**Country Assessment:**

**BELGIUM**

| **INDEPENDENT LIVING PILLARS** | **OVERALL SCORE** |
| --- | --- |
| 1. Communication Support | 2 |
| 2. Personal Assistance | 1.77 |
| 3. Social, Political and Judicial Participation | 2.61 |
| 4. Access to the Built Environment | 1.18 |
| 5. Inclusive Education and Lifelong Learning | 1.20 |
| 6. Accessible Transport | 1.7 |
| 7. Advocacy | 1.38 |
| 8. Accessible Housing | 1.12 |
| 9. Social Protection and Benefits | 2.11 |
| 10. Legal Capacity and Supported Decision-Making | 2.33 |
| 11. Information | 1.95 |
| 12. Peer Support | 1 |
| 13. Employment | 1.7 |
| 14. Accessible and Inclusive Healthcare | 2.64 |
| 15. Assistive Technologies | 1.28 |

**OVERALL SCORE**

**1.8**

| **1. COMMUNICATION SUPPORT** | **SCORE:** |
| --- | --- |
| **1.1 Accessible communication:** communication is available in different accessible formats, such as sign language, Braille, easy to read and plain language, audio descriptions and captioning, especially in official interactions and public communication. | 3.5 |
| **1.2 Recognition of languages:** the legal framework recognizes sign languages and other forms of communication in law as official language, promoting their use. Legally binding accessibility standards for accessible communication are developed and implemented across all sectors, including public and private media, websites, and public services. | 1.5 |
| **1.3 Training and availability of professionals:** trained professionals in accessible, augmentative and alternative communication are easily available to those who need them. | 1.5 |
| **1.4 Accessible technology and media:** media and websites comply with accessibility standards. | 2 |
| **1.5 Accessible communication in services:** communication in healthcare, educational settings and social services is inclusive, and information in different formats and through different accessible communication methods is effectively and easily provided. | 2 |
| **1.6 Allocation of funds and resources for communication support:** sufficient funds are invested to develop, promote, and use accessible communication formats and technologies. This includes funding for training professionals and providing necessary assistive devices through effective procedures. | 1.5 |
| **1.7 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| Advice from the Flemish Disability Council (NOOZO) about digital inclusion to the Flemish government: *https://www.noozo.be/nl/adviezen/advies-digitale-inclusie.* |

| **2. PERSONAL ASSISTANCE (PA)** | **SCORE:** |
| --- | --- |
| **2.1 Right to Personal Assistance:** PA is enshrined in national legislation as required by Article 19 of the UNCRPD. PA is distinguished from home care and other support services. | 2.5 |
| **2.2 Adequate, direct, and personalised funding:** cash allocations are directly provided to disabled people and controlled by them to pay for the assistance needed. Funding for PA is provided on the basis of personalised criteria and needs. The rates allocated are in line with the current salary rates in the country. PA allocations cover the salaries of personal assistants and other performance costs, such as all contributions due by the employer, administration costs and peer support for the person who needs assistance. | 2 |
| **2.3 Self-management of the service:** the disabled person has the right to recruit, train and supervise the assistants, if necessary through supported decision-making or other kinds of support. PA implies full self-determination and self-control, complying with Article 19, and is a one-to-one relationship. | 2.5 |
| **2.4 Individualised and customised approach:** PA is provided on the basis of individual needs assessment and depending on the circumstances of each disabled person. | 2.5 |
| **2.5 Fair working conditions:** Assistants receive wages that are protected by minimum wage regulations. The profession is recognised by the state and assistants are entitled to benefits such as social security, paid leave, and health and safety protections. | 2.5 |
| **2.6 Monitoring and feedback mechanisms:** efficient complaints and monitoring mechanisms are implemented, to ensure the quality of PA services. Regular assessments of user satisfaction with the PA scheme are conducted to ensure it meets the UNCRPD requirements. | 1 |
| **2.7 Peer support:** there are peer support networks for PA users, supported by the state or the local authorities. | 1 |
| **2.8 Awareness and education:** material, guidelines, and other resources are shared to raise awareness on PA services, both among disabled people and the entire community. There is a general good knowledge and recognition of the profession in the society. | 1 |
| **2.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| Belgium consists of three regions (Wallonia, Flanders, and Brussels) and three linguistic communities (French-speaking, Dutch-speaking, and German-speaking). Brussels is a bilingual region where, in terms of social support, citizens can choose between French-speaking and Dutch-speaking funding authorities.  In the French-speaking system, independent living is not sufficiently promoted. Since 2009, a pilot project for personal assistance has been in place in the Brussels region for French-speaking residents. In 2013, a personal assistance budget of €5,000 was allocated. While this was not enough to fully cover the needs related to motor impairments affecting both upper and lower limbs, it provided some support for transport, which remains costly due to limited accessibility to public transit, as well as assistance for excursions and household tasks.  Similarly, another recipient with significant motor impairments and speech difficulties, who uses an electric wheelchair, received a budget of €4,500. Although insufficient to fully meet his needs, it allowed him to occasionally hire support, particularly for his independent research on the social representation of disabled people. However, the profession of personal assistant remains unrecognized, and structured support remains lacking.  Household assistance is available through a service voucher system, which currently costs €10 per session but is expected to increase in 2025. Some private transport companies offer adaptable services and assistance during excursions, but these solutions are not officially regulated.  There is also a Daily Living Assistance Service (AVJ) intended to promote autonomy. However, beneficiaries cannot choose their service providers, and the support allocated ranges between 7 and 30 hours per week—often insufficient for many people. Moreover, the service provider has the unilateral right to terminate the contract if the individual exceeds the agreed-upon assistance requests. This has left some users in extremely precarious situations, as there are no alternative services available due to the chronic underfunding of personal assistance and long waiting lists.  Each assistance visit is limited to a maximum of one hour, and decision-making power remains in the hands of the service management and union representatives. This structure prioritizes labor regulations over the fundamental rights of disabled individuals.  The situation is further complicated by the recent decision to terminate the personal assistance pilot project after 15 years. In response, a collective has been formed with the support of the association responsible for personal assistance and UNIA, aiming to advocate for its continuation.  Additionally, internal divisions exist within French-speaking disability associations, particularly concerning funding allocation. Some stakeholders prioritize maintaining subsidies for institutional services such as AVJ, making them dependent on the funding authorities. As a result, personal assistance is often seen as a supplementary service rather than a fundamental alternative to institutional care.  Finally, there is a persistent stigma against individuals with high support needs, with the prevailing belief that they should be placed in institutions rather than receiving personal assistance or living independently in private housing. This continues to be a major barrier to self-determination and inclusion.  In Flanders, PA situation is better, but access is not guaranteed by legislation and the government does not prioritize it, leading to long waiting times. Funding does not always cover the full costs, and previous years of experience are not taken into account. More support is needed for self-management for individuals who require it. There is a lack of awareness about the role of personal assistants (PAs), and limited availability of PAs reduces the ability of individuals to choose their assistants.  While the rules are generally the same for everyone, some individuals face greater difficulties in accessing and utilizing personal assistance. |

