Assessing the impact of European governments' austerity plans on the rights of people with disabilities

Country Report: Portugal

This study has been conducted by

Paula Campos Pinto, PhD
Diana Teixeira, MSc

25 October 2012

Table of Contents

1. Introduction

This report explores the impact of austerity measures on the rights of persons with disabilities, with a focus on social services, social protection benefits and access to rights. In order to gather the required data we have undertaken a desk-based research and hold interviews with official authorities, service providers and disability organisations (DPOs).

The two DPOs selected for interview were the *Portuguese Association of Disabled People*, the larger cross-disability organisation in Portugal and the *Portuguese Federation of Deaf Associations*, a Federation which aggregates organisations advocating the rights of Deaf people. Both organisations have national implementation and play an important role in disability rights advocacy.

We have also interviewed two representatives from the services provider sector: one from *LIGA Foundation* and the other from the *National Federation of Cooperatives for Social Solidarity* (FENARCERCI). With 50 years of existence, *LIGA Foundation* is one of the oldest and most prestigious non-profit organisations in Portugal providing services for people with all kinds of disabilities, including multiple disabilities. Although its facilities are located just in Lisbon it supports annually over 3000 people of all ages in a variety of programs such as early intervention, rehabilitation, vocational training, adult day care, social inclusion, arts and sports. FENARCERCI is a federation of associations, which are spread all over the country, working mostly with children, youngsters and adults with intellectual disability.

In terms of official authorities, we have decided to address national, rather than local authorities. Unlike other European countries, Portugal is not divided into regions with administrative autonomy. Decisions are therefore taken at central level, even when there are regional bodies responsible for implementation. Due to the prevailing autocratic structure of the Portuguese public administration, local authorities are always reluctant to provide information, as they usually require permission from their hierarchy to do so. Hence, we have interviewed the President of the *National Institute for Rehabilitation* (INR), which is the focal point in the Portuguese government for disability policy and the implementation of the CRPD. Regretfully, and despite our multiple attempts, the President of the *Institute for Social Security* (ISS), the public body that manages the payment of social benefits and funds non-profit service providers, refused to be interviewed for this study or even to send a written answer to the questions of the interviewed guide. During the many calls held with staff of the President's office we sensed an uneasiness to address this topic – the impact of austerity measures – given its potential social implications. Nevertheless, we were able to access most of the needed information through our desk-based research.

In addition to the data collected through these interviews, this report is supported by information gathered from a number of other sources such as statutory documents, official reports, published research and publicly available statistics. The data compiled and analysed in the reports produced for ANED, the Academic Network of European Disability Experts, as coordinators of the Portuguese team, was also particularly useful to address some of the points in this guide.

2. The impact of austerity measures on the participation of persons with disabilities in society

Persons with disabilities are one of the most disadvantaged groups in Portuguese society. While recent statistics are not available, a survey conducted in 2007[1] suggested that “the activity rate of persons with disabilities and impairments (18-65 years old) is less than halve that of non-disabled people”, while the rate of unemployment is more than double. According to the authors, this situation indicates that persons with disabilities and impairments face severe exclusion within the Portuguese society.

More recently, a study evaluating the impact of the financial and social costs of disability[2] analysed secondary data from the National Health Survey 2001, the European Household Panels 1995 and 2001 and the 2007 EU-SILC (Statistics on Income and Living Conditions). Analyses of the EU-SILC showed that the number of employees and the percentage of full-time workers with disabilities are lower than in the general population, while the unemployment rate and the number of workers who are discouraged from looking for work are higher among the group of persons with disabilities. Researchers further concluded that the disadvantaged situation of people with disabilities in the labour market has direct and negative implications on their level of income: the average income of persons without disabilities or impairments is about 37% more than the one of persons with disabilities and impairments. According to the same study, disability pensions constitute the main source of income for persons with disabilities and their families in Portugal. Given the very low levels of benefits provided, many people with disabilities and their families live below the poverty line. Disability, however, is associated with added costs (between €4.103 and €25.307 per year, this study found); thus, even people with disabilities who are employed experience economic insecurity, as DRPI-Portugal, a monitoring study on the access to rights of persons with disabilities, has recently found[3].

Women with disabilities are a particularly disadvantaged group. Secondary analyses performed on the data collected by Sousa and colleagues in 2007 and on the data from the 2001 Census suggest a gendered pattern in access to disability services and benefits with women with disabilities facing greater deprivation and exclusion[4]. In fact, women with disabilities are not only overrepresented among those excluded from the regular systems of education and employment, they also benefit less from the specialised services of vocational training, rehabilitation as well as from disability-related social supports when compared to men with disabilities.

---

[1] Sousa, J. et al. 2007. Mais qualidade de vida para as pessoas com deficiência e incapacidades em Portugal. Vila Nova de Gaia: Centro de Reabilitação de Gaia.

[2] Portugal, Sílvia (Coord), Bruno Sena Martins e Pedro Hespanha. 2010. Estudo de Avaliação do Impacto dos Custos Financeiros e Sociais da Deficiência. Coimbra: INR, IP. Assessed June 2011 at http://www.inr.pt/content/1/1390/estudo-de-avaliacao-do-impacto-dos-custos-financeiros-sociais-da-deficiencia.

[3] Pinto, P.C. e Teixeira, D. 2012. DRPI_Portugal. Relatório Final. Available at http://capp.iscsp.utl.pt/index.php/disability-rights-promotion-international-portugal-

[4] Pinto, Paula C. 2012. Dilemas da diversidade: Deficiência, género e o papel das políticas públicas em Portugal. Lisboa: Fundação Calouste Gulbenkian e Fundação para a Ciência e Tecnologia.

