



Report on the social inclusion and social protection of disabled people in European countries

Country: Luxembourg
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Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1: Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

1.2: In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)

In the last years two major laws include an equal access to resources, rights and services for disabled persons:

- *the social security law about access to the "Assurance Dépendance" (*)^{*} This law defines that all persons who have a certain degree of dependency needs will be supported by services directly provided to them and/or by a certain amount of money allowed to them which helps them to pay a person to do the services. It functions as a form of social security allowance and is also financed as such via taxes that are paid by salaries or governmental taxes incomes. A special evaluation group defines the categories and the degree of help needed and pays than the allowances. The evaluators will therefore base there statements on official medical reports but also on inquiries they do directly at home with the users and/or people that supports him (family or professional social workers for example). Some allowances will be paid only through services proposed by recognised (and supervised) organisations that the user may choose (mainly in cases where these services only may be delivered by qualified staff) other services may be paid through an amount of money that the user may spend by paying a personal assistant to do it, this personal assistant could be a family member. These "assurance dependence allowances" are addressed to all persons with dependency needs (mainstream policy); directly targeted are mainly older people and disabled people*
- *Considering the involvement of disabled people and their organisations in the co-ordination of these policies, they are asked for amendments during the process of establishment of the law (before being voted at the parliament) through their organisations (NGO's) or through institutionalised bodies assembling them, as for example the "Conseil national des personnes handicapées" (national councils). There is also a governmentally named council which is consulted by them on disability matters the "Conseil supérieur des Personnes Handicapées" where Ngo's as well as Ministry representatives are nominated. Actually after 10 years of practice, there is foreseen to have a quality consultancy process on this law, which will include also satisfactory inquiries on the level of users.*
- *the law which guarantees a salary to disabled people having got an ordinary or supported work facility (see references in request 2)*
- *This law is especially addressed to people that are declared "disabled worker" by a specific commission. It guarantees the same minimal salary to disabled workers as to non disabled workers.*
- *Organisations were asked for comments in the law building process – actually after 5 years of practice a reviewing of the law is foreseen and there will be normally a consultancy process on that level too including the concerned organisations!*
- *concerning support directly delivered to disabled persons with special (social and educational) needs in all day life in addition to the dependency needs described under point 1) there is a special "forfait" (a sort of flat rate allowance) called "forfait ASP" which stands for "forfait pour accompagnement socio-pédagogique" (amount for a social and pedagogical support)". This sum is fixed in a convention signed between the Ministry of Family and Integration and the different service providers active in the field of disability and concerns only those disabled persons living or using services procured by these service providers.*

* all the main laws about disability are referenced on this web link :
<http://www.mfi.public.lu/legislation/PersHand/index.html>

- *These conventions are functioning in their actual and new form (by flat rate allowances) since 4 years now and were changed on initiative of a ministerial decision. The process of renewal was accompanied by a supervision group composed by service providers and ministerial delegates; this supervision group still existing and the “transitory phase” still ongoing!*
- *The major problem to resolve is to define exactly **in services** what this “flat rate allowance” should pay more or different than the “assurance dependence allowance” and to define the indicators or components of this flat rate in order to calculate it more specifically in combination with the individual support needs of the user, the context of the service he is in, the overhead costs of the service provider, and so on ...*
- *An other problem should be to question if this ASP flat rate should only be paid in case of residential care in a service provision and not for a disabled person living on his own or in his family (and not supported directly by a service providers’ organised service provision) and why?? For the moment these questions are still in discussion.*
- *we could also mention here that Luxembourg implemented the European Directive (n° 2000/78/CE) concerning non-discrimination in employment and in November 2006 created a centre for “equality in treatment” (Centre pour l’égalité de traitement)*
 - http://www.google.lu/search?sourceid=navclient&ie=UTF-8&rlz=1T4RNWN_enLU296&q=centre+pour+l%27%c3%a9galit%c3%a9+de+traitement
 - <http://www.legilux.public.lu/leg/directives/archives/2000/2000D0078.html>
- *concerning the recent UN-Convention, Luxembourg signed it, but did not for the moment ratify it!*

For different aspects of this item, we had contacts with Info-Handicap Luxembourg which helped us with some information and we thank them for this – a lot of information about disability matters may be found and updated on their website (<http://www.info-handicap.lu>), and concerning the legal aspects and the different benefits and allowances existing in the Luxembourgish social system may be consulted in the document they publish under the title “Guide du Handicap” directly under this link : http://www.info-handicap.lu/index.php?option=com_docman&task=cat_view&gid=25&Itemid=26

1.3: What is the most recent research about disabled people’s equality and social inclusion in your country?