| **3. SOCIAL, POLITICAL AND JUDICIAL PARTICIPATION** | **SCORE:** |
| --- | --- |
| **3.1 Equal judicial participation:** disabled people are treated equally before the law. Provision of reasonable, procedural and appropriate accommodations to facilitate the effective role of disabled people as direct and indirect participants, including as witnesses, in all legal proceedings and at all stages, including investigative and preliminary ones. | 3.5 |
| **3.2 Support in exercising legal capacity:** supported decision-making is in place for disabled people who need it to exercise their legal capacity. | 3.5 |
| **3.3 Right to vote and run for elections:** all disabled people, including people with intellectual impairments and those with psycho-social disabilities, have the right to vote and stand for elections. The right to political participation is guaranteed irrespective of the kind of impairment. | 3.5 |
| **3.4 Equal political participation:** voting procedures, facilities, polling stations and materials are appropriate, accessible and easy to understand and use. Assistance in voting is allowed, and different voting modalities are available. The use of assistive and new technologies is facilitated in combination with personalized support, enabling disabled people to stand for elections, effectively hold office and perform all public functions. Electoral campaigns and material are also provided in accessible formats. | 1.5 |
| **3.5 Equal representation of disabled people:** disabled people are represented in policy and decision-making positions, they hold public offices and are well-represented at international, national, regional and local levels. Quotas or reserved seats for disabled people in legislative bodies, mentorship programs for aspiring disabled politicians are provided. | 3 |
| **3.6 Training for judicial authorities, administration, first hand responders and police:** states promote appropriate disability sensitive training for staff working in the administration of justice, including police and prison staff, as well as first hand responders. | 2 |
| **3.7 Protection of disabled victims:** police and judicial staff are trained to support disabled victims, including disabled women and girls who are victims of sexual violence. Adequate support and protection measures are also ensured to disabled victims in institutional care settings, who have confidential and accessible channels to report abuses, and legal aid services to support their cases. Regular independent inspections of institutional care settings are conducted. | 1.5 |
| **3.8 Participation of disabled children:** participation of disabled children is recognized as a legal right and is effectively supported in all matters that concern them, including in all administrative and judicial participation in the contexts of individual decisions and collective decision-making processes. Disabled children’s opinions are given due weight in accordance with their age and maturity and they receive age-appropriate and disability-related supports to exercise their participation rights. | 3 |
| **3.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| In some municipalities of Brussels, the polling station is accessible for wheelchair users. However, someone reported the following:  “*My partner, who has speech difficulties, cannot vote electronically because the computer is not adapted to his needs. In the past, a polling station official claimed that he had to accompany him into the voting booth to assist him. After looking into it, we learned that the law allows a person to choose who accompanies them in the voting booth. He prefers that I assist him, but we often have to insist to get this right recognized. This year, with several elections taking place in Belgium, we noticed that it was easier to obtain permission for both of us to enter the booth*.”  It is important to highlight the recent reform of legal aid in Belgium. Previously, anyone receiving the income replacement allowance was automatically entitled to free legal assistance. This was particularly useful when contesting decisions regarding the reimbursement of assistive devices. Testimonies stated the following:  “*We also benefited from free legal support when my partner refused to allow a daily living assistance service (AVJ) assistant to continue visiting him, as she was psychologically harassing him (she was also a union representative). As mentioned earlier, we cannot choose the service providers in this system, which made the situation even more complex. Thanks to the lawyer, we won the case: the assistant was not dismissed but was no longer allowed to work with him*.”  Since the reform, all financial resources, including personal capital, are now taken into account, meaning that disabled individuals no longer automatically qualify for free legal aid.  Advise from NOOZO (Flemish Disability Council) on violence:  *https://www.noozo.be/nl/adviezen/advies-vlaams-meldpunt-grensoverschrijdend-gedrag.* |