The situation of persons with disabilities is likely to have worsened from 2008 on, as austerity measures began to be implemented and as all other citizens, they had to face rising costs of living. The participation of persons with disabilities in society is further affected in two broad senses:

1) supports to programs and services in the areas of employment, education and social care are being cut and as a consequence the provision of services is being reduced or at least is stagnant, while waiting lists are on the rise;
2) supports to promote independent living (such as personal assistance schemes and promotion of accessibility) are being delayed or postponed; this situation places pressure on families to take on care responsibilities, which accentuates their economic and social vulnerability, while reinforcing the dependent role of the person with disability in the family and in the society and contributing to the social isolation and marginalization of this group.

While we were not able to specifically document the situation, there is a generalized perception that waiting lists, particularly for adult disability care services, are increasing. This is particularly worrisome given the phenomenon of ageing in the population of people with disabilities, which creates the need for new services, particularly homecare services, supported housing and long-term care. One service provider confided:

> *Right now, if a family member of one of our clients dies we are unable to provide residential support. And I'm speaking of those who are already our clients; we are already providing services to those people, it's not someone we don't know*. (Interview A5).

This again is likely to affect negatively the mental health and well-being of persons with disabilities and their families. Indeed, as this interviewee tells, "the current lack of capacity of service providers to address these needs is creating a lot of pressure and anxiety on persons with disabilities and their families".

3. Trends in social services

An overall cut of 5% was imposed on public budgets for 2012. The social sector was not an exception. In consequence, funding for service providers has also been cut down. However, decreased funding for service providers has been a trend since at least 2009, across various sectors.

In the beginning of the school year 2009/2010 the **funding for inclusive education services** was significantly reduced. In 2008 the government issued a new law which imposed the closure of all special education schools by 2013 (Decree-law 3/2008 of 7 January). Children with disabilities were to be mainstreamed in the regular schools and the organisations that previously offered education services were to be shifted into educational resources centres, and provide support to their students with disabilities now attending mainstreamed education. In order to do so, the Ministry of Education required providers to submit every year a proposal in which they would list the activities they proposed to undertake, the staff allocated and the respective costs, as well as the number of students supported through their services. Providers were to be funded on the basis of those projects, whose final budgets were often approved by the Ministry only at the beginning of the school year, leaving the providers with little time to adjust to eventual cuts. One of the service providers interviewed for the study reported that in 2009, the cuts made to their budget were so severe that the organisation was not able to cope and was obliged to close its education services, leaving without adequate support, although integrated in the regular school, 150 school-aged children:

> *We had a project for inclusive education through which we were supporting 150 children who were mainstreamed in the Lisbon public schools. In 2009 the government changed the funding rules, without previous consultation of the organisation. They started the year before actually with gradual cuts that affected the payment of the transportation costs of the staff but then they ended up reducing the number of staff allowed. The constraints imposed were so many that it became impossible to carry on the project. We had to close this service. (Interview A4)*

Due to decreased funding this non-profit had to cut in staffing and undertook in 2010/2011 a process of lay-off in which 46 employees were dismissed. The other provider interviewed did not lay off but reported an on-going recruitment freeze in the organisation – staff that leave the organisation are no longer being replaced and thus the demands on the remaining staff are increasing; professionals are being asked to multitask, and thus, the interviewee asserted “the risk of staff burn-out is currently very high”.

Important cuts have also been made in the budget allocated to **vocational training and employment** of persons with disabilities. These programs are funded by the National Institute for Vocational Training and Employment (IEFP) but mostly provided through non-profit organisations. In 2009 new legislation was issued (Decree-law 290/2009), considerably reducing the supports available for these programmes: the total number of hours of training per trainee was cut back in half (from 5800h to 2900h or 3600h in the case of students with learning disabilities and only when duly justified). Simultaneously, some of the previous incentives available for employers who hired persons with disabilities (and incidentally, those that were more often taken-up by employers) were eliminated, notably a Compensation Allowance (which compensated for the lack of productivity of the person with disability, estimated according to the National Incapacity Table), the Allowance for Personal Integration and the Integration Prize. According to the data collected during the interviews with service providers in this area, both the reduction of the period of training as well as the elimination of the most significant incentives for employers has had a negative impact on the number of persons with disabilities able to access the job market. One organisation interviewed for this study reported that the rate of employment at the end of the training of its students decreased from 45% (in 2007, 2008 and 2009) to 22% in 2010 and 34% in 2011. The story of M.C., reported by the same provider, illustrates well the kinds of constraints that austerity measures are imposing on the vocational training and employment of people with disabilities:

> *M.C. attended the Administrative Assistant training program at our school from January 2010 to December to 2011, completing a total of 2893 hours of training. When she was admitted to the vocational training school she was 25 years old and had completed nine years of schooling in a mainstreamed school with an adapted curriculum. She had no professional experience and this was the first vocational training school she ever attended. She had a moderate learning disability and was living at the time with her father and stepmother. During the training she was able to acquire good skills in the units of informatics and archive. In the final stage of the training she was placed in a consulting firm to complete an internship and she did 371 hours of practice, performing the tasks of archiving and support to database feeding. During this period, the assessments of her performance were always positive and she showed great initiative. However, she needed to improve the pace of her work and therefore her time in the company was increased from 2 to 5 days a week. Both the firm and the trainee were interested in extending the practicum but M.C was approaching the maximum number of training hours allowed (2900h). In the end, the firm did not hire M.S., since it needed to get to know her better and find out whether she would have been able to improve the pace of her work by gaining more experience in the job, and also due to financial constraints.*

The new legislation has made it possible, however, for the State to cut back on public expenditure in the area of vocational training. Indeed, official statistics show that from 2009 to 2011, public expenditure on the professional rehabilitation system for persons with disabilities (which includes measures for assessment, training, follow-up, self- and supported employment, and provision of technical aids to employment) has been reduced by 62% while the number of beneficiaries of these various programs decreased by over 26%, being the hardest hit of all the areas of programmes within the National Institute of Vocational Training and Employment[5].

