European Network on Independent Living

Personal Assistance Services in Europe
**Introduction:**

The European Network on Independent Living (ENIL) is a grassroots, Europe-wide and cross disability network of disabled people and their organisations and provides a forum for issues pertaining to Independent Living. ENIL is concerned with promoting, advocating and lobbying for the empowerment of disabled people to have control over their lives; and for the transferability of the Independent Living principles into applicable practices. Its activities target European, national and local administrations, politicians, media, and the general society.

ENIL understands Personal Assistance (PA) as being a necessary support service in the enablement of disabled people to live a life as fully included and participating citizens in their communities. PA is not only instrumental in the empowerment and inclusion of disabled people, it is considered a human right by both the Independent Living movement and the UN Convention on the Rights of Persons with Disabilities (the CRPD). However, despite the fact that PA is supported by Article 19 of the CRPD, which most European countries have signed and ratified, many European countries do not possess legislation for this service. Other countries have passed legislation that does not reflect the philosophy of the Independent Living Movement or the CRPD. This confirms a general lack of political will or engagement for Personal Assistance and affirms the need for the IL movement in Europe to promote PA services in all countries and to keep this issue high on the European agenda.

This report presents a summary of the research carried out by ENIL from 2011 to 2013 on the situation of personal assistance legislation in Europe. It involved desk research and the distribution of a survey to disability experts in the various European countries. Information was gathered from 22 European countries, including: Belarus, Belgium, Bulgaria, Bosnia and Herzegovina, Cyprus, Denmark, France, Germany, Greece, Iceland, Ireland, Italy, Latvia, Norway, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden and the United Kingdom. A comprehensive presentation of the information gathered from these countries can be found in table format on the ENIL website – www.enil.eu.

**Project Goal:**

1. To gain detailed information on the situation of PA services in as many of the EU Member States (and neighbouring countries) as possible.
2. To present model legislation for PA based on the Independent Living (IL) ideology, as a vehicle to help ENIL members advocate for change in countries that have yet to enact adequate legal frameworks.
**Methodology:**

The European Commission’s online tool DOTCOM, developed by the Academic Network of European Disability Experts (ANED), was used to find the information on the existing legislation for the ENIL survey. The ENIL network subsequently coordinated experts and disability activists in the various European countries to garner the specific details of the legislation and legal situations specific to the different countries.

**Research Questions:**

- Which countries already have legislation and which countries have a proposal for legislation on PA in the pipeline?
- In those countries with existing legislation - is it part of the social service legislation or is there other rights based legislation for PA, such as in Sweden?
- From which level of government does the funding for services come?
- What assessment tools are being used to decide on the amount of assistance to be acquired by an individual, and what is the time span for reassessment?
- Which impairment groups are covered by the legislation? Is there an age limit in the legislation?

European Network on Independent Living, December 2013
Main Findings:

1. Type of legislation

Countries without legislation - Countries still without PA legislation include Belarus, Cyprus, Greece, Ireland, San Marino and Slovenia. In the case of Slovenia, there is ongoing negotiation and lobbying, with an active role being played by YHD, a member of ENIL. One contentious issue in Slovenia has been over the type of disabilities to be covered in the legislation. YHD has continuously promoted the inclusion of people with intellectual impairments and during the negotiations had been successful in getting them included in the legislation. However, when the last draft of the bill was made public people with intellectual impairments were not included. In San Marino, the relevant Commissioner has prepared a draft law which would include PA services, but it appears to be increasingly unlikely that the government will adopt this piece of legislation. In Cyprus, a pilot project started in 2009 by the name of “social companion” to offer support with mobility for people with physical impairments, which included a type of personal assistance. The project was financed by many public bodies, but its budget was cut and in the end it was discontinued. Ireland, despite not having legislation, has several organisations providing PA services to people with physical impairments. Iceland is in the process of evaluating their pilot project in the provision of PA services through municipalities, which has been ongoing over the last few years. It is expected that a law on user-controlled PA services will be drafted in Iceland by 2014.