| **4. ACCESS TO THE BUILT ENVIRONMENT** | **SCORE:** |
| --- | --- |
| **4.1 Access to the physical environment:** the environment is accessible for people with different impairments. Ramps and curb cuts are available. Roads, green spaces and pavements are designed to be used by everyone, including those using wheelchairs and other mobility aids. Signage is provided in Braille and other tactile formats for visually impaired people. | 1 |
| **4.2 Accessible infrastructure:** indoor and outdoor facilities, including schools, housing, medical facilities and workplaces are accessible. Public buildings and spaces have accessible entrances, automatic doors, accessible toilets, elevators with auditory signals, and Braille on buttons. Recreational facilities and parks include accessible playground equipment and pathways. | 2 |
| **4.3 Children’s spaces:** playgrounds and recreational areas are designed to be inclusive and accessible to disabled children. Schools and childcare facilities have accessible entrances, classrooms, restrooms, and playgrounds. After school and holiday programs and activities are adapted to include the participation of children with different kinds of impairments. | 1.5 |
| **4.4 Accessibility both in urban and in rural areas:** accessibility measures are implemented uniformly in both urban and rural areas to ensure equal access for all disabled people. Rural areas have accessible streets and facilities to ensure disabled people can participate in the local community life. | 1 |
| **4.5 Co-production in urban planning:** disabled people are actively involved in the planning, design, and implementation of urban and rural development projects. Official consultations include disabled people's organisations to ensure their needs are considered. | 1 |
| **4.6 Accessibility legislation:** the state has legislation and policies requiring developers and urban planners to include accessibility in all new constructions and renovations, with regular monitoring and sanctions, such as fines and permit revocation, in case of non-compliance. | 1.5 |
| **4.7 Safety:** safety measures and emergency evacuation plans take into account disabled people. Such plans are made with meaningful participation of DPOs as stakeholders. Public spaces are designed in a way to be safe for everyone, including disabled children and women. | 1 |
| **4.8 Training for professionals working in urban planning:** promotion of awareness campaigns on inclusion and mandatory training programs for architects, urban planners, and construction workers. | 1 |
| **4.9 Technology and innovation:** the use of technology, research and development of new materials and designs to improve accessibility are encouraged and receive proper funding, with the meaningful participation of persons with disabilities and their representative organisations. | 1 |
| **4.10 Monitoring and Evaluation:** there are mechanisms ensuring disabled people can report accessibility issues and suggest improvements.The feedback from disabled advocates is taken into consideration in the evaluation of policies and practices. | 1 |
| **4.11 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| When it comes to Brussels, using an electric wheelchair still presents significant accessibility challenges. The excuse of heritage protection is frequently used to justify the lack of adaptations. For instance, in certain protected areas, cobblestones make moving around extremely tiring and difficult. There are not enough accessible toilets.  Navigating in an electric wheelchair is becoming increasingly difficult due to fast-moving cyclists, disabled people are often inconsiderate, as well as the growing presence of electric scooters, which further complicates mobility.  As for the associations meant to represent disabled people, most of them are ineffective, at least on the French-speaking side. There is a lack of independence, likely due to fear of confronting political authorities, and not enough activism. Moreover, they are not entirely run by disabled people, which limits their ability to truly advocate for disablity rights.  Legislation exists regarding accessibility in newly constructed buildings, but it remains insufficient. Enforcement is weak, inspections are infrequent, and there are no effective sanctions for non-compliance.  In Flanders, when it comes to accessibility, the concept is often limited to wheelchair users rather than being understood as comprehensive accessibility that includes all types of impairment.  When it comes to making the environment accessible for people with intellectual disabilities, there is still significant work to be done.  Advise to the Flemish Government from NOOZO (Flemish Disability Council) together with the Council of People of Age: *https://www.noozo.be/nl/adviezen/oproep-tot-actie-om-toegankelijkheid-van-publieke-gebouwen-te-realiseren*. |

| **5. INCLUSIVE EDUCATION AND LIFELONG LEARNING** | **SCORE:** |
| --- | --- |
| **5.1 Access to mainstream education:** all disabled people have access to the general education system and there is no segregation on the basis of disability. | 1.5 |
| **5.2 Reasonable accommodation:** individualised support measures and reasonable accommodation, based on the individual requirements and needs, are effectively provided. | 1.5 |
| **5.3 Accessibility of infrastructure:** school facilities, including classrooms, toilets, common areas, and school transport, are physically accessible to disabled children and young people. | 1 |
| **5.4 Accessibility of activities:** activities carried out within the educational system or organised by schools are accessible for everyone, including school trips, extracurricular clubs, sport activities, after-school programs, assemblies, guest speaker events, cultural celebrations, fairs, and music or theatre performances. | 1 |
| **5.5 Accessibility of resources:** schools provide accessible learning materials as well as assistive technology and other necessary tools. | 1.5 |
| **5.6 Accessible communication and skills learning:** schools facilitate the learning of Braille, sign language, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills. | 1 |
| **5.7 Peer support:** schools facilitate the creation of safe spaces for disabled people, as well as provision of information and practical, emotional, social or physical support through mentoring and self-advocacy. | 1 |
| **5.8 Staff training:** teachers, professionals and staff who work at all levels of education receive the proper training on inclusive education practices and on how to support students with different types of disabilities. | 1 |
| **5.9 Lifelong learning:** disabled people can access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. Reasonable accommodation is provided at all these levels. | 1.5 |
| **5.10 Transition services:** there are services facilitating the transition of young disabled people to adulthood, including support with moving out of the family home, managing personal assistance, starting employment and continuing into higher education. | 1 |
| **5.11 Accessible and inclusive cultural participation:** disabled people can participate in events of cultural relevance in the community, such as public meetings, sport events, concerts, cultural and religious festivals. Cultural participation is encouraged through accessibility, as well as provision of information on the accessibility level of the events. | 1.5 |
| **5.12 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| Special education still exists, which means segregation continues.  Moreover, very few disabled students can attend mainstream schools. They are also generally not adapted to their needs, although some exceptions may exist. |