Harsh cuts were also made in the funding rules of **Early Intervention Programs** (EIP). In 2009 the government issued new legislation in this area: Decree-Law 281/2009 of 6 October which, “in agreement with the principles of the Convention on the Rights of Persons with Disabilities creates the National System of Early Intervention for Childhood”. Under the new legislation EIP became the responsibility of three Ministries - Education, Health and Social Affairs - which may contract non-profit organisations to provide the necessary services. Following this legislation, the non-profit organisations that already provided EIP services faced a reduction in funding from €240/month per child to €160. One of the organisations interviewed for this study reported that due to these changes it had to adjust its staff and reduce the time of intervention with each child. Given that this organisation attends particularly children with multiple and severe disabilities, these changes are compromising the quality of care being provided. For a year and a half, the organisation has been negotiating with the government to review the funding criteria, but it is still waiting for a decision.

---

[5] IEFP. 2012. Síntese dos Programas e Medidas de Emprego. Assessed march 2012 at http://www.iefp.pt/estatisticas/IndicadoresActividade/SinteseExecucao/Documents/2012/SinteseEF_201203.pdf

A further area where changes have taken place is that of **health services**. In 2010, new restrictions were introduced in the access to the benefit of co-payments in drugs. Order 1319/2010 of 29 December extended to this benefit the rules established with Decree-law 70/2010 of 16 June relative to the calculation of household income (in order to determine the level of financial need of applicants). Only pension recipients whose household income is ≤ 419,22 € per month can from then on benefit from co-payments in the purchase of drugs. With rising prices of medication in the first half of 2012 many families and persons with disabilities are now facing increasing medical costs.

In January 2012 the government also raised user fees for a number of healthcare services including rehabilitation services (Decree-law 113/2011 of 29 November). Persons with certain disabilities and an incapacity degree of 60% or over are exempted from those fees, provided that they obtain/renew their Certificate of Incapacity. However, in order to get/renew this Certificate (which implies a medical assessment) a payment of €50 is required (following Decree-Law 8/2011 of 11 January), an amount which is prohibitive for many families. Unable to get the Certificate that would make them exempt from paying user fees, due to its high cost, many persons with disabilities are now living without necessary rehabilitation services.

Transportation for medical, non-urgent care has also been changed. New means-tested rules introduced in May 2011 (Order 7861/2011 of 31 May) established that only persons with a Certificate of Incapacity of 60% and over **with insufficient economic resources** are entitled to these services. The eligibility criteria became even stricter with the adoption of Decree-law 113/2011 of 29 November which revised the eligibility criteria for fee exemptions and Order 142-B/2012 of 15 May which regulates access to this benefit, defining the clinical eligibility criteria. One of the new requirements is a limit of 120 days a year for using this service, which can only be surpassed under exceptional circumstances, duly justified. Given the new and stricter eligibility criteria, many persons with disabilities, although with feeble economic resources and clear need, are no longer entitled to these services which, given the lack of accessible public transportation (almost inexistent throughout the country except in the cities of Lisbon and OPorto), further contributes to the isolation and marginalization of many persons with disabilities and their families and their exclusion from needed medical care. One of the service providers, although located in Lisbon, mentioned that there are at least three clients who are currently unable to attend activities because of the lack of adapted transportation:

> *JL is a young man of 20 years old who has been a client of the organization since childhood. When the service provider stopped offering transportation services a few years ago (due to the wearing out of its adapted buses and financial inability to buy new ones), JL started being transported on a daily basis in an ambulance by the firemen. Although inappropriate (JL does not need to be transported in an ambulance) this service allowed him to get out of the house and join the Occupational Activities Center of our organization on a daily basis where he would enroll in daycare, rehabilitation, art and sport programs. JL is a wheelchair user and due to the severity of his disability (cerebral palsy) requires 24h personal attendance.*

He, therefore, is not eligible to use the adapted buses which provide door-to-door transportation in the city of Lisbon. This year JL was only allowed to use 120 days of transportation service, since his family doctor refused to issue a report justifying an extension. Since the family has no other means of ensuring his transportation, JL has stayed home since June, unable to attend the Occupational Activities Center.

D. is a 14 years old girl with multiple disabilities and a wheelchair user. Before the introduction of new rules, D. was taken to the special education program that she attended in the organization by an ambulance of the firemen. Since the new rules began, D.'s family doctor refuses to prescribe her transportation services. The fact that her mother is a stay-at-home mum may not be irrelevant in the doctor's decision. D. has remained at home since December 2011.

HC is a 36 years old man with a severe intellectual disability but no mobility impairment. Under the new rules he is not entitled to adapted transportation. However, he lives in the suburbs of Lisbon and, given his disability it would be too complicated for him to commute every day, all by himself. Since there are no other service providers in the area where he lives and no door-to-door transportation, the family has decided to keep him home, also because they alleged they could not afford the user fees of this service provider.

The public budget for provision of assistive devices (including wheelchairs, hearing aids, etc.) has been reduced by 31,7% between 2011 and 2012. In the interview conducted for this study, the President of the National Institute for Rehabilitation stated this is not a real decrease since:

1) The funds allocated are in the same amount that has been actually spent last year (2011);
2) The government already announced that it is ready to increase the amount provided, "if need is proven".