Level of government responsibility for PA legislation - The survey has highlighted that the level of government responsibility depends on the political topography of the given country; i.e. whether responsibility is taken up at the federal level, national level, county level or at the level of the municipality. ENIL advocates for responsibility of PA services to be assumed at the national level, to ensure equal access throughout the country. However, currently many PA services come under the remit of local municipalities and hence the availability and level of PA services are dependent upon various factors, such as wealth and population of a given municipality. This is clearly evident in Belgium, where the local authority of Flanders has over 2000 users of a PA service, while the Wallonia authority has only 250 members. Also, in Bulgaria PA services are only offered in Sofia, which is regulated by the relevant municipal act.

Of the 22 countries involved in this survey, 14 have some type of legislation covering PA services. The countries with national legislation are Denmark, France, Germany, Latvia, Norway, Serbia, Slovakia, Spain, Sweden and the United Kingdom. Sweden has long been perceived as a pioneering country in the area of personal assistance, where the right to PA was introduced in 1994. It has the only legislation allowing for the provision of the PA service as an individual right for those eligible, with the possibility to appeal negative decisions. The United Kingdom is also considered a progressive country in this area with the passing of its Direct Payment Act in 1997.
2. Administrator of PA services

In most of the countries included in the survey, the administrators of the PA services are the municipalities or a regional agency. Ten of the countries support the disabled person in receipt of PA services to either self-direct their service and/or choose between the local municipality, cooperative or service provider. Two of the countries expressly indicate that the recipient is not permitted to direct their PA services and four of the countries provide PA services through disabled people’s organisations (DPOs) and/or local municipalities. Slovenia provides for PA services through employment projects exclusively and Holland currently supports recipients to self-administer their PA services, but worryingly is planning to change direct payments into a voucher system for which a national agency will be appointed the administrator of personal assistance. In the case of Ireland, the service can be funded through local health or employment schemes. NGOs cooperating with the local authorities are funded and in turn provide the service to work leaders requiring PA services. This is considered an alternative direct payment system, with the work leader becoming the direct employer of staff, who then invoices the service provider or funding agency in order to pay for the service.

3. Funder of services

The funder of PA services is mostly the state through municipalities or regional agencies. Just under half of the countries’ PA services are funded solely by local authorities. Four countries’ PA services are co-funded by the local authorities and the State, while three countries provide the funding for PA services at the State level, but administer the services through local administrative authorities.

4. Disabilities covered

The type of disabilities covered by PA services within different countries’ legislation varies widely. Of the countries that provide PA services, 65% offer services to people with all types of disabilities (i.e. physical disabilities, intellectual disabilities, visual impairments, etc.). Three countries also indicate expansive eligibility criteria with regard to type of disability, but caution that in practice it is almost impossible for people with non-physical disabilities to receive PA support. A further two countries only cater for people with physical or visual impairments. Slovenia currently covers all types of disabilities through their PA system, but within the proposed new legislation people with intellectual disabilities will be excluded.

‘Severe disability’ is often a stipulated criterion for PA services, which is determined by the percentage of disability. For example, the legislation in Sofia only includes people with a level of over 90% of disability and Germany includes all types of disabilities if there is a severe disability present.
5. Amount of hours per day/week and hourly rate funded

A total of 12 of the 22 countries which took part in the survey highlighted that the amount of hours allocated to recipients of PA services is largely dependent on the individual assessed need, with PA services in five of these countries also dependent upon available resources. Four countries have set a cap on PA services of between 20 and 40 hours per week. Additionally, Bulgaria offers a maximum of 300 hours per month and Spain only provides for a maximum of 3 hours of PA services per day to their recipients. While Slovenia currently offers PA services up to 24 hours per day, the latest law proposes to limit PA services to individuals requiring at least 35 hours per week.

With regard to funding of PA services, it is difficult to draw definitive conclusions as the cost of living drastically differs across Europe. For example, within the Nordic countries, the hourly rate for PA services is much higher when compared with those countries located within Central and Eastern Europe. Most of the countries adhere to their national minimum wage regulation, where applicable. Germany and southern Italy offer a monthly contribution to recipients to cover their PA services. Interestingly, France allows for €17.59/h to be paid for personal assistance, but only €3.47/h if that person is a family member.