There is at my knowledge no specific research or publication that has been done in our country on this subject the past two years.

What we may say is that some new approach in the way of how supporting disabled people was initiated through this “ASP-allowance convention” – this approach however was mainly a first attempt to change the way of financing the socio-pedagogical support given to disabled persons living in residential services. Some indications in the mentioned convention however give an incentive to involve users (and their relatives) in designing their individual support plan.

in combination to this paper the Ministry in charge made an application for a study to a specialised organism to procure some new elements on which could be based a more individualised payment of the allowance (calculating by an evaluation grid the specific needs of support of the individual users) – the study by the way made also some more general remarks about supporting systems and mainly compared the “medical based” approach to a more “social based” one; and they also made a more general research about the national support system and former statements in official positions papers and they gave some first comments and advice to future policies.

This research paper is at the moment not published and not officially available – it could be in its draft version (end 2007) asked to the Ministry of Family and Integration.



In this context, a position paper elaborate by the platform of service providers in the disability sector also made comments to this research paper taking clear positions to certain statements and also made some concrete proposals to policy makers, for example asking for a general outline law about disability assuring an individual right to socio-pedagogical support to each disabled person individually, based on clear allowance indicators. This paper could be send in annexe to this form, but should be read in response to the former study.

Some others directions and effects in disability policy could be read in the annual reports published by the Ministry on their website (<http://www.mfi.public.lu/publications/index.html>)

*The latest official published policy document in the disability field in Luxembourg is the "Plan d'Action national en faveur des Personnes Handicapées, dated 1997) -
(!!! all the mentioned documents are in French !!!)*

a last still not official publication could be mentioned about the general social intervention in Luxemburg (Handbuch der sozialen und erzieherischen Arbeit in Luxemburg – Manuel de l'intervention sociale et éducative au GDL) – This handbook will be published by the University of Luxemburg around midst of 2009 and was realised by contributions of different authors, supported by the ESF funds. Some specific contributions concern the disability sector. The contributions are whether in German or French language.

(In annexe to this request, could be added the authors' personal (draft) contribution to this manual, as well as the draft index of the foreseen publication!)



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

No specific recent research at my knowledge about this topic specifically addressed to disabled people target groups.

A research by **CEPS/INSTEAD** ("Centre d'Etudes de Populations, de Pauvreté et de Politiques Socio-Economiques / International Network for Studies in Technology, Environment, Alternatives, Development") about accommodation and housing and poverty problems, where also disabled population was concerned (some years ago – no reference)

Suggestion : research needed to have a general and actual overview of the economic situation of people with disabilities in Luxembourg, mainly considering the changes in law since a decade : assurance dependance law; law about revenues for disabled workers; ASP-convention in service provision!

2.2 Type and level of benefits (key points and examples)

For disabled people in Luxemburg are available:

- the **benefits from the "Assurance Dependance" law** (already mentioned and referenced)
 - called "prestations assurance dependence" – it's not a specific benefit addressed only to persons with a disability
 - the amount is variable in respect to the dependency needs from the person – it is expressed in a certain amount of hours/minutes of different allowances/service provision – variant from a minimum of 87,5.-€ (in form of cash money) / or 170.- € in form of service provision – in this case the money is paid directly and only to the service providing the provision!!) to a maximum of 264,60€/week in cash (corresponding to a maximum of 630 minutes/week of basic care) or 2028.- € per week (this is correspondent for 3,5 hours/week to 42 hours/week of dependency needs compensation in service provision including special supports and care provision offered by specially qualified staff) – We need nevertheless to be very careful in handling these sums : to have a really precise view of the allowed paid , we should consider exactly what needs were evaluated, and which sort of support has been decided by the cell and for what time delay – here were given for indication the extreme possible amounts – everything depends on the fact if just a simple aid is offered to help with the eating situation or to go for a walk, or if it is a more medical care which needs physiotherapist intervention or a pedagogical support done by a pedagogical expert , etc.
 - every person may receive it if he/she has dependency needs being evaluate over 3,5 hours a week – this needs are evaluated by a special evaluation cell of the social security department in charge of the Assurance Dependance application, called "cellule d'évaluation et d'orientation" (CEO)
 - approximate number of recipients : the figures mentioned here refers to the situation in June 2006 (last date where a specific evaluation was made to sort out the disabled person receiving an allowance out of the total number of recipients (mainly elderly people in fact)
 - In June 2006 almost 2000 disabled people was concerned and got an allowance which depends on the on the degree of dependency needs (but at least 210 minutes/week). In these 2000 DP, 35% lived in institutionalised care and the rest at home!
 - to be complete in information, we should notice that before the introduction of this law, severely disabled people had the right to a special allowance – some of the people who did not ask for the dependence insurance keep on getting this amount : end of 2007, 1001 person got this allowance called "allocation spéciale pour personnes gravement handicapées", the amount being at that moment of 600.-€/month



- you can find more detailed information on governments website :
 - <http://www.guichet.public.lu/fr/citoyens/publications/famille/long-term-care-insurance/index.html> (practical guide in English)
 - <http://www.secu.lu/legis/sommaires/sommassdep.htm>
 - <http://www.mss.public.lu/dependance/index.html>
- the **salary paid to disabled** workers if considered as such by the ad hoc commission (see more detailed information under request 1)
 - called : “revenu pour personnes handicapées” – it’s a specific disability law (sept 2003)
 - the amount paid is the normal minimum salary also paid to non qualified employees – actually this amount is around 1640.- € brute / month
 - every disabled person who is declared “disabled worker” by the medical commission established by the 2003 law and has a full-time job whether in open labour market or in sheltered work facilities (sheltered workshop, integration firm, or other form of supported employment)
 - number of recipients : end of 2006, 4562 were officially declared “disabled worker” and got this benefit/revenue – Information got by the “Service des Travailleurs Handicapés – STH” confirms that actually more or less 3000 disabled workers are in job situations; 750 of them in sheltered workshops !
- the incomes for disabled people non considered as disabled workers (same law as before)
 - called “revenue pour personnes gravement handicapées » (RPGH)
 - criteria : being 18 years old and considered by the medical commission as not entitled to be a “disabled worker” (to severely disabled to may work even in sheltered settings)
 - approximate number : in 2007, 1.017 disabled persons got this RPGH;
 - amount paid end of 2007 was +/- 1120.-€/month
 - information can be found in the activity report of the Ministry of Family
- some adult disabled people may be declared as not able to work but not for reasons of disability, in that case they will get a pension or invalidity benefit, as usual for non-disabled people, and if this benefit is not as high as the amount of the minimum guaranteed revenue (which is as high as the RPGH) it will be compensate to that amount.
- children with disability or special educational needs will be paid a special allowance (allocation familiale - child benefit) that is double then the normal child benefit (amount = 370.-€)
- special benefits will also be paid for special needs (technical aids) or for housing adaptations (accessibility of living environments)
- special benefits are allowed from the STH service (see employment request 2) from the employment administration to make the working place accessible or to give allowances to disabled people to get to their work
- If a person has the official recognition of its disability he will get a free transportation on common transport
- there are also some tax reductions on the revenue of parents if they have their disabled children at charge
- finally, as mentioned before, special amounts (flat rates) will be paid directly to service providers through a signed convention with government if the disabled person is supported through a specialised service provision (residential home care; day care centre, etc..) on the base of an individual socio-pedagogical support amount.



2.3 Policy and practice (summary)

The financial income of disabled people was regularly one of the topics in the last years political statements and policies, this partly due to policy directives but also supported by an important NGO lobbying (parents and other support organisations for DP)

Perhaps it could be stated that this minority group (of DP) was the most protected socially from poverty effects in our country.

We already mentioned the important changes of policy in our country:

- *law about dependency insurance*
- *law about revenue for disabled workers*
- *new financing modus for service provision in disability sector*

A part the two last points, which affects only disabled people, all the other policies for poverty and income protection is mainstreamed!