All service providers and disability organizations interviewed, however, claimed that there was a severe reduction. 2011 was an atypical year in terms of spending in this area. Since there was a change of government in the middle of the year, the funds were made available very late and therefore there was less time to actually spend the money. This has accounted for the lower level of expenditure observed and therefore it is misleading to take 2011 as a reference in the allocation of funds for 2012. Furthermore, the process of getting assistive devices is extremely bureaucratic and time consuming for users, which has the end result of delaying the execution of the program: applicants have to undergo a medical evaluation and get a prescription, an evaluation has to take place to assess the impact of the specific device on the daily life of the applicant, then applicants need to collect three quotes for each potential device and finally a decision is made. Therefore, even if requests for material submitted during 2012 exceed the budget allocated, it is very unlikely that additional funds will be made available in time. In other words the end result will be the containment of expenditure in the national program of provision of assistive devices.

Diminished funding impacts the capacity of service providers to invest in research, development and innovation. The two providers interviewed recognize the importance of research to collect information, guide and evaluate intervention. However, due to budgetary constraints, research is not a top priority for them (although they maintain sporadic collaborations with universities and participate in some research projects mostly initiated by academics). Innovation is also currently limited due to lack of access to funding. As they are very dependent on public funding to build infrastructures and run services, and as public funding is frozen for new projects, they are unable to create new services or expand existing ones, even when the need for these is clear. According to an official report, the number of places in long-term care facilities for persons with disabilities and Occupational Activities Centres for adults and ageing persons with disabilities rose only by 2% and 4% respectively from 2005 to 2011, which correspond to just 391 new more spaces in the whole country within a six year period[6]. This very low growth rate contrasts with other areas of social care such as that of children (Day Care facilities for children rose by 30% in the same period) and elderly care (long-term care facilities for the elderly increased by 34%), denoting the lack of attention paid to disability issues within the national provision of social care. Currently, the expansion of disability adult care services, as well as the renewal of vocational training areas to address current market needs, are pointed out by service providers as those areas where development and innovation are most pressing, and yet currently impossible to deal with.

To address rising demand without investing in the creation of new infrastructures the government has changed the admission criteria regarding some services, notably long-term residential care facilities for elderly (where a large number of adults with disabilities live). New legislation passed in March 2012 (Ordinance 67/2012 of 21 March) changed the tendering rules, including those regarding the minimum dimension of the bedrooms in these facilities. The end-result is that bedrooms which previously only accommodated two persons can now accommodate three and those which accommodated one person can now accommodate two. This has produced an increase in the number of users of these services without increasing the number of facilities available. Clients, however, have less privacy and the quality of care is likely to have decreased. Similar changes are being prepared in the regulations relative to residential facilities for adults with disabilities.

While institutionalized care is being promoted in this way, supports to independent living remain scarce. Portugal does not have yet a personal budget policy in place. The implementation of a pilot project in this area is one of the goals of the National Disability Strategy 2011-2013. When inquired about the status of this project, the President of the National Institute for Rehabilitation stated that the measure is “under analysis” at the Ministry. It is worthwhile to note however that, in the Social Emergency Plan announced by the government in July 2011 to address the social impact of the economic crisis on vulnerable groups, there is no measure concerned with promoting independent living. There is, however, a measure related to the increase of respite care services for families caring for members with disabilities. The inclusion of such a measure is, in our view, very telling: it

---

[6] Equipa de Estudos e Políticas de Segurança Social. 2012. Carta Social: Folha Informativa nº 8. Maio 2012. Lisboa: Gabinete de Estratégia e Planeamento, Ministério da Solidariedade e da Segurança Social.

assumes that families will continue to be available to care for their members with disabilities, and it encourages persons with disabilities to remain dependent on their families for daily care. While this is not a new trend in disability policy in Portugal (there is a long tradition of assigning to families care responsibilities within the Portuguese society) the austerity measures in place are certainly delaying a shift to the new policy paradigm envisioned by the Convention, based upon the recognition of rights to self-determination and participation of persons with disabilities.

In short, austerity measures have impacted all sectors relevant to persons with disabilities including **health and rehabilitation** (with increasing user fees and more costly, bureaucratic, and medicalised eligibility assessments, including to obtain exemption from user fees), **education** (with an aggressive policy of closure of private and non-profit special education schools and of mainstreaming children with disabilities into regular schools **without** allocation of adequate supports), **long-term care services** (with a freeze imposed on the creation a new facilities and a change in the admission criteria that is likely to affect the quality of service provided as well as the privacy of users) and **employment** (with a drastic reduction in the number of hours of vocational training of young people with disabilities and the elimination of some incentives to employers who hire persons with disabilities).

Over the last few years, and particularly since 2009, providers have had to face frequent and often unexpected legislative changes, which imposed drastic transformations in terms of administrative and technical procedures, the allocation of staff and the number of users. They are operating within a context of growing uncertainty and decreasing public funding; adding to this the diminished economic capacity of families and persons with disabilities to cover the costs of the care they receive and the increasing difficulty to attract private sponsorship, many non-profit providers are facing serious financial troubles, as a recent study also found[7].

4. Trends in disability-related social security benefits

In Portugal, disability-related benefits include a disability pension (for workers who retire due to disability), a disability allowance (for adults with disabilities who never worked and are considered unable to do so), a means-tested supplement to family allowances (for parents of children with disabilities) and an allowance for assistance by third-person (for children and adults with disabilities who require hygiene and other self-care) as well as a special education cash benefit for parents of children with special education needs.

---

[7] Sousa, Sónia et al.. 2012. As instituições particulares de solidariedade social num contexto de crise económica. Lisboa: Confederação Nacional das Instituições de Solidariedade. Assessed July 2012 at http://www.ipiconsultingnetwork.com/files_upload/documentation/201205081611030.Estudo_CNIS-BCP_Parcial.pdf.