6. Assessments of needs

In majority of the countries the legislation does not specify the tool to be used in the assessment of needs. Generally, it depends on the interpretation of the law by the local authority. Assessments are generally carried out by multidisciplinary teams led by social workers and very often include medical experts. What is clearly evident is that a medical approach to assessments is still widely prevalent. For example, in Iceland interviews are carried out based on the SIS tool, which is widely rejected by DPOs. Also, of some concern is that in countries such as Sweden, which other countries look up to for best practice in this area, state authorities appear to be changing the interpretation of their legislation away from a human rights approach to assessing individual need for PA services using a more medical approach. The assessment process in Sweden is changing from personal need interviews to an excessive reliance on ‘scientific’ assessment tools.

7. Age eligibility

Age eligibility for PA services varies considerably between the countries. Of the 22 countries involved in the survey, 8 were found to have PA services which excluded people with disabilities over the age 65. However, 4 of these countries include people over 65 if the person has previously been assessed for PA
services. Only Germany does not place any age restrictions with regard to eligibility for PA services, while a further seven countries offer PA service to both children and adults.

8. Total registered users

The total registered users in each country vary tremendously. The UK provides for the highest number of disabled people using PA services, with about 100,000 users across the entire country. The number of registered users in the UK has risen sharply in the last 5 years, following government commitment to personalise social care services. However, the numbers are now beginning to fall as a result of a tightening in the eligibility criteria. Another country with a large number of registered users is Sweden, which noted about 17,000 users in 2012. Slovakia recorded 8,076 users in 2012, while Norway reported 3,040 users, Denmark 2,500, and Belgium 2,112 users in the region of Flanders. The low amount provided for Germany and Spain highlight the restricted nature of their PA service provision.

Serbia has a low amount of users, with only 150 persons in total. Two thirds of these receive assistance based on IL standards and 50 have services from other service providers financed by the National Employment Agency, based on a different procedure. Slovenia is a small country with 100 users. In Iceland, about 60 persons are taking part in the trial collaborative project.

Conclusion:

The above summary and presentation of disaggregated data below highlights the variation in legislation and availability of PA services throughout Europe. By and large, it is evident that Independent Living organisations and IL philosophy have been the driving force in the development of PA legislation and services in Europe. This demonstrates the importance of ENIL’s work in driving change and providing leadership in Europe with regard to this important human rights issue. A priority for ENIL is to comprehensively research and document the current state-of-play and evolving developments regarding PA services for disabled people in all 47 countries within the Council of Europe. To date, ENIL has collected data for 22 European countries. However, ENIL acknowledges that the information collected is a result of interpretations made by disability experts and activists and is, therefore, open to discussion and clarification. ENIL welcomes feedback and contributions from interested parties regarding the data already collected and would also like to hear from anyone with data from the remaining countries 24 European countries.
Recommendations:
In order to ensure that all disabled people have access to Personal Assistance, as set out in Article 19 of the UN Convention on the Rights of Persons with Disabilities, ENIL calls on all the governments in Europe to:

- **Enact legislation for PA services**, which is compliant with the CRPD and reflects the philosophy of the Independent Living Movement;
- Ensure that the **responsibility** for PA services is assumed **at the national level**, to ensure equal access throughout the country;
- Ensure that PA services are provided on the basis of **an individual needs assessment** and are dependent upon the life situation of each individual. This should be in line with a **social understanding of disability**, and not carried out using a medical approach;
- Ensure that the PA legislation and services **do not discriminate** based on type or perceived level of disability;
- Ensure that the rates allocated for personal assistance to disabled people are **in line with the current salary rates** in each country;
- Give disabled people the **right to recruit, train and manage** their own assistants, with adequate support, if preferred;
- Facilitate an **exchange of ideas and knowledge** about good legislation and practice in the area of personal assistance with other European countries;
- Improve the **collection of relevant data** to support advocacy and development of good legislation in this area.
### Appendix: Personal Assistance Survey Table (disaggregated data)