| **6. ACCESSIBLE TRANSPORT** | **SCORE:** |
| --- | --- |
| **6.1 Physical accessibility of transport:** all forms of public transport (buses, coaches, trams, taxis, metro systems and trains) are designed in a way that accommodates the physical needs of disabled people. Vehicles are equipped with ramps or lifts, there is adequate and safe space for wheelchair users, disabled users are not required to use special transport. | 1.5 |
| **6.2 Accessibility of information:** information, communications and other services, including electronic services, are accessible. Transport information, such as schedules, routes and stops and other communications are available in different formats (easy to read, Braille, audio announcements, visual signals…). | 1.5 |
| **6.3 Emergency and safety procedures:** emergency procedures and information are accessible, evacuation plans take disabled passengers into account, safety alarms include visual signals. | 1 |
| **6.4 Affordability of transport:** public transport options are financially affordable for disabled people. Tickets cost and discounts take into consideration the need for many disabled people to travel accompanied by a personal assistant or a caregiver. | 3 |
| **6.5 Availability of transport:** accessible transport is available for all disabled people, including in local and rural areas. | 1 |
| **6.6 Accessibility of stations and stops:** stations and stops are provided with accessible information, accessible ticket counters, ramps, elevators, escalators, seating areas and quiet spaces. | 1.5 |
| **6.7 Free available travel assistance:** quality assistance service is guaranteed for all disabled passengers without additional cost. When stations and means of transport are not accessible, there are simplified bureaucratic procedures and no need for long pre-notification in order to submit the request for assistance. | 2 |
| **6.8 Staff training:** professionals working in the transport sector are trained to assist disabled passengers, take care of their assistive devices and understand the multiple challenges disabled people face when travelling. | 2 |
| **6.9 Feedback and complaint mechanisms:** there are efficient complaints and monitoring mechanisms to ensure the rights of disabled passengers are respected, including compensation in case of delay, cancellation, damage of assistive devices and non-compliance with safety rules. Prompt responses and actions are taken to address complaints or suggestions. | 2 |
| **6.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1.5 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| Public transport in Belgium remains largely inaccessible to disabled people.  When it comes to wheelchair users, in Brussels, out of the four metro lines, only two regularly have accessible trains, with elevators to reach the platforms and autonomous boarding. However, even on these two lines, approximately one in five trains (depending on the time of day) is still inaccessible. On the other two lines, M7 accessible trains do not operate at all.  Booking assistance in advance is required, which is already complicated, and even more so when traveling as two wheelchair users. This process is completely inefficient and time-consuming, which discourages disabled people from using the service.  Another accessibility issue in metro stations is the "Sas Sésame" system used for ticket validation, which requires physically holding the transport pass. This makes access difficult even when the metro itself is accessible.  Trams and buses do not allow for independent boarding, and it is especially difficult for two people in electric wheelchairs to enter at the same time.  Assistance services are still often paternalistic, and many staff members hold biases against disabled passengers, although some improvements have been observed.  There is a tendency to exclude people with severe motor disabilities, such as those who cannot hold objects. These individuals are redirected to adapted transport services, effectively stripping them of their right to independent travel. The adapted transport system has severe limitations:   * It is impossible to book a ride for two people, meaning disabled couples cannot be guaranteed to travel together. * Many users report being forgotten or left stranded due to poor management. * The route is determined by the number of passengers booked, with no prior information given to users.   Not knowing the route in advance creates additional stress, which worsens some specific conditions for some disabled people  Trains present another major accessibility failure. Ramps for boarding are sometimes dangerously steep and narrow. The travel experience can be extremely unpleasant and unsafe.  Like other transport services, train assistance remains paternalistic, and many staff members still hold biases, despite some progress. |

| **7. ADVOCACY** | **SCORE:** |
| --- | --- |
| **7.1 Promotion of disability rights:** there is a general good knowledge of disability rights among the society. The state promotes the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the key principles of the human rights model of disability, including choice, control, and full participation in society. The state also carries out campaigns raising awareness to address stigma and discrimination, and to promote disability rights. | 1 |
| **7.2 Building support networks:** support networks are developed, funded and offered around the country. These include self-advocacy groups, peer support services, and organizations led by disabled people. | 1.5 |
| **7.3 Legislation and active role of disabled people’s organisation (DPOs):** legislation supporting the functioning of independent, civil society is in place, allowing DPOs to register. DPOs play a crucial role in empowering disabled people and representing their interests at the local, national, and international level. | 1.5 |
| **7.4 State funding available for DPOs:** state provides funding for DPOs to freely operate, including ad-hoc project-based funding and structural funding, which does not prevent DPOs being vocal and critical towards government’s in/actions. | 1.5 |
| **7.5 Free choice of advocacy forms and activities:** DPOs are free to engage in different forms of public advocacy and campaigning, including through the exercise of freedom of public assembly, public appearances in media and other forms of public advocacy, not worrying about government retaliation including cessation of funding. | 1.5 |
| **7.6 Advocacy in all areas of life:** there are advocacy efforts to promote inclusive education, employment opportunities, healthcare access, transportation, participation in community life and adoption of accessibility measures and accessible, available, and affordable services for all disabled people. Advocacy activities are conducted in all areas, including but not limited to deinstitutionalisation, disabled women’s rights, disabled LGBTI rights, and disabled children’s rights. | 1.5 |
| **7.7 Engagement of disabled people in policy advocacy:** disabled people actively participate in consultations and policy-making processes to ensure that their voices and needs are considered​​. Policy and legal recommendations take into account the lived experiences of disabled people. | 1.5 |
| **7.8 Education and training on disability:** education and training to raise awareness about the rights and needs of disabled people are promoted. | 1 |
| **7.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1.5 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| In French-speaking advisory councils, a significant portion of members come from trade unions and represent institutions. There are also institutional representatives within these councils themselves, which is paradoxical, given that these bodies are supposed to promote deinstitutionalization. Yet, these are the very spaces where the benefits of institutions are defended, with arguments such as “closing them would be dangerous” and “some people prefer to live in institutions” still being widely circulated.  To be part of an advisory council, one must be appointed by the responsible politician, which severely limits the independence of these structures. Even within UNIA, the supposedly independent body responsible for monitoring Belgium’s compliance with the UN Convention on the Rights of Persons with Disabilities (CRPD), many members advocate for institutional reform rather than deinstitutionalization.  The National High Council for Persons with Disabilities (CSNPH) is particularly concerning. It holds significant power, yet its actions often contradict the principles of deinstitutionalization.  Another critical issue is the role of parents who fear the closure of institutions and often speak on behalf of disabled people, without necessarily representing their actual needs or preferences.  In French-speaking Belgium, the situation is even more troubling. Some disabled individuals hold considerable influence within these structures but take an ambiguous stance on deinstitutionalization. They do not actively fight for a large-scale personal assistance model, which hinders progress toward real systemic change. |