In the context of the implementation of austerity and fiscal consolidation measures in Portugal, the government changed in 2010 the conditions for entitlement to all cash benefits within the national social security system (Decree-law 70/2010 of 16 June). These conditions became more stringent with the new and enlarged concept of household that started to be used to calculate the “household income” and determine the “level of need” of the applicants. The new concept of household now includes "relatives in the straight line and in the collateral line to the third degree, who live in common with the applicant”, that is, it may include parents, in-laws, stepfather, stepmother, children, stepchildren, son, daughter, grandparents, grandchildren, siblings, in-laws, uncles, nephews, great-grandparents and/or great-grandchildren, provided that they live with the applicant. On the other hand, the household income continues to consider all annual income obtained from employment, business and professional services, capital and estate, pensions, etc, but now also includes social supports that compensate for the loss or lack of income, such as subsidies due to sickness, unemployment, etc, with the exception cash benefits for disability and dependence. These and further changes introduced with Decree-law 77/2010, of 24 June and Decree-law 116/2010 of 22 October (both impacting the regime of family allowances) made the number of beneficiaries of family allowances decrease significantly – from 1 857 986 beneficiaries in November 2010 to 1 197 976 in November 2011 and to 1 170 052 in April 2012 - as well as the amounts provided. On 2 August 2010, an article published in a national newspaper stated that “*according to the data advanced by the Ministry of Labour, the new means-tested legislation, which is part of the Program of Stability and Growing will generate savings of around 90 million Euros this year and 199 million Euros in 2011*”[8]

Consequently, the number of families receiving the disability supplement to family allowances also diminished during this period: from 76 191 in November 2010 to 72 914 in November 2011, and then to 72 116 in June 2012. Similarly, the number of beneficiaries of the allowance for assistance by third person decreased, though not so significantly. The uptakes of the disability allowance, however, slightly increased, a situation that reflects the ageing of the disabled population, whereas the uptakes of the special education benefit augmented quite significantly from 2011 to 2012 (from 1930 to 6076 beneficiaries) due to a positive change in the eligibility criteria and the inclusion of children with disabilities below 6 years old, provided they are attending early intervention programs.

Since 2011, however, all cash benefits, including disability-related benefits, have been frozen. The only exception were minimum pensions which increased by 3% (Order 320-B/2011 of 30 December). The freeze is expected to continue through at least the end of 2013, so these cash benefits are no longer indexed to the cost of living. Given that the level of cash provided was already low (see Table 1) and that the cost of living is getting higher, this measure is likely to aggravate the economic insecurity of persons with disabilities and their families.

---

[8] Jornal de Notícias. 2010. Estado poupa 200 milhões com novas regras nas prestações sociais. Assessed July 2012 at http://www.jn.pt/PaginaInicial/Economia/Interior.aspx?content_id=1632289.

Table 1
Disability-related cash benefits: Amounts provided

Disability Pension	amount variable according to the contributory career of applicant
Disability Allowance	€ 176,76 per month
Disability Supplement to Family Allowances	Varies between € 59,64 and € 139,15 (depending on household income and whether it is or not a single-parent family)
Special Education Allowance	Up to € 293,45 per month during the school year
Allowance for Assistance by Third Person	€ 88,37 per month

Other than these, there has been no direct cuts to disability benefits, nor situations of delayed payments. Personal Budget Schemes continue to be inexistent in Portugal; the development of a pilot project in this area is foreseen in the National Disability Strategy, 2011-2013, but its implementation has not yet taken place. In the interview with the President of the National Institute for Rehabilitation we were told that the subject is “under analysis” at the Ministry level, since there are questions about “whether this is or not a desirable measure.”

A further area in which financial supports have been significantly reduced is that of employment, particularly following the passage of Decree-law 290/2009. Among other changes, this legislation eliminated some of the previous incentives available for employers who hired persons with disabilities, notably the Compensation Allowance (which compensated the lack of productivity of the person with disability, estimated according to the National Incapacity Table), the Allowance for Personal Integration and the Integration Prize. According to the one of the providers interviewed for this study, the elimination of these incentives, coupled with the economic crisis and the reduced length of the vocational training programs (another change introduced by the above cited legislation) is making the integration of persons with disabilities in the labour market more difficult.

Turning now to user charges in the social sector, these are usually updated at the beginning of the school year at the discretion of service providers (profit and non-profit). There are however some rules imposed by the Ministry of Solidarity and Social Security. For instance, charges must vary for users of the same service according to household income, and they should be calculated on the basis of a formula that takes into account the total cost of the service minus the public funds received from the Ministry. Contrary to what has happened in the cash benefits sector, this formula as well as the method of calculation of the household income has not been changed since 1997. According to the data collected through the interviews with the service providers, updates in 2010/2011 and 2011/ 2012 were not significantly different from those of the previous years; however, they noted a decrease in the household income of their clients. Consequently, providers are becoming less and less able to get funded through the collection of user fees.

5. Trends in the promotion and protection of rights

The implementation of austerity measures has produced negative impacts on the promotion and protection of rights of persons with disabilities, particularly as it has affected the allocation of resources and the efficacy of existing legal mechanisms for the promotion and protection of rights.

The impact of austerity and budget constraint measures is visible on a variety of support services for persons with disabilities, including information, advisory and advocacy services that are offered by disability organizations (DPOs). If public Information and Mediation Services for Persons with Disabilities, located at the municipal level, have increased from 26 in 2008 to 40 in 2012, their number is still largely insufficient, covering only 13% of the territory. In this sense, DPOs have always been and continue to be important resources centres, providing information and advocacy to their members at local, regional and national level. However, over the last three years the budgets of these organizations have also been cut down, due to decreased availability of public funding and private sponsorships. The two DPOs interviewed for the study reported such cuts and one specified that from 2011 to 2012 it experienced a 30% reduction in the amount of public funding received.