<table>
<thead>
<tr>
<th>Country</th>
<th>Type of Legislation</th>
<th>Administrator of PA services</th>
<th>Funder of services</th>
<th>Disabilities covered</th>
<th>Amount of hours per day/week</th>
<th>Assessment of needs: tool &amp; how often</th>
<th>Hourly rate funded</th>
<th>Age</th>
<th>Total of registered users in each country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belarus</td>
<td>No PA services</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Belgium         | Flanders and Wallonia have a system of personal budgets; Brussels and the German Community have no scheme.  
Flanders: Independent Living Flanders (ILV) was set up in 1987 & in 2000 the Flemish Parliament approved the decree for personal assistance budgets (PAB) (regional legislation).  
Wallonia: BAP decree of Wallonia government in May 2009  
Flanders: VAPH (Flemish Agency for People with Disability).  
Wallonia: AWIPH (Wallonia Agency for People with Disability)  
PA Service Providers: Public and private services, municipalities, Individuals (interim), WIPH services and Institutions (pwd cannot be direct employers).  
Flanders: Flemish Government Ministry for Welfare  
Wallonia: Wallonia Government Ministry for Welfare  
Individually: The regional administration for PWD manages payments directly with PA services chosen by the PWD  
Flanders: Anyone with a file at the VAPH. No type of disability is excluded.  
Wallonia: All types of disabilities  
Flanders: The outcome of assessment is not a number of hours but a budget category, a yearly budget of between €9,344 and €43,609  
Wallonia: It depends on the need expressed by PWD but limited to the amount specified in the decree.  
Flanders: Multi-disciplinary team (social worker & medical experts) use a classification instrument when interviewing the person applying. This happens when a person turns 18 or requests one. Reassessment can happen if there is a significant change in your support need. Also the VAPH can request reassessment and a budget holder can get a financial Inspection on the use of the budget.  
Wallonia: Use an evaluation rubric (SMAF) to priority access to BAP. It is reviewed annually or on request.  
Flanders: The budget holder decides on the hourly rate of the PA but legal minimum wage needs to be respected.  
Wallonia: €8  
Flanders: Not older than 65 to apply for the hourly rate of the PA.  
Wallonia: People over 65 can get PA in case of high levels of loss of autonomy, if recorded with AWIPH before 65 and if linked with initial disability not the age.  
Flanders: 2,112 PAB users (nov.2012).  
Wallonia: 250 | | | | | | | | | |
<p>| Bosnia &amp; Herzegovina | The Social Protection Law of Republika Srpska. There is a complicated system of laws in the country, related to the Dayton Peace Agreement and | No PA services related to IL understanding but the services are managed by | Public budget and through donor funding | Mainly physical disabilities | No Data | No Data | No Data | Over 18 years | No Data |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
<th>DPOs</th>
<th>Assessment and Eligibility</th>
<th>Frequency of Reassessment</th>
<th>Hourly Rate</th>
<th>Minimum Age</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulgaria</td>
<td>CIL Sofia was set up in 1995 and in 2007 the Regulation on the Provision for Independent Living Service Sofia was enacted.</td>
<td>Sofia Municipality</td>
<td>All persons with disabilities with more than 90 percent disability. Percentage of disability determined by the Health Commission.</td>
<td>Up to 300 hours per month</td>
<td>2.73 leva per hour (1.40€ approx.)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cyprus</td>
<td>No legislation</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Denmark</td>
<td>IL has developed within the social reform system governed by the Social Service Law (1998) and not a separate independent living movement.</td>
<td>Municipalities and Cooperatives</td>
<td>The municipalities receive funds from the State. Afterwards the Municipalities decide the size of the contribution to the person in need of Personal Assistance.</td>
<td>Assessment is carried out within the frame of the legislation. It is up to the municipalities to interpret the laws in their assessments.</td>