| **8. ACCESSIBLE HOUSING** | **SCORE:** |
| --- | --- |
| **8.1 Deinstitutionalisation:** the state has in place an effective deinstitutionalisation strategy, shifting from institutional care and other segregated settings to independent living. Disabled people have choice and control over where and with whom they live, regardless of the level of support their need. The process of deinstitutionalisation involves the provision of adequate, affordable, available, and accessible housing in the community. | 1 |
| **8.2 Accessibility:** accessible housing is available to disabled people who need it, regardless of their impairment. Funding is available to make apartments, houses and buildings accessible. This includes adequate space, level paths to entrances, wide doorways, lifts, and accessible indoor spaces. | 1.5 |
| **8.3 Affordability:** accessible housing options are affordable for everyone. Financial assistance programs are provided to help disabled people afford rent and utilities (electricity, gas, waste disposal etc.). | 1 |
| **8.4 Inclusion and anti-segregation:** housing for disabled people is integrated into the broader community, ensuring that they are not isolated or segregated in specific areas or buildings. Accessible housing is available within diverse neighbourhoods, facilitating inclusion and interaction with non-disabled people, and providing opportunities to live, work, and participate fully in society. Housing for disabled individuals is not limited to specific buildings or complexes but is part of the general housing stock, available across different residential areas. | 1 |
| **8.5 Social protection measures:** effective and specific social protection measures are taken to reduce obstacles to access housing for particular categories of disabled people who are at higher risk of poverty and social exclusion, such as older people, ethnic minorities, and women, among others. | 1 |
| **8.6 Availability and affordability of essential services:** essential services and facilities are available, affordable and accessible for disabled people, including safe drinking water, sanitation, and energy for cooking, heating, cooling and lighting. Such services are available in both urban and rural areas​. Financial assistance is available to those in need. | 1.5 |
| **8.7 Data collection:** disaggregated data is collected about people living in segregated settings, allowing for the monitoring of the deinstitutionalisation strategies and action plans. All group settings where disabled people live, including small group homes, family-type homes for children, nursing homes, psychiatric hospitals and other, are included in data collection. | 1 |
| **8.8 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups**.** | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| In Brussels, finding an affordable and accessible home is extremely difficult.  Another major concern is political change. With the new government, social benefits are increasingly under threat.  Although segregating, inclusive housing in shared accommodations is often promoted as a solution to deinstitutionalization. Individual housing remains extremely difficult when relying on technical and human assistance, without any personal assistance system in place.  In Flanders, government measures are making it even more difficult for certain groups, such as ethnic minorities, to access social housing. To qualify, individuals must have lived continuously in a specific locality for five years, which creates additional barriers.  Finding accessible housing remains particularly challenging for wheelchair users. |

| **9. SOCIAL PROTECTION AND BENEFITS** | **SCORE:** |
| --- | --- |
| **9.1 Access to mainstream schemes:** disabled people have access to mainstream social protection schemes without discrimination on the basis of disability. Reasonable accommodation is ensured in all the programmes. | 1.25 |
| **9.2 Access to disability-specific schemes:** disabled people have effective access to disability-specific schemes. Social protection floors to prevent poverty are adopted, with payments directly made to the adult disabled person. The state guarantees the continuity of benefits and services when transitioning from a contributory scheme to a non-contributory one. | 3 |
| **9.3 Access to disability-specific schemes for children:** children with disabilities over a certain age can also open a bank account. If they are under age, parents can open it for them. Even if parents legally manage their account, money can still be directly paid to a child’s account. | 4 |
| **9.4 Benefits not conditional on education or employment:** disabled people are eligible for benefits to cover disability-related costs regardless of whether they are in education or are working or not. | 2.5 |
| **9.5 Rights-based eligibility assessment system:** eligibility for supports, services and benefits is assessed using a rights-based approach. Strictly medical criteria are not used in eligibility assessment. | 1 |
| **9.6 Support in accessing disability-related supports and services:** financial support is provided to access disability-related supports and services. Assistive devices, mobility aids, and personal assistance are reflected in national health and social care systems and taken into consideration in the establishment of the benefit level and the income thresholds. | 3 |
| **9.7 Financial support for access to housing in the community:** financial support is provided to disabled people to leave an institution or avoid institutionalisation. This includes adapting housing, purchasing furniture and accessing disability-related services or equipment necessary for access to housing. | 1.5 |
| **9.8 Compatibility of benefits with employment:** policies ensure compatibility between eligibility for and reception of benefits and employment. Effective policies and measures are put in place to avoid the welfare trap, whereby people are not allowed to work if they receive benefits. | 1.5 |
| **9.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| Politicians are increasingly seeking to reduce social rights, especially for those who do not work. While it is, of course, important for disabled people who are employed to continue receiving support, there are concerns about the possibility of the government cutting social benefits for those who are unemployed in order to fund these measures.  However, not working is not always a choice—far from it. It is essential to ensure that unemployed disabled people are not seen as taking advantage of the system. This type of rhetoric is dangerous, as it could lead to losing social benefits for those who have managed to save money or who still live with their parents.  Disabled people are particularly at risk of falling into poverty, as the cost of inclusion in society is significantly higher due to the lack of accessibility. Alternative solutions, such as adapted transportation, assisted travel, and access to leisure activities, remain extremely expensive.  In conclusion, disabled people—whether they work or not—must be able to retain their social benefits.  Since Belgium's Sixth State Reform, funding for assistive technologies and wheelchair modifications has been drastically reduced. Previously, in Brussels region, these adaptations (such as joysticks for quadriplegic users or gel armrests) were covered by the PHARE service. Now, this responsibility has been transferred to Iriscare, which delegates it to health insurance providers, but there is no longer any financial support available. |