With less funding available, DPOs become less able to provide information about social and economic rights, to advise their members on financial matters as well as to advocate for their rights, notably by submitting legal claims when rights are violated. As reported in the interviews conducted for this study, many DPOs are struggling to survive and keep up with the payment of the salaries of their reduced staff. This situation, which is common to other organisations in the Third Sector according to a recent study[9], leaves many DPOs in a very precarious situation, where the risk of closure is always eminent, while the demand for support by persons with disabilities and their families seems to be increasing due to the reductions they themselves are experiencing in own household budgets and in-kind supports. As one DPO interviewed reported, faced with the urgency of addressing basic needs of the population with disabilities, DPOs are thus forced to reorganise their priorities and often neglect political action of rights advocacy.

Changes have also taken place at the level of the formal consultative body for the development of disability policy – the former National Disability Council, which was abolished by Decree-Law 126/2011, of 29 December. With a view to rationalise public expenditure, this law brings together several previous consultative bodies under the new National Council for the Policies of Solidarity, Charity, Family, Rehabilitation and Social Security. Yet, although

---

[9] Medeiros, Carlos Laranjo (Coord.). 2012. As Instituições Particulares de Solidariedade Social num contexto de crise económica. Lisboa: IPI Consulting Network Portugal.

seven months have passed by since the new legislation was issued, the composition of this new body is not yet known and DPOs have not been contacted about it.

The financial crisis of the State is also delaying or freezing the implementation of the National Disability Strategy, 2011-2013 (ENDEF), although the real situation is difficult to quantify due to lack of information. Indeed, the recently published official monitoring report of the ENDEF[10] is vague and lacks precision. However, it found that in relation to the majority of the measures of the Strategy that were assessed, "nothing had been done or the measures were only at the planning stage". This annual report is edited by the National Institute for Rehabilitation but relies on information gathered through standardized forms, from the different public departments involved in the implementation of the Strategy. The rate of non-responses (24%) and the lack of detail in the assessments collected as well as the vagueness in the data gathered are thus also symptomatic of the non-priority that disability issues currently represent in public offices.

Finally, the impact of the financial crisis on the rights of persons with disabilities is also visible on the barriers faced by persons with disabilities to enjoy the requisites of equality of opportunities. There are in Portugal persisting gaps in terms of disability equality indicators, but some legislation requires that public bodies put in place equality policies. That is the case, for instance, of the implementation of a quota system in the public sector (Decree-Law 29/2001 of 3 February). Certainly, there have not been changes in regulations governing the disability employment quota system but the elimination of certain cash benefits for employers in the private sector who hire persons with disabilities, as well as the hiring freeze that is established for all the public sector is likely to have an impact on the employment rates of persons with disabilities. A recent study[11] found that only 1,2% of the workers in medium/large businesses (over 100 employees) in Portugal are persons with disabilities. Similarly, a 2006 study by the National Institute of Administration (INA)[12] showed that the Portuguese public administration employed at the time only around 3000 persons with disabilities, a number that corresponded to less than 1% of all public servants. Of these, 80% had impairments related to the diagnosis of cancer, meaning that they already were public servants when they acquired their disabilities. The study thus concluded that the recruitment of workers with disabilities to the Public Administration in Portugal has been marginal. It is unlikely that in the current context of fiscal constraint, this situation will drastically change.

---

[10] Instituto Nacional para a Reabilitação. 2012. Relatório da Monitorização da Implementação da Estratégia Nacional para a Deficiência durante o ano de 2011. Lisboa: Instituto Nacional para a Reabilitação.

[11] Gonçalves, J. 2012. O Emprego das Pessoas com Deficiências ou Incapacidade – Uma abordagem pela igualdade de oportunidades. Lisboa: Gabinete de Estratégia e Planeamento do MTSS.

[12] Rato, Helena (Coord.). 2008. Inserção profissional de trabalhadores da função pública na sociedade de informação. Oeiras: Instituto Nacional de Administração, I.P. e Fundação para a Ciência e Tecnologia.

6. Impact on the implementation of the UNCRPD and the European Disability Strategy 2010-2020

Impact on Article 31 - Statistics and data collection

There is no evidence of a negative impact of austerity measures on statistics and data collection related to disability. Nevertheless, it is fair to state that there is a huge lack of disability statistics in Portugal. Disaggregate data on persons with disabilities is not systematically collected in the major national surveys, which hinders comparisons between persons with and without disabilities. Moreover, specific data on people with disabilities is also lacking - the first official survey on persons with disabilities – the National Survey on Impairment, Disability and Handicap – took place in 1995. It has not been repeated since. The 2001 and the 2011 Census included some questions on disability. Data from the 2011 Census is not yet available. Additionally, in the first trimester of 2011, the Labour Force Survey included an *ad hoc* module on the employment of persons with disabilities. These data are not yet published.

Article 33 - National implementation and monitoring

While there is no clear evidence of the impact of austerity measures on the monitoring process of the CRPD, the process is delayed. Portugal was due to submit its first report on December 2011 and it has just fulfilled that obligation last August.

The National Institute for Rehabilitation is the focal point for the implementation of the Convention. The National Institute for Rehabilitation is also the contact point within the Portuguese government for all disability issues. In regards to monitoring, the National Committee for Human Rights (created through Resolution 27/2010 of the Council of Ministers) is the body coordinating and monitoring the implementation of all human rights treaties signed by the Portuguese State, including the CRPD. A Working Group of the National Human Rights Committee has prepared the Portuguese official report for the UN Committee on the Rights of Persons with Disabilities and the Committee held a consultation meeting with civil society on 29 February 2012, which included the participation of Organisations of Persons with Disability. Comments and inputs from civil society were gathered at that meeting.