<td>N/A</td>
<td>18-65</td>
<td>About 2500</td>
</tr>
<tr>
<td>France</td>
<td>The 2005-102 Act (‘Equal rights and opportunities, citizenship and participation of persons with disabilities’)</td>
<td>MDPH</td>
<td>All disabilities when there is a need</td>
<td>Up to 24 hours per day, but someCHA members have 26 hours or even up to 32 hours per day. The double assistance is for tasks such as lifting which require two persons.</td>
<td>From 3.47€/h for the family member up to 17.59€/h for a service of PA. A deaf person receives 358.8€/month and a blind person 598€/month.</td>
<td>0-60 years old and more than 60 years old if the disability is previously known.</td>
<td>About 1001 persons in Ille et Vilaine department. There are 101 departments in France and the number for all is not known. The average grant for PA is 800 € per month.</td>
</tr>
<tr>
<td>Germany</td>
<td>Integration support via Social</td>
<td>Social Welfare</td>
<td>Person with No limit -</td>
<td>Generally after 2</td>
<td>A monthly lump</td>
<td>All ages –</td>
<td>1500-2000</td>
</tr>
<tr>
<td>Country</td>
<td>Description</td>
<td>Legal Framework</td>
<td>Budgeting Authority</td>
<td>Enrolment Process</td>
<td>Assumptions</td>
<td>Monthly Budget Range</td>
<td></td>
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<tr>
<td>Iceland</td>
<td>Local Authorities' Social Services Act, Act on the Affairs of People with Disabilities, no 59/1992: amendment in 2012 outlined collaborative project</td>
<td>Assistance legislation with personal budgets as a legal right since 2008</td>
<td>Office (Cost-carriers). The individual in need is means tested.</td>
<td>severe disability – all types of disability, but mostly people with physical disabilities</td>
<td>depends on the individual needs.</td>
<td>sum is decided by the authorities to cover costs, averaging 400€ – 1300€ per month</td>
<td>2,800 ISK (approx. 17.85€)</td>
</tr>
<tr>
<td>Greece</td>
<td>No PA legislation</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Holland</td>
<td>No PA legislation. People who choose to live independently and who would use their direct payment for personal assistance can do so but they will have to make do with the budget based on group living and sharing costs for assistance. The system for direct payments, called Personal Care Budgets (Dutch acronym PGB), has been introduced in the Netherlands in 1996. It is not a legal right but granted based on a subsidy regulation.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>none</strong></td>
<td><strong>130.000</strong></td>
</tr>
<tr>
<td>Country</td>
<td>PA Legislation</td>
<td>PA Service Funding</td>
<td>Hours Covered</td>
<td>Work Leaders</td>
<td>Payment Systems</td>
<td>Children</td>
<td></td>
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<tr>
<td><strong>Italy</strong></td>
<td>No PA legislation</td>
<td>CILs, Enable Ireland and the Irish Wheelchair Association (IWA). These are alternative direct payment systems where the leader becomes the direct employer and invoices the service provider or funding agency.</td>
<td>Hours covered depend on the individual person’s needs and the level of disability, environment and if the person is employed. Some people have 24-hour personal assistance, with four or more personal assistants being hired.</td>
<td>Work leaders are assessed every 3 years, with personal assistants being trained every 3 years. Training is ongoing, with some of the mandatory training repeated every 3 years. The mandatory training is provided by the organisation with at least one formal training on Independent Living. Ongoing IL training is on the job.</td>
<td>There are 4 different pay rates, normal hours, 8-20 hours Monday to Saturday, (12.50€-15.00€), 20-24 hours Monday to Saturday (16.00€-18.50€), Sunday time and a half, approximately 21.00€-24.00€ per hour. Public holiday payment which is 28.00€ - 31.00€ p/h. Night rate: ‘disturbed sleepover’ – 5 out of the 8 hrs at normal rate and ‘Non-disturbed sleepover’ – 3 hrs at normal rate.</td>
<td>Initially only available to people over 16 and under 65, however this age range is expanding, subject to funding.</td>
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</table>