In general all the benefits you receive as disabled worker are available whether in paid employment or in supported environments. The decision depends on if the commission gives you orientation in one or the other direction. Generally the support the employer gets is in percentage higher in a normal paid employment with contact with a normal employer ; supported employment in a sheltered workshop for example is given 10 – 20 % less support to these sheltered firms to pay the salary to DP.

As explained before, there is sustainable income for disabled people who cannot work; what could be regretted is that in this case, nor clear orientation is made by the law or by the special commission to day centres or other socialising and stimulating rehabilitation services (which however exist...)!



SECTION THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

We understand under this item that we are not discussion about medical or nursing care for people with disabilities (what we precisely would call health care services), but more what we would understand under the term of social, educational or pedagogical day to day support in institutional and/or independent living settings!

Here again no other sources could be mentioned as those references made under section one, mainly:

- *the report ordered from the Ministry of Family (Department of Care and Integration – “Intégration et Soins”) to Credas, and which will probably soon be published;*
- *the annual activity reports from the same Ministry published on their Internet page, which are more descriptive and quantitative reports about activities co-financed by this government department;*
- *finally the contribution (mainly from some national experts) to the “Handbook of social and educational work in Luxembourg” which are more general and subjective reflexions and could be referred as soon as the publication will be officially presented, or otherwise with special permission of the authors, that I could ask if needed more quickly!*
- *perhaps an alternative source of documentation could be the internal activity reports that service providers should publish on their own – some of those surely do, but no official publication is known to the author.*

If we consider especially the health care accessible to DP, a study day was organised in October 2005 on that topic by the parents association Fondation APEMH. Different interesting contributions from researchers and practitioners from France, Belgium and Luxembourg were made at this seminar, all linked to field reality. Most of these contributions were re-written in article form for the purpose of a book publication (Le droit à la santé des personnes handicapées mentales et psychiques; éditions ENSP; Rennes 2007). At this occasion a national investigation was made in Luxembourg about access to health care for people with disabilities among the major service providers, with a special attention also to user and family linked questionnaires. (Article referenced in publication and detailed comments could be asked to the authors)

3.2 Types of care and support (key points and examples)

Different care and support is available in services and “institutions” which are run by private service providers and financially supported by government contributions. This concerns residential and housing facilities, as well as day care and rehabilitation centres, and so on. Normally these service provisions are offered by NGO similar associations in respect to the disability: ID, physical disabilities, autism, etc... You may find some statistics about this in the recent activity report of the Ministry of Family (2007). Actually there are different structures where the cooperation among service providers of the disability sector and also between them and the ministry department to find common solutions.

Even if we are speaking here of “institutions”, we have to mention that dimensions of groups for example in residential care are about 8-12 persons per group, sometimes 2 or 3 groups may be located on a same geographical place but then the groups will have an autonomous functioning with independent management, staff, etc. For the moment government (unofficial) policy supports these ideas of small units with qualified staff and most of the service providers are making a special effort to individualise support and care even if proposed in such “group-settings” (for example through individual support plans or schemes).

Normally there is no real waiting list, if there is urgency, admission will be possible, and also because service providers have a constant discussion and exchange platform where these problems could find solution.



For some more specific problem due to a particular disability aspect (very severe and medical dependency needs or dual diagnosis with important challenging behaviours for example) there will be needed more time for a placement solution! Persons may chose the service provider and ask for admission. Government normally supports by financial means when the disabled person may not be able to finance the service with his/her personal allowances. The allowances where described further above : dependency allowances are an individual payment to user and he may use it as a personal assistance budget sticking to the rules established to that law; the ASP support is only paid through service providers and comes as a complement to other allowances (personal or state benefits).

Some of the service providers propose also temporary admissions for respite care and also home care provision through specialised networks and financed mainly by the dependency insurance system. Common transport is normally free of charge for disabled persons, and transport to day care structures or sheltered workshops is also organised free of charge. For individual and private transport, some municipality offer this service on request and one specialised organisation can also provide this service (through financial contribution) if requested in advance!

Normally the basic needs (and even more) are assured financially to the disabled person, whether through individual allowances or through service provision by service providers, and this all is available for everybody, and non dependent on their financial (private) situation.

What is lacking, and we already mentioned it, is that there is no individual right through a law to the socio-pedagogical support!



PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

Situation on social inclusion of disabled persons very much improved the 15 – 20 last years in our country, even if there is no clear policy on this. The “Plan d’action en faveur des personnes handicapées” from 1997 was acknowledged by government policy and gives some general directions and principles in disability approach (see annexes). In this field, NGO’s are very much present and have a great impact whether through lobbying and/or through direct service provision they assure and also by organising thematic workshops and seminars!

There is an important social visibility and also inclusion of disabled persons in social life (presence in all day life, cultural etc.) There is a lack in clear inclusion options in our school system. Also services and different cares are proposed in normal living and environmental settings. The structures and services are available and affordable and of reasonable sizes.

What should be changed or improved:

There should be a more clear policy statement in disability matters (an outline law about disability for example). What also is needed is a more preventive study on future needs in disability provisions in order to plan the services and also calculate the financial needs. In general it would be of advantage to have a study or research centre linked to University or near regional research centres (in the great region), a sort of observatory or monitoring unit in disability matters to have a better documentation and analyse of the national policies and practices.

This would also help have applied research on different relevant topics, being also a base for better qualification and specialisation of staff working in the disability sector! This in cooperation with ministerial department could link to a policy to ask for pilot projects on subjects that would be agreed on both sides, including user and family needs!

Example of topics to be more involved in the future:

- *user involvement in services and also in their personal support schemes;*
- *involvement of family needs and help to organise more individualised answers also on this level;*
- *leisure activities for adults not living in residential settings and social inclusion support for disabled workers;*
- *in general having more accessible information support (easy to read documents, etc.)*
- *organising a better qualification for front line staff*

4.2 One example of best practice (brief details)

Some examples of good practice:

- ***How we arranged services for elderly disabled people with ID in Fondation APEMH***
More than 60% of our residents with ID are over 45 years old and we arranged especially 3 homes (of 10 residents each) for elderly disabled persons and tried to do the arrangements on different levels: staff qualification (care, support and health provision); attitude of staff; continuous training of staff; activities proposed to residents; technical aids; infrastructure of building; biographical work with remaining relatives; networking with external services (relief, bereavement; etc.)

Having improved our competences during the last 10 years in these responses we now plan to open a new group and add new responses to new needs coming up:



- *people coming from more independent settings getting older and who need more support without needing especially too much care (trying to keep them with the best possible autonomy provision they piled up for years;*
- *keeping contacts between older disabled adults with their older parent(s) but who no more is able to care for him/her : for example in foreseeing the management of a special unit for ID elderly people near to a “normal” old people’s home*

By these ways we try to give as individual answers as possible to new needs coming up; resources for the moment are a mix of personal budget from users and subsidies or other financial support from Government and compensations from the association/service provider if needed; in this special case, a big effort is made to respond to the increasing medical care needed by the residents, without having to come back to a medical model of support. But this means to increase and qualify staff, making often an individual visits to normal medical and hospitals etc.. This quality of care will have a price if we want to keep it for the future times

- *How there are ongoing concrete projects in APEMH to involve in a very concrete way the users at different levels:*
 - *vocational training through a pictogram supported system (POINT), which gives the user a certain independency in training after being prepared to use the system*
 - *organising the functioning of the residence with users themselves and involve them directly in their personal project (even severe disabled persons) through adapted tools and communication materials; a whole training project was build up, supervised by specialised pedagogues and involving front line staff to identify different ways to involve as much as possible users in defining needs and wishes, find way to respond to them, making choices possible and realistic, involving them in setting up of goals and evaluate them, etc...*
- ***we could also mention in other associations :***
 - *day-centre activities with adult educational aims in Ligue HMC*
 - *user-involvement in quality assurance activities in Fondation Tricentenaire*

(some of these examples where presented and discussed in a study day organised on 3rd December 2008 in Luxembourg – some written matter will be published soon by our association and we will inform about the issue !)