The impact of austerity measures on Article 9 – Accessibility

Lack of accessibility remains one of the most prevalent violations of human rights faced by persons with disabilities in Portugal, according to a report recently published[13] and is certainly an area that is being impacted by the austerity plan ruling the country. Certainly, a growing number of municipalities has been developing accessibility plans under the RAMPA program (the Accessibility Support Regime for Municipalities), which aims to support local authorities to prepare local and regional accessibility plans for public space (their exact number not being known, according to data from the National Institute of Rehabilitation), yet this does not mean that those plans are being put in place as the RAMPA program does not

---

[13] Pinto, P.C. e Teixeira, D. 2012. DRPI_Portugal. Relatório Final. Available at http://capp.iscsp.utl.pt/index.php/disability-rights-promotion-international-portugal-

cover implementation, just the development of the Plans. This may change in the future as negotiations are underway with the European Commission to restructure allocation of ESF funds to finance implementation of accessibility plans.

The impact of austerity measures on Article 19 - Living independently and being included in the Community

Without accessibility and adequate supports, persons with disabilities are prevented from living independently and cannot participate as equal in society. Yet this is an area severely affected by the current financial crisis of the State.

According to the 2001 Census, 94.5% of persons with disabilities in Portugal live in households. Families remain the main caregivers of their disabled members and receive very little support to fulfil that task[14]. This situation perpetuates the dependent role of person with disability within the family and in society. The National Disability Strategy 2011-2013 includes specific measures to support independent living, such as: to pilot a Personal Assistance Service; to increase the number of Group Homes; to increase the number of Home Assistance Services and to create a loans programme for home renovations related to improving accessibility. However, due to the austerity plan underway, none of these measures has yet been put in place.

The impact of austerity measures on Article 24 – Education

Austerity measures are affecting the realization of the right to education of persons with disabilities in significant ways. In terms of compulsory education, and following new legislation passed in 2008, the successive governments have been following an aggressive policy of closure of private and non-profit special education schools and mainstreaming of children with disabilities into regular schools. This could have been a positive change but the financial crisis is impeding the government to allocate adequate supports to both students and teachers, which is creating a great amount of problems. The Ministry of Education did not have enough qualified staff to support this transition and it was counting on the contribution of service providers to make the policy work. Thus, service providers who previously offered education services had to shift their activities into resource centres and dislocate their staff to the regular schools. These changes, which were sudden and did not let time for providers to adjust, were further accompanied by funding cuts. Some providers were not able to cope and closed their education services, leaving many children with disabilities without appropriate support.

In what concerns post-secondary education, there is in Portugal a 2% quota reserved for students with disabilities in the national competition to access public post-secondary schools. This quota has never been filled up as only about 0,3% of the students who have entered university over the last 9 years identify themselves as persons with disabilities. This rate has even decreased between 2010 (0,32%) and 2011 (0,28%) meaning that 18% less students with disabilities applied for university in 2011 than did in 2010. This may also be a reflection of the economic crisis and the toll it is taking on household budgets of families of persons with disabilities.

---

[14] Pinto, Paula C.. 2011. At the crossroads: Human rights and the politics of disability and gender in Portugal. ALTER: European Review of Disability Research 5(2): 116-128.

The impact of austerity measures on Article 25 – Health

The impacts of austerity measures on the realization of the right to health have been experienced by persons with disabilities and their families at various levels. First, in 2010, new restrictions in the access to the benefit of co-payments in drugs were introduced. Order 1319/2010 of 29 December extended to applicants to this benefit the rules established by Decree-law 70/2010 of 16 June relative to the calculation of household income, in order to determine the level of financial need. This measure reduced the number of persons eligible for co-payments in the purchase of medication

More recently, in 2012, user fees were increased. Persons with an incapacity level of ≥60% are still exempted but they need to get/renew their Incapacity Certificate, a process which involves the payment of a €50 fee. This creates a barrier for many persons with disabilities and their families. Persons with a household income of ≤628,83 € are also exempted but the new criteria for calculating the household income, which is less advantageous for many families, is also now in place.

There have been further restrictions in the access to non-urgent medical transportation. Given the lack of accessible transportation in the country, these services were often the means used by persons with disabilities to reach rehabilitation facilities and access treatments. New regulations issued in 2012 turned this into a means-tested support: only persons with a degree of incapacity of ≥60% and a household income of ≤ 419,22 € can now access this service for free. Furthermore, access to the service has become more bureaucratized.

Reflecting directly the fiscal constraint imposed by austerity measures, from 2011 to 2012 the public budget for provision of assistive devices (including wheelchairs, hearing aids, etc) has been reduced by 31,7%. While the government has announced that it is ready to increase the amount “if need is proven”, it is very unlikely that additional funds will be made available in time, due to the extreme bureaucracy involved by the eligibility process.