**North:** National Law 104/1992 and Law 162/1998, Regional laws with indication for the PA “possible”. Italy is divided into regions and the responsibility for PA services is at the regional level.

**South:** In Calabria and Sicilia there are still no PA services.

| Regions and Municipalities (in Lombardia) | Regional program with deliberation specified | Physical disabilities. Normally the disabled person must not be self-sufficient | Assessment is to be carried out every year. Requirements: not self-sufficient, personal needs, living alone and personal income. | Between 7€ and 9€/hr | Over 18 |

**North:** Tuscany has approx. 300 users and there are approx. 100 users in Florence. Emilia Romagna 50, Lazio 400 in Rome only, Marche 50, Abruzzo 20, Sardegna 1000

| South: A contribution of 770€/month is given to family | | | | | |

| Children | Over 18 | North: Tuscany has approx. 300 users and there are approx. 100 users in Florence. Emilia Romagna 50, Lazio 400 in Rome only, Marche 50, Abruzzo 20, Sardegna 1000 |
### Latvia

| Local municipality | State gives money to local municipality | Adult people with (A) blind and visual impairment, mobility impairment or intellectual impairment and (B) severe mental impairment. Children with impairment from 5–18 year old | Up to 40 hours per week | Adults are assessed based on the opinion of the health and work state commission on the need for assistance. Children from 5-18 years old are assessed on the basis of the opinion of the health and work state commission on their need for special care due to severe functional impairment. | 1,20 LVL (1,70€) per hour paid to the PA chosen through the municipality or someone suggested by the individual in need. | Adults and children from 5-18 years old. | Approx. 100,000 pwd may be affected by the law. But the government statistics show that PA services are provided to 540 children attending school and 1100 disabled adults from the first group and 854 disabled adults from the 2nd group. Statistics include only socially active disabled people. |

### Norway

<p>| The Act on Social Security 2000, revised in 2009 to formally include intellectually disabled people. New legal framework (2012) is a step backwards, bringing the legislation back to the medical model. The legislation covers all citizens. | Cooperatives, Municipalities, Companies | Municipalities each have their own budget to fund the services and decide on assessment. | Defined needs outside of the services offered by the municipal services | Depends on the need of the applicant and the civil servant who is assessing. It is possible to appeal to the county. The work leaders/co-owners in ULOBA have an average of 47 hrs/w. | Based on needs and the assessment team in the municipality. Confirmed once a year if the user or the municipality ask for changes. | Depends on the administrator or the contract | It is hard to get personal assistance after 67 years of age | 3040 in 2012 |</p>
<table>
<thead>
<tr>
<th>San Marina</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
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<tbody>
<tr>
<td><strong>Slovakia</strong></td>
<td>CIL Slovakia was founded in 1996 and in 2011 the new Serbian Law on Social Protection was enacted. According to the Law, services for independent living including PA services are recognized as social services that should be provided by the state, with the financing at the local level.</td>
<td>Service providers are required to organize advertisement, provide training for users and basic training for PAs as well as to provide a list of potential PA candidates. Users conduct interviews and choose the PA. Service providers sign contracts both with the user and the PA and carry out administrative tasks including payment of salaries and state taxes.</td>
<td>Municipalities with national co-funding for non-developed communities. Users who are receiving the monthly allowance for help from another person are required to contribute to the PA service cost with 20% of the monthly allowance.</td>
<td>Persons with physical and visual impairment</td>
<td>Limited from minimum 20 to maximum 40 hours per week.</td>
<td>Done by the centre for social work with participation of disabled person, followed by a more specific assessment by the service provider, based on needs. Annual re-assessment required.</td>
</tr>
</tbody>
</table>

| Serbia | The Act on Social Assistance of 1998 includes direct payments and social services together. The Act on Direct Payment for Compensation of Severe Disability (2009) involved 14 different kinds of direct payments and competences of state bureaus of work, social affairs and family | The main characteristic of the Slovak legislation on PA is self-management | State through local administrative authorities | All persons with severe disability (physical, mental and sensory disability), but in fact only a few persons with mental disabilities have PA | Maximum 20 hrs/day (only 38 persons have 20 hrs/day) | Every 3 years carried out by social workers to measure required PA services based on what a person with severe disability cannot do and what hours are necessary for the person to carry out activation activities | 2.71€/hr | Person with severe disability from 6 to 65 years and above 65 if previously has PA service | 8076 persons (statistics of December 2012) with severe disability throughout Slovakia, only 38 have all possible hours. |