| **10. LEGAL CAPACITY AND SUPPORTED DECISION-MAKING** | **SCORE:** |
| --- | --- |
| **10.1 Equal recognition before the law:** disabled people are recognized and treated equally before the law in all areas. | 3.5 |
| **10.2 Equal legal capacity:** disabled people enjoy legal capacity on an equal basis with others, and have the right to make their own choices in all areas of life​​. There is no substituted decision making, such as full or partial guardianship. | 3 |
| **10.3 Available support in exercising legal capacity**: people with different impairments can access the necessary support to exercise their legal capacity​​. This includes personal assistants, advocates, microboards and other forms of supported decision-making​​. | 1.5 |
| **10.4 Safeguarding measures in decision-making**: conflicts of interest and abuse are prevented through effective safeguarding measures. Such measures are proportional to the degree of need of the disabled person and tailored to individual circumstances​​. Safeguarding measures are regularly monitored and reviewed by impartial authorities. | 1.5 |
| **10.5 Right to property and access to financial services:** disabled people have equal rights to own or inherit property, to control their own financial affairs, and to access financial services. | 1.5 |
| **10.6 Equal access to justice:** equal and effective access to justice is guaranteed, including ensuring procedural accommodations and support to facilitate the role of disabled people as direct or indirect participants in legal proceedings​​. Such support may include recognition of diverse communication methods, allowing video testimony, procedural accommodation, provision of sign language interpretation and other. | 3.5 |
| **10.7 Training for legal professionals:** Legal professionals, such as judges, prosecutors and lawyers, are provided with training to ensure that they are aware of their obligation to respect the legal capacity of disabled people, including legal agency and standing. | 2 |
| **10.8 Protection of privacy**: privacy of disabled people is respected, including privacy of their personal and health information. | 3 |
| **10.9 Horizontal principles are applied**: the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1.5 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| (Text…) |

| **11. INFORMATION** | **SCORE:** |
| --- | --- |
| **11.1 Accessible and appropriate information**: general information, including in public spaces, infrastructure, and electronic information, is provided in free and accessible formats appropriate to people with different impairments in a timely manner. The use of sign languages, Braille, easy to read, and other accessible means, including child-friendly language for children and disabled children in particular, modes and formats of communication is facilitated in mainstream services and public authorities. | 1.5 |
| **11.2 Accessible emergency information:** accessible information on emergency procedures and disaster response plans is provided. Emergency communication systems are accessible to all disabled people. | 1 |
| **11.3 Accessible technology and mass media information:** mass media, websites and online platforms are accessible for disabled people. Subtitles and sign language interpretations are provided for television programs and other visual media. Research, development and use of new technologies to improve information accessibility for disabled people is supported. | 2 |
| **11.4 Accessible education materials:** educational and training materials and resources are available in accessible formats. Assistive technologies and support services are provided to disabled students. | 2 |
| **11.5 Accessibility of information in the private sector:** private entities are required to provide information and services in accessible formats for disabled people. | 1.5 |
| **11.6 Information on disability rights:** clear and accessible information on disability and rights is provided, including the rights under the UNCRPD and national legislation. Resources and contact information for disability advocacy organizations and legal assistance are made available by the authorities. | 1 |
| **11.7 Information on access to services**: information on accessing public services, healthcare, education, transportation, and social services is easily available and accessible, including contact details for service providers and support hotlines. Guides and FAQs in accessible formats are provided to help disabled people understand these services. | 1 |
| **11.8 Information on sexual and reproductive health and rights:** comprehensive and accessible information on sexual and reproductive health and rights of disabled people is provided. Educational materials on sexual and reproductive health and rights are available in accessible formats, including Braille, sign language, and easy-to-read versions. Health services offer free and accessible consultation and support for disabled people, without stigma and discrimination. | 3.5 |
| **11.9 Freedom of information for disabled people in institutions:** institutions provide accessible information to disabled people on their rights. Support services, such as peer support, are available to help disabled people in institutions understand their rights and report rights violations. | 3 |
| **11.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| (Text…) |

| **12. PEER SUPPORT** | **SCORE:** |
| --- | --- |
| **12.1 Legislation on peer support:** there is legislation that guarantees the provision of peer support at the national or local level. Peer support may include provision of information and practical, emotional, social or physical support through listening, training, mentoring, mediation, (self-) advocacy and other. | 1 |
| **12.2 Peer support mainstreaming:** peer support services are provided in schools, Centres for Independent Living (CILs) and DPOs, workplaces, social services, health care. Deinstitutionalisation strategies include peer support in institutions, for example by somebody who has lived in an institution in the past to those still institutionalised. Disabled victims, such as victims of ableism, hate crimes and hate speech, and sexual violence, can also access peer support, including emotional and psychological support and assistance in reporting the crimes. | 1 |
| **12.3 Social model in promoting peer support**: peer support services are implemented in line with the social and the human rights model of disability, rather than carried out using a medical approach. Peer support includes practical, social and emotional support. | 1 |
| **12.4 Funding for peer support:** the state invests in peer support, self-advocacy, circles of support, and other support networks, including organizations of disabled people and Centres for Independent Living. | 1 |
| **12.5 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| In French-speaking Brussels, there is no official peer support system in place. In fact, it is very rare to find associations made up exclusively of disabled people.  There is no good representation in the advisory councils, and there is no way to approach truly independent bodies, free from the influence of subsidized political authorities.  Conflicts of interest exist, sometimes even within the disability community itself. |