The impact of austerity measures on Article 27 - Work and Employment

The right to vocational training, employment and work of persons with disabilities has also been severely affected with the onset of the fiscal crisis. New legislation introduced in 2009 decreased by 50% the length of vocational training programs for people with disabilities. Between 2009 and 2011, public expenditure on the vocational training system of persons with disabilities (which includes measures of assessment, training, follow-up, self- and supported employment, and provision of technical aids to employment) was reduced by 62%, while the number of beneficiaries of these various programs decreased by over 26%, being the hardest hit of the three areas of programmes in the National Institute of Vocational Training and Employment[15]. Simultaneously, previous incentives available for employers who hired persons with disabilities were eliminated, such as a Compensation Allowance (which compensated the lack of productivity of the person with disability, estimated according to the National Incapacity Table), the Allowance for Personal Integration and the

---

[15] IEFP. 2012. Síntese dos Programas e Medidas de Emprego. Assessed march 2012 at http://www.iefp.pt/estatisticas/IndicadoresActividade/SinteseExecucao/Documents/2012/SinteseEF_201203.pdf

Integration Prize. According to the data collected during the interviews with service providers working in this area, both the reduction of the period of training as well as the elimination of the most significant incentives for employers has had a negative impact on the number of persons with disabilities able to access the job market. One organisation interviewed for this study told us that the rate of employment at the end of the training of its trainees decreased from around 45% (in 2007, 2008 and 2009) to 22% in 2010 and 34% in 2011.

The impact of austerity measures on Article 28 - Adequate standard of living and social protection

In the context of the implementation of austerity and fiscal consolidation measures in Portugal, the government changed the conditions for entitlement to all cash benefits within the social security system in 2010 (Decree-law 70/2010 of 16 June). The new calculation rule introduced then to determine the "household income" and therefore the "level of need" of applicants proved to be more disadvantageous – consequently, many persons and families lost eligibility to cash benefits. This was also true in the disability sector and therefore the number of families who benefited from the disability supplement decreased by almost 3% between 2010 and 2011.

Also as a cost containment measure, all cash benefits are frozen since 2011, except from the minimum pensions which increased by 3,1% (Order 320-B/2011 of 30 December). The freeze included cash benefits for persons with disabilities.

In Portugal, according to the perception of the DPOs interviewed for this study, austerity measures are producing negative impacts on most of the areas highlighted by the European Disability Strategy 2010-2020 but particularly on the domains of accessibility, employment and education and vocational training.

While the continuing postponement of the accessibility policy is an evident obstacle, having funding targeted at the development of accessibility plans which does not support implementation is in itself an incoherence which prevents real policy outcomes. Thus, in practice, and due to lack of funding, progress in this area has been very limited. Similarly, access to mechanisms that support independent living continue to lack. For instance, there is not yet in Portugal a personal budget scheme, although its creation was envisioned by the National Disability Strategy 2011-2013 - in the current context of fiscal austerity the project remains under at the Ministry level. Hence, inaccessibility and insufficient supports for independent living constitute two major obstacles to the realization of rights for persons with disabilities in Portugal.

The economic crisis is also creating difficulties for the employment of persons with disabilities, especially as some incentives to employers were removed with legislation passed in 2009, which also reduced the length of the training programs. Following those changes, one of our interviewees reported a decrease in the rate of employment of its trainees of over 20%. Faced now with an escalating unemployment rate (which is currently over 15%, according to data from the Eurostat), the government has introduced in 2012 new measures to promote the employment of the long-term unemployed. These measures include additional incentives if the new employee hired is a person with disabilities; however it is still very early to determine their impact.

The impacts of the austerity measures on the education sector translate in the lack of adequate resources to support inclusive education, despite new legislation issued in 2008 which imposed the closure of special schools. The severe cuts imposed since then on the funding of the education programs of the non-profits, which were expected to play a key role in this process by dislocating their staff and activities to regular schools to support the inclusion of children with disabilities, have made many to close their services, withdraw and even lay-off their staff, leaving children with disabilities and teachers in regular schools without appropriate supports. Further impacts of the crisis are visible in the low frequency of the quota reserved for persons with disabilities in the national competition for post-secondary education. Indeed, the fact that the number of applicants with disabilities decreased by 18% between 2010 and 2011 is most likely an indication of the impact of austerity on household budgets of persons with disabilities, reducing their capacity to cover the cost of post-secondary education. Yet it is in the vocational training area that cuts are more visible: official statistics show that from 2009 to 2011 public expenditure on the vocational training system of persons with disabilities has been reduced by 62% while the number of beneficiaries of these programs decreased by over 26%.

7. General conclusions

The data gathered through this study in relation to social services, cash benefits and the reported realization of rights of persons with disabilities provide strong evidence that the economic crisis and the austerity measures being implemented are having a significant and negative impact on the lives of Portuguese with disabilities. From 2008 on, a number of reforms have taken place and the funds allocated to programs and services, particularly in the areas of employment, education, health and social care have been considerably reduced. In consequence, the provision of services is being trimmed down or is at least stagnant while waiting lists, particularly in the areas of Long Term Care and Day Care for Adults with disabilities, are on the rise. With supports to promote independent living (such as personal assistance schemes and accessibility in the building environment) delayed or postponed, this situation places pressure on families to take on care responsibilities, which accentuates their economic and social vulnerability, while reinforcing the dependent role of the persons with disabilities in the family and in society. Service providers, in turn, have had to face frequent legislative changes, which imposed drastic transformations in terms of administrative and technical procedures, the allocation of staff and the number of users. They are operating within a context of growing uncertainty and decreasing public funding; many are in serious financial trouble.

While the level of cash benefits has traditionally been low in Portugal, persons with disabilities are also being affected by the restrictions imposed on the social security budget, which translated in the introduction of more stringent eligibility criteria in 2010 and a pension freeze since 2011. Given the great dependency of persons with disabilities and their families on social transfers as their major source of income, the fiscal crisis has the potential to exacerbate the risk of poverty among this group.

The realization of rights for persons with disabilities and their families is therefore in great jeopardy, as the advancements made with the ratification of the CRPD, the adoption of the

National Disability Strategy, and the reforms initiated to promote inclusive education, improve accessibility and promote independent living are being compromised or postponed due to reduced public funding and the overarching imperative of containing sovereign debt.