<p>| Slovenia | No PA legislation, at the end of 2012 the Ministry for Social Affairs was preparing the 3rd version of the Law on PA after previous drafts were rejected. | PA is currently run through employment projects and has been for the last | Office for employment and Ministry of Labor, Family and Social | Within the current program all types of disabilities | Through current project minimum 20 hours per week up to 24 hours | Annual reassessment | The hourly rate is approximately 7€ (minimum wage) | 18-65 | YHD has currently approximately 100 users. There are three other |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>National legislation in place, with personal assistance as an individual right for those eligible.</th>
<th>The person acquiring personal assistance can</th>
<th>The funding is shared between the state and the local</th>
<th>3 eligibility categories - Intellectual disability, One can acquire up to 24 hours a day, 7 days a week</th>
<th>An assessment is done every two years with the aid of a questionnaire that</th>
<th>Only PWD with a major dependency (Degree III) are entitled to receive a monthly amount to pay for their PA: Degree III (level 1 - 625,47€), Degree III (Level 2 - 833,96€)</th>
<th>Theoretically there is no restriction. However, the internal regulations determine the age of 18 years old to access PA.</th>
<th>1300 users in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spain</td>
<td>National Act, but with a greater coverage in certain regions. It recognizes the right to Personal Assistance.</td>
<td>PWD receive a direct payment and become the administrators. Nevertheless, due to the fact that the personal assistant job position is not yet recognised in Spain, service companies mostly carry out recruitment.</td>
<td>The Social Security with the contribution of the autonomous communities (provides for financial benefits), the Act on the Promotion of Personal Autonomy and Care for Dependent Persons (provides for PA compensation) and certain programmes are run by different provinces: Gipuzkoa (pioneer on IL), Barcelona and Madrid.</td>
<td>Theoretically, all disabilities are covered. However, in practice it is practically impossible for people with non-physical disabilities to access PA services.</td>
<td>Maximum 3h/per day</td>
<td>Assessment is based on the ICF model. The degree or level of dependency may be reviewed at the request of the interested party, his/her representatives or on an official basis by the public administration if the degree of disability has changed or if there is an error in diagnosis.</td>
<td>The Social Security with the contribution of the autonomous communities (provides for financial benefits), the Act on the Promotion of Personal Autonomy and Care for Dependent Persons (provides for PA compensation) and certain programmes are run by different provinces: Gipuzkoa (pioneer on IL), Barcelona and Madrid.</td>
<td>Theoretically there is no restriction. However, the internal regulations determine the age of 18 years old to access PA.</td>
</tr>
</tbody>
</table>

16 years. The administrators are several DPOs including YHD. Through the law it is expected that individuals and cooperatives will administer PA together with DPOs.

Affairs are funding the existing services. Smaller amounts are also provided by municipalities (in 2012, 11 municipalities were co-financing the service on a basis of public calls). are covered, but in the new proposal of the law people with mental and intellectual disabilities are to be excluded per day are covered, depending on the individual needs. In the latest law proposal the hours are to be limited to those needing at least 35 hours per week up to 24 hours per day.
choose between the municipality, a company, a cooperative or can start a private company for the administration of the service. The local authority funds the first 20 hours per week and those hours above the 20-hour limit are funded by the national government. Autism or similar 
- Adults with intellectual impairment caused by brain damage 
- 3 other major and permanent physical or mental impairments not due to normal ageing, causing considerable difficulties in daily life and even receive double assistance if needed. was established in 2011. assistance only if the assistance was acquired before the age of 65.  

| **UK** | Personal Assistance through direct payments: Community Care Direct Payments Act (1996), came into force in 1997 | The recipient of the direct payment | Local authorities | All | Assessed by the local council’s social services department; after the initial assessment, a person is assessed when their circumstances change | The direct payment received will depend on the assessment the council makes of the needs. The Government introduced a statutory national minimum wage from 1 April 1999. According to national guidance, the hourly rate should include not just the amount paid to the personal assistant but also the costs of employing the PA, such as insurance. | Adults over the age of 18 and disabled young people aged 16 and 17 | About 100,000 across the UK as a whole. The numbers have risen sharply in the last 5 years following government commitment to personalizing social care services. They are now starting to fall as a result of a tightening in the eligibility criteria, although the amount spent by local authorities on direct payment is still rising. | services in 2012 |
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