| **13. EMPLOYMENT** | **SCORE:** |
| --- | --- |
| **13.1 Employment protection legislation:** the state has legislation and policies prohibiting discrimination on the basis of disability in employment, conditions of recruitment, hiring process, continuance of employment, career advancement, and ensures equal opportunities and equal remuneration for work of equal value, and safe and healthy working conditions, including protection from harassment. Legal frameworks include provisions for enforcement and remedies for violations of employment rights of disabled people. | 3.5 |
| **13.2 Training and awareness**: public awareness campaigns and trainings are conducted to change employer and social attitudes towards disabled workers. Employers and co-workers. Employers and co-workers are educated on disability inclusion and the benefits of a diverse workforce. | 1.5 |
| **13.3 Inclusive recruitment practices:** job postings are available in different formats, assistance with job applications and job interviews is provided. Recruitment processes are inclusive, the venues for interviews are accessible and sign language interpreters or other necessary aids are available. | 1.5 |
| **13.4 Accessibility, reasonable accommodation, and personal assistance:** workplaces and resources are fully accessible, reasonable accommodation is provided effectively and in a timely manner, and personal assistance is available at work. Tasks are arranged to fit in the competencies of the employee, and job carving and job sharing are promoted. Job coaching, supported employment services, and workplace adjustment support are also available. | 1.5 |
| **13.5 Accessibility of programmes and career opportunities:** disabled people have access to general technical and vocational guidance programmes, vocational and continuing training, including professional rehabilitation, job retention and return-to-work programmes. Networking events and other job-related activities are also accessible. Mentorship and career development programs specifically designed for disabled employees are available. | 1.5 |
| **13.6 Measures promoting employment of disabled people:** the authorities are implementing effective measures to reduce the disability employment gap, including the gender and disability employment gap, such as positive action programmes, incentives and quotas. Partnerships with private sector companies to create more job opportunities for disabled people are fostered. Opportunities for self-employment and entrepreneurship in the private sector are also promoted. | 1.5 |
| **13.7 Addressing segregation:** concrete steps are being taken to close down sheltered workshops and to facilitate the transition of disabled workers to the open labour market. The authorities are making sure that no public or private funds are invested in maintaining the system of sheltered workshops. | 1 |
| **13.8 Monitoring and sanctioning mechanisms:** feedback from disabled employees is gathered, and regular monitoring and evaluation are conducted. In case of non-compliance with the obligation to provide quotas, affirmative action programmes, incentives and other forms of support, effective sanctions and monitoring mechanisms are put in place. | 1 |
| **13.9 Social protection:** social protection benefits continue to be guaranteed once disabled people enter into the labour market. Measures are taken to ensure that entering employment does not result in the loss of essential disability benefits. Disabled employees can access health insurance, retirement benefits, and other social protections on an equal basis with others. | 2.5 |
| **13.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1.5 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| There are no plans to close sheltered workshops. On the contrary, advocating for their closure is seen as a radical stance, which hinders progress toward genuine inclusive employment.  Since education is not inclusive, it is extremely difficult for disabled people to pursue studies, which in turn makes it harder for them to find employment later on.  Another major challenge is access to hygiene-related assistance. In Belgium, these services are still managed by nursing care, making it extremely difficult to secure high-quality home-based assistance with flexible schedules that respect individual lifestyle choices and work preparation needs.  Disabled people’s lives remain highly medicalized, and access to support is determined using the Katz scale, which follows a medical model of disability, failing to consider the needs for inclusion and independent living. |

