aides et soins, Mémorial A, No 240 du 29 décembre 2006, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2009), Règlement du Gouvernement en Conseil du 19 décembre 2008 portant création d'une allocation de vie chère, Journal officiel du Grand-Duché de Luxembourg, Mémorial A, No 4 du 21 janvier 2009, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2012), Loi du 21 décembre 2012 portant réforme de l'assurance pension (intitulé abrégé), Journal officiel du Grand-Duché de Luxembourg, Mémorial A, No 279 du 31 décembre 2012, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2017a), Loi du 29 août 2017 portant modification 1. du Code de la sécurité sociale; 2 de la loi modifiée du 15 décembre 1993 déterminant le cadre du personnel des administrations, des services et des juridictions de la sécurité sociale; 3. de la loi modifiée du 25 mars 2015 fixant le régime des traitements et les

- conditions et modalités d'avancement des fonctionnaires de l'Etat, Journal officiel du Grand-Duché de Luxembourg, Mémorial A No 778 du 1^{er} septembre 2017, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2017b), Règlement grand-ducal du 13 décembre 2017 modifiant le règlement grand-ducal modifié du 22 décembre 2006 déterminant: 1. les modalités et les limites de la prise en charge des aides techniques par l'assurance dépendance; 2. les modalités et les limites de la prise en charge des adaptations du logement par l'assurance dépendance; 3. les produits nécessaires aux aides et soins, Journal officiel du Grand-Duché de Luxembourg, Mémorial A No 1092 du 19 décembre 2017, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2018a), Loi du 28 juillet 2018 relative au revenu d'inclusion sociale, Journal officiel du Grand-Duché de Luxembourg, Mémorial A, No 630 du 30 juillet 2018, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2018b), Loi du 10 août 2018 modifiant 1. le Code du travail; et 2. le Code de la sécurité sociale en matière de maintien du contrat de travail et de reprise progressive du travail en cas d'incapacité prolongée, Journal officiel du Grand-Duché de Luxembourg, Mémorial A No 703 du 21 août 2018, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2019), Loi du 1er août 2019 complétant le code du travail en portant création d'une activité d'assistance à l'inclusion dans l'emploi pour les salariés handicapés et les salariés en reclassement externe, Mémorial A, No 545 du 14 août 2019, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2021a), Code du travail, version consolidée. Available at: <https://legilux.public.lu/eli/etat/leg/code/travail/20211129> (accessed on 19 January 2022).
- GDL – Grand-Duché de Luxembourg (2021b), Règlement du Gouvernement en Conseil du 19 novembre 2021 relatif à l'octroi d'une allocation de vie chère au titre de l'année 2022, Journal officiel du Grand-Duché de Luxembourg, Mémorial A, No 828 du 26 novembre 2021, Luxembourg.
- GDL – Grand-Duché de Luxembourg (2022), Loi du 7 janvier 2022 portant sur l'accessibilité à tous des lieux ouverts au public, des voies publiques et des bâtiments d'habitation collectifs, Mémorial A, No 26 du 18 janvier 2022, Luxembourg.
- GL – Gouvernement luxembourgeois (2018), Accord de coalition 2018-2023, Luxembourg.
- IGSS – Inspection Générale de la Sécurité Sociale (2021a), La Sécurité sociale 2020, Rapport général, Luxembourg. Available at: <https://igss.gouvernement.lu/fr/publications/rg/2020.html> (accessed on 14 January 2022).
- IGSS – Inspection Générale de la Sécurité Sociale (2021b), La Sécurité sociale 2021, Code de la sécurité sociale, Luxembourg. Available at: <https://igss.gouvernement.lu/fr/publications/CSS/2021.html> (accessed on 4 January 2022).
- Limbach-Reich, Arthur (2018), Task 2017-18 Disability assessment – country report, Country: Luxembourg, ANED – Academic Network of European Disability experts, Brussels: European Commission.
- Majerus, Stéphanie (2022), "Et ass net am Kapp" in "d'Lëtzebuerger Land", No 6, issue of 11 February 2022, page 16, Luxembourg.
- Médecins du Monde (2021), Rapport annuel 2020, Luxembourg.
- MFAMIGR – Ministère de la Famille, de l'Intégration et à la Grande Région (2021), Rapport d'activité 2020, Luxembourg.
- MFAMIGR – Ministère de la Famille, de l'Intégration et à la Grande Région (2022), Rapport d'activité 2021, Luxembourg.

OECD/EU – OECD/European Observatory on Health Systems and Policies (2021), Luxembourg: Country Health Profile 2021, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

STATEC (2016), Quels besoins pour une vie décente? Vers un budget de référence pour le Luxembourg, Cahier Economique No 122, Luxembourg.

STATEC (2020), Rapport travail et cohésion sociale 2020, Le monde de l'emploi en mutation, Analyses 6/2020, Luxembourg.

Urbé, Robert (2020a), ESPN Thematic Report on Access to essential services for low-income people – Luxembourg, European Social Policy Network (ESPN), Brussels: European Commission.

Urbé, Robert (2020b), Luxembourg: The Government announced a bundle of social policy measures at the end of November 2020, ESPN Flash Report 2020/64, European Social Policy Network (ESPN), Brussels: European Commission.