4.3 References

All major laws and official texts concerning disability matters and published recently may be found under this web address and there you could also find direct links to specific and more detailed documents – most of them was also mentioned in the request 2 & 3:

<http://www.mfi.public.lu/legislation/PersHand/index.html>

Personnes handicapées

Conseil Supérieur des Personnes Handicapées

[Règlement ministériel du 16 décembre 1998](#) portant création d'un Conseil Supérieur des personnes handicapées (Mém. A - 124 du 31 décembre 1998, p. 3398)

[Règlement grand-ducal du 14 septembre 1999](#) concernant la création et l'utilisation d'une carte de stationnement pour personnes handicapées (Mém. A - 126 du 22 septembre 1999, p. 2296) RECTIFICATIF (Mém. A - 146 du 23 décembre 1999, p. 2646)

[Règlement grand-ducal du 25 janvier 2006](#) concernant l'organisation et le fonctionnement du Conseil supérieur des personnes handicapées (Mém. A - 26 du 16 février 2006, p. 574, Doc. parl. 5311).

Allocation Spéciale Supplémentaire

[Loi du 19 juin 1985](#) concernant les allocations familiales et portant création de la caisse nationale des prestations familiales (Mém. A 1985, n° 40, p. 680) modifiée par la loi du 12 septembre 2003 (Mém. A - 144 du 29 septembre 2003, p. 2938, Doc. parl. 4827), par la loi du 9 juillet 2004 (Mém. A - 143 du 6 août 2004, p. 2020, Doc. parl. 4946), par la loi du 27 juin 2006 (Mém. A - 114 du 27 juin 2006, p. 2040, Doc. parl. 5580), par la loi du 22 décembre 2006 (Mém. A - 242 du 29 décembre 2006, p. 4838, Doc. parl. 5161) et par la loi du 31 octobre 2007 (Mém. A - 202 du 15 novembre 2007, p. 3546, Doc. parl. 5618 - Transpose la directive 2004/114/CE).

Assurance Dépendance

[Loi du 19 juin 1998](#) portant introduction d'une assurance dépendance (Mém. A - 48 du 29 juin 1998, p. 710) (Loi du 16 avril 1979 portant création d'une allocation spéciale pour personnes gravement handicapées - Abrogée) modifiée par la loi du 23 décembre 2005 (Mém. A - 215 du 28 décembre 2005, p. 3370, Doc. parl. 5416).

Gestionnaires de Services pour Personnes Handicapées

[Règlement grand-ducal du 23 avril 2004](#) concernant l'agrément gouvernemental à accorder aux gestionnaires de services pour personnes handicapées et portant exécution de la loi du 8 septembre 1998 réglant les relations entre l'Etat et les organismes oeuvrant dans les domaines social, familial et thérapeutique (Mém. A - 72 du 13 mai 2004, p. 1068).

Service des Travailleurs Handicapés

[Règlement grand-ducal du 17 juillet 2000](#) portant modification du règlement grand-ducal du 14 avril 1992 déterminant la forme et le contenu des mesures visées à l'article 3 paragraphes (2) et (3) de la loi du 12 novembre 1991 sur les travailleurs handicapés (Mém. A - 60 du 24 juillet 2000, p. 1228; doc. parl. 4672)

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



[Règlement grand-ducal du 7 octobre 2004](#) portant exécution de la loi du 12 septembre 2003 relative aux personnes handicapées (Mém. A - 167 du 13 octobre 2004, p. 2526, Doc. parl. 5310).

Droit des Incapables Majeurs

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

Accessibilité des Lieux Ouverts au Public

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

[Règlement grand-ducal du 23 novembre 2001](#) portant exécution des articles 1 et 2 de la loi du 29 mars 2001 portant sur l'accessibilité des lieux ouverts au public (Mém. A - 147 du 21 décembre 2001, p. 2989)

More information about “Dependency Insurance Allowances” can be found at:

<http://www.guichet.public.lu/fr/citoyens/publications/famille/long-term-care-insurance/index.html> (practical guide in English)

<http://www.secu.lu/legis/sommaires/sommassdep.htm>

<http://www.mss.public.lu/dependance/index.html>

The national activity reports from the Ministry of Family may be consulted under:

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

<http://www.apemh.lu/index.php?page=20> – on this link you will find the text of the “convention” that binds the services providers with the Ministry of Family when getting financial support for service provision

Different information may be found on the website of Info-Handicap & different links and documents may be downloaded under “Documents” for example also the “Plan d’action national en faveur des personnes Handicapées” – some documents I will add directly as attachments to the request paper.

<http://www.info-handicap.lu/>