| **14. ACCESSIBLE AND INCLUSIVE HEALTHCARE** | **SCORE:** |
| --- | --- |
| **14.1 Access to mainstream and quality healthcare:** disabled people have the same range, quality and standard of free or affordable health care. They have access to universal health coverage and to emergency care on an equal basis with others. Discrimination in the provision of health and life insurances or discriminatory denial of health care or services on the basis of disability are not allowed. | 1.5 |
| **14.2 Comprehensive and specific health interventions and services**: the specific health services needed by disabled people are provided, including prevention, early identification and intervention. There are comprehensive habilitation and rehabilitation programmes based on individual needs. Impairment specific-services, including highly-specialized ones, designed to minimize impairment effects or help disabled people manage effectively impairment effects and prevent further deterioration of their condition are available, accessible and affordable. | 1.5 |
| **14.3 Healthcare inequalities are effectively tackled:** data collected across number of health indicators including life expectancy, prevalence of chronic illness and quality of life indicators show that disabled people do not experience health inequalities compared to non-disabled people. | 1.5 |
| **14.4 Healthcare inequalities are effectively tackled:** data on healthcare inequalities are systematically collected including disaggregation by disability and type of impairment. | 1 |
| **14.5 Right to free and informed consent to medical treatment:** disabled people have the right to free and informed consent to medical treatment, and the right to refuse treatment at all times, including in situations of mental distress and regardless of their legal capacity status or condition of liberty. Shared decision-making is fostered when decisions are made about medical treatment of disabled patients on the equal footing as non-disabled patients. | 3.5 |
| **14.6 Participation of disabled children on decisions about their healthcare**: when the age of medical consent introduced in legislation is lower than the general age of majority, disabled adolescents have the right to consent to medical treatment on the same basis as their non-disabled counterparts and can access support to exercise this right, including supported decision-making where relevant. Disabled children of all ages have access to confidential counselling according to their needs to participate in decisions about their healthcare, including through being informed about medical interventions proposed for them and being able to voice their opinions and to be taken seriously. | 3.5 |
| **14.7 Prohibition of medical treatments such as forced sterilisation:** the state does not allow or explicitly criminalises forced contraception, forced sterilisation and forced abortion of disabled people - particularly women, children and disabled people living in institutions - without their free, prior and informed consent. Disabled people can decide on their own body and reproductive system. | 3 |
| **14.8 Gender-sensitive services:** the specific needs and rights of disabled people including those of disabled women and girls and disabled people identifying as LGBTIQ+, are taken into account and respected in the health care sector, including their access to sexual and reproductive health as well as to information and education. | 3.5 |
| **14.9 Training:** the state promotes training for professionals and staff working in the healthcare sector, including in habilitation and rehabilitation services and the promulgation of ethical standards for both public and private health care. | 3.5 |
| **14.10 Access to health services in rural areas**: health services are provided as close as possible to people’s own communities, including in rural and remote areas. | 2.5 |
| **14.11 Access to quality health care in institutions**: disabled people living in institutions have equal access to quality health care services, including mental health care, based on their specific needs. | 3.5 |
| **14.12 Adequate and accessible mental health support:** mental health professionals are trained on disability-related issues, such as minority stress and discrimination. There are no significant barriers for disabled people to accessing mental health services, for instance in terms of inaccessibility, costs, and stigma. | 2 |
| **14.13 Accessible e-health services:** e-health services, information on healthcare, mobile health devices and services are fully accessible and safe to use for disabled patients, their family members, personal assistants and caregivers. | 3.5 |
| **14.14 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| Social security funding is continuously decreasing, while private health insurance (covering outpatient care, hospitalization, etc.) remains highly disadvantageous for disabled individuals. Pre-existing conditions and symptoms are not covered, making reimbursement almost impossible.  During the COVID-19 crisis, it was explicitly stated in the media that non-disabled individuals were prioritized for emergency care, relegating disabled patients to the background.  Access to medical care remains a major issue. Many private clinics and medical offices are not wheelchair-accessible, significantly limiting the choice of healthcare providers. Additionally, some non-contracted doctors tend to refuse patients with BIM status, further restricting access to adequate medical care. It is becoming increasingly difficult to find competent doctors, and there is a clear shift towards a two-tier healthcare system: a privileged healthcare system for the wealthier population, facilitated by private insurance; A low-quality system for lower-income individuals, characterized by limited medical care and extended waiting times.  The increasing establishment of multidisciplinary medical centers, where decisions are made on our behalf, is also concerning. The budget cuts in healthcare are alarming and risk deepening existing inequalities in medical access.  The global situation and ongoing conflicts are likely to have severe consequences on disability funding, as a large portion of financial resources is expected to be diverted towards military and defense spending.  Another recurring issue is medical bias. Many healthcare professionals display an inappropriate attitude towards individuals with speech impairments, like my partner. It is common for them to mistake speech difficulties for an intellectual disability, leading to disrespectful behavior and inadequate medical care.  Lastly, hospital rooms are not adapted for electric wheelchair users. Additionally, medical staff often lack the necessary training to properly assist and accommodate these patients, making hospital stays even more challenging. |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **15. ASSISTIVE TECHNOLOGY** | **SCORE:** |
| --- | --- |
| **15.1 Affordability and availability of quality aids:** quality mobility aids, devices, assistive and communication technologies are available for disabled people and covered by the state. In extreme cases, they require very low personal contribution. Measures are in place to guarantee that these aids are equally distributed to all who need them, regularly replaced and accessible in both urban and rural areas. | 2 |
| **15.2 Training:** specialist staff working with disabled people receive comprehensive training on the use of assistive devices and technical aids to provide proper support and guidance. Training programmes on how to use the technical equipment are also provided to disabled people. | 1.5 |
| **15.3 Disability mainstreaming:** entities that produce technical aids and equipment, devices and assistive technologies take into account all impairments and the respective needs of disabled people. Design and development processes involve input from disabled people. | 1.5 |
| **15.4 Funding for research:** the state invests in research and development of new technologies and support aids to help disabled people live independently. | 1 |
| **15.5 Accessibility of Information**: information about the availability and use of technical aids and equipment is provided in accessible formats. Disabled people are informed about their rights to access these aids and the processes to acquire them. | 1 |
| **15.6 Individualised solutions:** the specific needs of disabled individuals are taken into consideration to produce personalized technical aids and equipment. To this purpose, customization options are available and affordable. | 1 |
| **15.7 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Additional Comments** |
| --- |
| In Brussels, on the French-speaking side, the reimbursement of assistive technologies has significantly decreased compared to previous years. Since Belgium’s Sixth State Reform, it is no longer possible to receive reimbursement for modifications to electric wheelchairs.  Previously, some adaptations were covered by the PHARE service. Now, Iriscare is responsible for managing reimbursements, but in practice, it is handled by health insurance providers. Many essential wheelchair adaptations are no longer covered, such as special joysticks, gel armrests, or custom-made footrests.  Information about these policy changes is extremely poor, and even orthopedic technicians are often uncertain about how to properly submit reimbursement requests.  When it comes to electric wheelchairs, there is a growing political push towards cost-cutting measures. There have even been discussions about replacing the option to purchase new equipment with a rental-only system, which is deeply concerning.  Compared to Flanders, other assistive technologies that support independent living are barely reimbursed in French-speaking Belgium. In some cases, disabled people went to court to challenge denied reimbursements.  For example, the robot that enables people to eat independently, designed for individuals who cannot hold utensils, is not included on the reimbursement list. These devices are extremely expensive. Repairs are not covered, which remains a significant financial burden.  Additionally, environmental control systems - which allow people to adapt their homes to their specific needs - are also difficult to get reimbursed, further restricting access to independent living solutions. |