ANNEX: Support for work-related disabilities

There are two schemes in place that could not be presented in Section 1, because they are not exclusive to people with disabilities, also cover anyone who has had an accident at work (without necessarily having a disability) and/or who, as a result of prolonged illness or degeneration, has no work capacity (without necessarily having a disability).

Assurance accident (accident insurance)

The first available compensation for those who have had an accident at work⁹⁵, or have contracted an occupational disease, is their coverage by accident insurance. This is managed by the Accident Insurance Association (*Association d'Assurance Accident*), to which all employers have to contribute according to the number of their employees, their salaries and to the degree of risk that their sector of activity entails⁹⁶.

The insured person is entitled to compensation for damage resulting from accidents at work. Compensation may include benefits in kind, cash benefits in the event of total work incapacity during the first 52 weeks, a full pension in the event of prolonged work incapacity, a partial pension in the event of partial incapacity, a professional bridging pension (*rente professionnelle d'attente*) in the event of professional redeployment (see next section), as well as indemnities for other damages and physical pain.

In the event of prolonged, complete work incapacity, the full pension corresponds to the professional income earned and for which contributions were paid to the pension insurance before the occurrence of the accident. For such pensions, the annual amount is 12-60 times the SSM.

The professional bridging pension is detailed in the next section.

These pensions are all paid up to age 65 at the latest, at which point the insured person will receive the old-age pension.

Indemnities for physiological damage and inconvenience are paid according to the disability rate (between 1 and 100%) at an annual value of between €64.17 and €45,275.13 (as of 1 October 2021).

Reclassement professionnel (professional redeployment)

A second compensation is available to those who have lost the ability to work in their previous position as a result of an accident, prolonged illness or degeneration. They are entitled to professional redeployment (*reclassement professionnel des salariés incapables d'occuper leur dernier poste de travail*), which is regulated by the labour code⁹⁷. They may receive the status of professionally reclassified person (*statut de personne en reclassement professionnel* – PRP).

The procedure for this redeployment may be an internal or an external one. With an internal procedure, the aim is to find another position with the same employer that is suitable for the applicant. If this is not possible, an external procedure is implemented to find a suitable job with another employer.

This should be possible in theory, as a law exists requiring all employers to provide a certain number of jobs dedicated to people with disabilities or reclassified people⁹⁸. This requirement has never legally been enforced in practice, so most external redeployment efforts do not succeed. Amongst other reasons, this has led to several changes in the

⁹⁵ The notion of "work-related accident" excludes all accidents occurring in private life, but includes accidents occurring during the commute between the insured's home and their place of work.

⁹⁶ Accident insurance is regulated by Articles 85-165 in book II of the CSS; see IGSS (2021b).

⁹⁷ Book V, title V, chapters I and II. See GDL (2021b), Articles L.551-1. to L.552-4.

⁹⁸ See GDL (2003); see also Article L.562-3 of the labour code.

relevant chapters of the labour code in recent years, but it has not yet led to an enforcement of the requirement to employ a certain quota of people with disabilities or reclassified people.

If the new salary paid after redeployment is lower than that received in the previous position, the PRP is entitled to a compensatory allowance representing the difference between the former and the new salary. The new salary and compensatory allowance combined must not exceed five times the SSM. Payment of the compensatory allowance will continue until the PRP becomes eligible for the pre-retirement allowance, an invalidity pension, early old-age pension or old-age pension, or until the end of their employment contract.

In the case of an external professional redeployment, the PRP is registered with the Adem and is entitled to unemployment benefit. If the professional redeployment procedure does not deliver a result before the legal end of the payment duration for unemployment benefits, the PRP is entitled to a professional bridging allowance (*indemnité professionnelle d'attente*). Payment of the professional bridging allowance continues until the PRP becomes eligible for the pre-retirement allowance, an invalidity pension, early old-age pension or old-age pension, either in Luxembourg or abroad.

Granting of the professional bridging allowance is subject to the PRP renouncing any professional activity unless it may be considered insignificant (i.e. it does not exceed one third of the SSM), whether in Luxembourg or abroad.

Professionally reclassified people for whom the external professional redeployment procedure is due to an accident or an occupational disease are also registered with the Adem. Instead of unemployment benefit, they are entitled to a professional bridging pension, the amount of which is fixed at 85% of the full pension (see section above). For these people, this bridging pension replaces the aforementioned professional bridging allowance.

Employers can ask the Adem for a contribution to the salary of an employee undergoing internal professional redeployment or benefiting from an external professional redeployment, if they exhibit a loss of performance. Loss of performance is established according to the reduction in the employee's work capacity. In order to be eligible for such contributions, the salary paid must not exceed five times the SSM.

The CMSS, an occupational doctor, a special commission or the Adem are responsible for taking decisions on the professional redeployment scheme. The rules and procedures that determine the exact competences of these bodies and their interactions are too complex to be relayed here.⁹⁹

The special commission, mentioned above, is set up at the Ministry of Labour and Employment. It is called a mixed commission (*commission mixte* – CM), because it is made up of delegates representing the insured, the employers, the CMSS, the minister of health, the minister of labour and employment and the Adem. The CM is assisted by officials from the Adem's S-HRP department, to which it can delegate some of its powers for examining cases.

⁹⁹ See Articles L.551-1. to L.552-4 on pages 289-299 of GDL (2021b).

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